

An interview with trauma surgeon Dr. Feroze Sidhwa on his latest experience with the US-Israel genocide in Gaza

Benjamin Mateus
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Dr. Feroze Sidhwa is a trauma surgeon who works at the San Joaquin General Hospital in Stockton, California. He was born in the US of Pakistani parents who belong to the non-Muslim Parsi minority. The World Socialist Web Site first spoke with Dr. Sidhwa in October 2024 after he and other colleagues wrote a much-publicized open letter to the White House on the ongoing genocide in Gaza through the perspective of physicians who had deployed there to provide aid and assistance to Palestinians.

Dr. Sidhwa wrote then, “I’ve seen violence and worked in conflict zones. But of the many things that stood out about working in a hospital in Gaza, one got to me: Nearly every day I was there, I saw a new young child who had been shot in the head or the chest, virtually all of whom went on to die.” The stated purpose of that report was to shed light on the criminal war from the ground as observed by volunteer healthcare workers.

More recently, he made a second deployment to Gaza where he worked at Nassar hospital from March 6 to April 1, nearly becoming a casualty in the March 23 attack on that hospital by Israeli forces. The World Socialist Web Site reached out to speak with him again about his experience. The following interview, conducted on May 5, 2025, has been edited for clarity.

Benjamin Mateus (BM): Dr. Sidhwa, we last spoke in October 2024. Since then, the situation for Palestinians and Gaza has worsened significantly. Most recently, Israel’s Security Cabinet voted at the beginning of May to approve a plan to conquer the territory, as outlined by Prime Minister Benjamin Netanyahu. Quoting CNN, Netanyahu stated, “The plan is to displace Gaza’s entire population to the south of the enclave. We will remain in every area we capture.” Meanwhile, Israel’s far-right Finance Minister Bezalel Smotrich declared, “Once the maneuver begins, there will be no withdrawal from the territories we’ve captured.”

Currently, the Israel Defense Forces (IDF) maintain approximately 170,000 active-duty personnel, with an additional 465,000 reservists. According to the *Times of Israel*, the IDF has recently issued “tens of thousands of call-up orders to reservists” in preparation for an expanded offensive in Gaza. Given your firsthand experience with Israel and your knowledge of conditions on the ground, could you share your thoughts on these developments and what they might imply?

Feroze Sidhwa (FS): I think it’s perfectly straightforward. The declaration by [Itamar] Ben-Gvir and Smotrich are kind of the lunatic extreme of this kind of uncompromising insistence that Israel must have control of all territories, everywhere. It’s not even clear now if they’re talking about just British Mandate Palestine or are they referring to the Middle East all the way to the Euphrates? Ideologically, the Israeli political spectrum has gone so far over to the right that it’s not even on

the map anymore.

Had anyone said anything like this back in October 2023, you’d be labeled an antisemite or lunatic. Imagine if you said, “Israel is planning on either killing or expelling all of Gaza” then. They’d scream at you, “Jew hater!” or “You’re trying to bash Israel for no reason!” Now it’s all in the open. You even have the president of the United States saying it. It’s shocking. It’s amazing how far this has gone.

What it indicates is that these people are serious about doing what they said early on during the conflict and even behind closed doors long before. It was widely reported in the Israeli media, with praise by the *Times of Israel* and the *Jerusalem Post*, and with horror in *Haaretz*. But nevertheless, reported perfectly clearly in plain English, and, if you could read Hebrew, a lot more in Israeli media. It indicates that the Israelis are planning on doing exactly what they said they were planning on doing from the beginning of the war.

I understand that most people don’t read the Israeli press, but US-based reporters do. And it’s bizarre to hear the mainstream American press claim they’re shocked by this sudden turn of events.

Israel’s initial proposal to the Biden administration was to displace the entire population out of Gaza, literally kick them out. The Biden administration raised the proposal with [Egyptian President Abdel Fattah El-] Sisi, but he said no. Not because he is some nice guy, but because he doesn’t want his own regime to be destabilized and end up like [Libyan leader Muammar] Gaddafi. That was when Israel’s Defense Minister Yoav Gallant made the infamous announcement after ordering a complete siege on the Gaza Strip, “There will be no electricity, no food, no fuel, everything is closed!”

It has taken over 18 months to desensitize the world and have everybody resign themselves to the idea that everyone in Gaza, including a million children, are going to be killed. That’s where we are. Israel is continuing to do what they said they were going to do, and with unequivocal support from the United States.

BM: And they made good on that promise by voting it into official government policy. They’re making good on their promise irrespective of agencies like Amnesty International or the International Court of Justice (ICJ) stating Israel has engaged in genocide in Gaza. They simply don’t care.

FS: In the *Journal of Genocide Research*, a peer reviewed journal that covers a wide range of topics related to genocide, including the Holocaust, people like historians Omer Bartov [Brown University] and Raz Segal [Stockton University, New Jersey], were discussing if what Israel was doing to Gaza prior to October 7, 2023, constituted genocide. These are long-standing issues.

Probably these international declarations have only forced Israel to come clean. But to be clear, Israel has been saying this, literally, since

October of 2023. It is openly being declared in Israeli society.

Recently, an Israeli media personality—whose name escapes me—proudly posted on social media, saying, “Who cares if it’s genocidal?” He openly declared, “I want the government to just kill everyone in Gaza,” even spelling out the word “Holocaust” (Shoah) to emphasize his point. This is striking given that Israel has laws against incitement to violence. Historically, Jewish individuals might have faced mild consequences, but Palestinians were harshly punished—even imprisoned—for similar speech. But today there’s no consequences even for literally calling for a Holocaust.

One difficult and tragic paradox, which may resonate with histories of genocide elsewhere, is that as Palestinians have become increasingly marginalized and less able to resist, the genocidal rhetoric has intensified. This escalation began after October 7, 2023—not in response to Hamas’s ground incursion into Israel, as Israeli authorities often claim—but as part of the broader Israeli invasion of Gaza.

Interestingly, this invasion has barely affected Hamas itself. Hamas continues to inflict casualties on Israeli soldiers at a similar rate as before the ground invasion and ceasefire, relying on homemade or locally produced weapons. They also continue recruiting fighters despite the devastation of Gaza’s general population. This raises a critical question: how can Israel so effectively target Gaza’s civilians while seemingly failing to dismantle Hamas? The answer seems to be either modern warfare is strikingly ineffective—or Israel’s attacks are not actually aimed at Palestinian fighters, but at the entire civilian population.

BM: Since March 2025, for 64 consecutive days, Israel has enforced a total blockade on Gaza, effectively halting all humanitarian assistance—food, fuel, water, and medical supplies. Dozens have already died of starvation, including the latest tragic case of a four-month-old infant, Janan al-Skafi, who succumbed to severe malnutrition at Al-Rantisi Hospital in Western Gaza City. The health ministry reports that around 60,000 children urgently need treatment for severe malnutrition. They warn that if aid does not arrive immediately, the death toll will only climb in the coming week. Additionally, about 16,000 pregnant and breastfeeding women face desperate shortages of healthcare. Meanwhile, sufficient food and supplies sit just miles away—ready to alleviate much of this unfolding crisis. What are your thoughts on the current situation?

FS: Literally everything has been blocked. No shipments—whether from international agencies or philanthropists—are getting into Gaza right now. And it’s not like anyone’s even trying to get aid through. Palestinians themselves cannot buy or receive supplies either. This has been the reality since March 2nd. If anyone needs it spelled out, cutting off aid to a territory the size of metropolitan Philadelphia for over two months is a recipe for catastrophe. Hunger, homelessness, and suffering are inevitable. The most vulnerable—especially young children—will be the first to perish from starvation and dehydration.

There is a principle in international humanitarian relief known as the no-regrets principle, which carries two key implications here. First, aid must be sent proactively before famine is officially declared. As historian Alex de Waal said in March 2024, “Famine is unfolding in Gaza today. We should not have to wait until we count the graves of children to speak its name.” Yet, despite sufficient food supplies sitting just miles from Gaza—enough to feed everyone for months—Israel, backed by the United States, refuses to allow aid through.

Second, the no-regrets principle requires working with all actors on the ground, regardless of affiliation or concerns about aid diversion. For example, in Somalia, US representatives and Al-Shabaab engaged to ensure aid reached civilians safely. Gaza sees the exact opposite: a complete refusal to coordinate with Hamas, with the justification that any potential access Hamas might have to aid is unacceptable. This approach is unprecedented and outright cruel—even in places devastated by US bombs, aid distribution was coordinated to prevent civilian suffering. This

policy essentially legitimizes starvation as a weapon of war and opens the door to genocide. We cannot accept that.

In the case of Gaza, it doesn’t seem like Hamas is stealing anything, at least not in any organized fashion. In fact, another thing that’s widely reported in the Israeli press that American reporters and editors deny or ignore, is that the Israeli army is assisting armed gangs in stealing aid and is supposedly preventing Hamas from stopping the looting of aid. The level of depravity has no bounds.

Again, it’s important to remember these are all excuses being made by Israel. No one seriously takes the idea that if Hamas steals a tomato then it somehow will affect Hamas’ war effort in any way. There is no way to argue that it is better for everyone in Gaza, including a million children, to starve than for Hamas to eat.

The idea that Hamas getting access to flour, pencils, or toiletries would somehow end Israel’s absolute military dominance is absurd—but it’s a crucial part of the propaganda machinery. These claims are merely excuses to justify mass killing. Behind this hubris stands the United States, providing Israel with unlimited funds and military support.

For example, Channel 13, an investigative news outlet in Israel, recently conducted interviews revealing how some US Democratic politicians were practically begging Israel to acknowledge their support for the destruction of Gaza during the Biden administration. It’s so pitiful that it raises serious doubts about whether an honest history of this period will ever be told. The entire situation is outrageous and utterly ridiculous.

One key takeaway from those interviews was that the Biden administration never once asked Israel to call a ceasefire. Never. This makes the United States a co-conspirator in the starvation and destruction of Gaza’s population—it’s not just Israel. None of this is possible without our backing. We are the ones starving children in Gaza. We are bombing Gaza. And when we finally recognize that, it becomes clear what we should be doing to end this crisis.

BM: Could you describe the present situation with respect to the healthcare infrastructure in Gaza. How many hospitals are operational? Are supplies exhausted? How are healthcare workers coping with such a lengthy and protracted siege? It’d be good to contextualize this.

FS: Unfortunately, I left on April 1. I had an inkling that I shouldn’t have, and I wish I had stuck to that.

I was in Gaza for almost a month, and the healthcare workers there are utterly overwhelmed. There simply aren’t enough medical personnel, and only a handful of hospitals are still functioning. While you often hear that Gaza has 36 hospitals, the reality is far different, about four are operational. These include Al-Shifa and Kamal Adwan in the north, and the Nasser Medical Complex and European Hospital in the south. The rest are small, private facilities—some maternity hospitals, some without blood banks—that cannot provide acute care, especially amid such a massive, traumatic influx of casualties.

Take Al-Shifa, for example. It used to be an almost 800-bed medical complex—one of the largest in the region. If it was in California it would be the seventh biggest hospital in the state. Now, it has been reduced to essentially an urgent care center with just one operating room, reportedly set up in what used to be a dentist’s office.

Kamal Adwan hospital, for all practical purposes, no longer exists as a functioning facility. Meanwhile, Al-Ahli Arab Baptist Hospital, run by the Anglican Church, has been largely destroyed and evacuated. Dr. Samer Attar, an American orthopedic surgeon, was inside when it was bombed just weeks ago.

BM: Is he okay?

FS: Thankfully, Dr. Attar was able to go to Nasser Medical Complex, where I was working. That hospital itself was bombed on March 23 while I was there—an attack that nearly killed me. As far as I know, it’s still functioning at about the same limited capacity as when I left.

The level of trauma cases they’re facing is overwhelming. There’s no

way to care for everyone. Supplies are running dangerously low. Electricity cuts are frequent, and internet connectivity is patchy at best. Since March 2nd, literally nothing has been allowed into Gaza.

As a trauma surgeon, I can do almost everything needed to stop someone from bleeding to death with the simplest instruments and sutures. That's the absolute bare minimum of care. But essential reconstructive surgeries are impossible under these conditions.

To give you an example, more than a month ago, Mark Perlmutter, an orthopedic surgeon who was working alongside me, performed his last operation at Al-Aqsa Martyrs Hospital—just north of Nasser in Deir al-Balah. It was on a child with an elbow injury. They had no pins small enough to fit the child's arm, so they had to use drill bits instead. This kind of improvisation highlights just how desperate the situation is.

Before the war, Gaza already had one of the lowest hospital bed ratios per capita, comparable to countries like Burkina Faso or Afghanistan. Now, most hospitals are no longer functioning—they've effectively ceased to exist. There has been no real healthcare system in Gaza since December 2023. Despite the heroic efforts of Palestinian healthcare workers, meaningful healthcare in Gaza is nonexistent.

BM: This was your second deployment to Gaza. Can you speak about working there? You've spoken movingly in other interviews about a slain teenager you operated on named Ibrahim. Maybe we can begin with this incident, but it is important to succinctly capture what you saw and what took place.

FS: I arrived in Gaza on March 6, four days after the blockade was reimposed. That night, we had meat—goat, I think. It was during Ramadan, in a culture where meat is a central part of meals. But from that day until March 29, there was no animal protein at all. I don't personally mind not eating meat, but this illustrates the severity of deprivation imposed by the blockade. This community was starving.

Between March 6 and 18—before the large-scale bombing resumed—we saw one or two trauma cases each day. That may not seem like much, but it's more than I typically see in Stockton, California, where I work at the only trauma center serving the state's poorest, most violent, and most heavily industrialized and agricultural county.

Then, on March 18 at precisely 2:30 a.m., the Israeli bombing campaign resumed—and it immediately became the largest mass casualty event of my life. The medical team at Nasser Hospital, mostly Palestinian, handled it with extraordinary professionalism under unimaginable pressure.

One surgeon in particular, Dr. Khaled Alser, stood out. He's a general surgeon, ten years younger than me and only two years out of residency—seven months of which he spent imprisoned and tortured by Israeli forces. Despite that, he effectively coordinated the mass casualty response. In the US, this would typically be the job of the department chair in trauma surgery, due to its complexity and intensity. But Dr. Alser had done so much, with so little, that he had become exceptional at it.

That morning, I performed six hemorrhage control surgeries—just trying to stop people from bleeding to death. Three of those patients died within the next 12 hours. After that, I did another three or four more operations throughout the day. One of those patients was Ibrahim, a kind 16-year-old boy. He was thin and clearly malnourished, though not yet starving. Shrapnel had injured his rectum and colon. I took him to the OR, repaired the damage, and gave him a colostomy. By March 23, five days later, he was ready to go home.

That evening, after we broke the Ramadan fast with Iftar, I did some work on the computer, then decided to go downstairs to change Ibrahim's dressings—he was due to be discharged the next morning. We lived on the hospital's fourth floor. I headed down toward the surgical ward on the second floor. As I passed the ICU on the third floor, a doctor named Hanib stopped me. "Feroze," she said, "there's a young man transferred from a field hospital who had surgery, but I think he's bleeding internally. I think he needs to go back to the OR." I examined him—a 16-year-old boy

named Mohammad—and she was right. I told her, "Get him prepped. I'm just going to change Ibrahim's dressings and come right back."

But as I left the ICU an explosion rocked the building. The missile struck Ibrahim's ward. I would have been in his room within two minutes. The Israelis had fired a missile to kill a man they accused of being Hamas' Prime Minister—Ismail Barhoum. The blast obliterated the entire men's surgical ward. The hospital immediately went into lockdown, fearing further strikes. No warning had been issued. The administration had received nothing.

When the lockdown was lifted, I went to the emergency department to see if there were any new critical cases. I still needed to take Mohammad to the OR. I asked if anyone else needed urgent surgery. Dr. Tammy Abughnaim, an ER physician and colleague who had come to Gaza with me, said no—miraculously, only one person had been reported dead, and everyone else had survived. I was shocked. "Only one person? In a surgical ward hit by a missile?" But as I was leaving, three or four kids came running down the hospital stairs with a body wrapped in a sheet. They rushed into the trauma bay, unwrapped the sheet—and there was Ibrahim. He was eviscerated. He had probably been dead for over an hour.

It turned out Ibrahim and Barhoum were distant relatives, part of the same extended family. The hospital had placed them in the same room to make family visits easier. So, not only was this 16-year-old boy killed, but the entire men's surgical ward—24 of the hospital's 240 permanent beds—was destroyed. The hospital also has 200 extension beds, mostly in tents. Those were lost too. The electrical and water systems were torn up. The ward was completely destroyed. This was a triple crime.

First, attacking a hospital without warning is a clear violation of international law. Second, even if Barhoum had been the target, his killing would have been illegal—he was a wounded combatant and therefore protected under the laws of war. If Israel accused him of being an unlawful combatant they could legally arrest him, but they can't just murder him. Third, the strike recklessly killed a child and devastated critical medical infrastructure. It's criminal under international law, American military codes, and even Israeli military codes. The claim that Barhoum was planning terrorist attacks from his hospital bed is absurd. He was wounded on March 18 or 19 and had come to the hospital for treatment on March 23. I was on that ward every single day, multiple times per day. He wasn't there. The hospital has no secure or hidden areas—nowhere he could've been planning anything. This was not just a violation of humanitarian law—it was a grotesque failure of basic decency.

And just to be clear, when I say "Israel," I also mean the United States. The weapons may have been Israeli, but this campaign is paid for and enabled by the US.

BM: I would also add that the Israeli forces were quite aware of an international medical group present at Nasser Hospital actively engaged in treating patients. The level of depravity and indifference to any established laws and ethical standards speaks volumes to your statement about the US enabling Israel.

Maybe on a personal level, have you suffered from any psychological trauma from this episode or your experiences there?

FS: That's an interesting question—because you'd think it would have affected me more directly. I remember during my surgical training, we had to give a presentation—what we call "grand rounds"—on a topic loosely related to surgery. I chose to speak about the modern use of nuclear weapons, and specifically what their use would mean for surgeons. Of course, the answer is that in a full-scale nuclear war, there probably wouldn't be any surgeons left. But the point was to explore the real human cost, the unimaginable destruction these weapons represent. Ever since then, the nightmares I occasionally have—the ones that wake me up in the middle of the night—are about nuclear war. Sometimes I jolt awake thinking, "Has it started?" I find myself looking around, trying to process whether it's real.

So far, nothing else—not even what I saw in Gaza—has displaced that fear. In that sense, I guess the horror of Gaza hasn't yet eclipsed the horror I associate with nuclear weapons. That said, I'm very fortunate in that I haven't experienced any of the classic PTSD symptoms since returning. But we'll see. Trauma doesn't always hit right away. I was just talking to a friend of mine, Mike—he went once, and he was fine for about six months. And then, out of nowhere, he just crashed. So, I don't know. Time will tell.

BM: Thinking back to your last deployment, what were Palestinian healthcare workers saying? I don't want to assume they've become numb to the daily tragedy—but how were they processing it? What conversations stood out to you? Help bring their voices to life.

FS: I'd say the healthcare workers I met fell into two main groups. One group simply couldn't talk about anything else. And I don't mean that critically—it's not a flaw. The trauma was just so overwhelming, so present that it became the only thing they could speak about. Every conversation, every day, felt like a repetition of the one before: "This morning I woke up, my kids were hungry, the bombs were loud, the shooting hadn't stopped, and I had to tell them to stay calm..." Then the next day, it would start all over again.

Palestinian culture is deeply communal. Everyone talks. There's no privacy. People process life together, through constant conversation. It's not like someone talks while others just listen—it's a continuous exchange of personal experience, all the time.

Then there's the other group: those who absolutely do not want to talk about their personal suffering. That doesn't mean they're not feeling it—they are. But they choose to focus on other things, especially at work. It's a form of psychological survival.

I mostly spent time with surgeons, and their coping styles reflected this divide. Some would walk in and immediately say, "Can you believe what happened last night? The bombing, the injuries, the chaos..." Others would say, "What cases did we have yesterday? Did you see that arterial injury? What did you think of the approach?" They weren't pretending nothing was happening—how could they? They were living in it, minute to minute. But for some, focusing on the technical and clinical side of things was their way of keeping the emotional weight at bay.

And this coping strategy could lead to extraordinary displays of endurance. I mentioned Dr. Khaled earlier—the young surgeon who led the mass casualty response on March 18. That day was supposed to be his engagement. But 45 minutes into managing a ten-hour trauma response, he got word that his fiancée's father had been killed in an airstrike. He paused, placed a hand on his heart, said a short prayer—and kept going. Thirteen or fourteen hours later, after the man had already been buried in a nearby cemetery, Khaled went to his grave, said another prayer and then returned to work.

And I get it. None of us really knows the 'right' way to deal with something like this. There's no playbook. But it shows just how total this reality is—how all-consuming. For some, it becomes so overwhelming that their responses can feel almost... morbid. And I don't mean that judgmentally. It's just the reality of trying to stay functional in the middle of devastation. Khaled once sent me a video—one I wish I could project on a screen in Times Square for the whole world to see. Because there are still people out there—very few, but still—who insist that everything Israel is doing is right, justified, proportionate. But I wish they could see this.

He had performed surgery on a woman who was likely around four months pregnant. She'd been hit by shrapnel. The blast had destroyed her uterus. And when he opened her up, he found the fetus. It was the size of your palm—tiny—but it had a head, arms, a face. The shrapnel had torn through the left side of its chest. The wound was so severe that the entire chest had been split open, folded back like a hinge.

It was unspeakable. You can't describe it. You can't show a photo and expect someone to really understand. It's the kind of thing that rewrites

your brain. And every time you think, Surely it can't get worse than this, it does. Every time, something more depraved happens. People don't seem to understand what these weapons—our weapons—do to human bodies. What they're really doing, in intimate, physical detail.

BM: Can you explain how the triage system works and how decisions are made when faced with many casualties? Walk us through the thought process, especially from the perspective of this young surgeon suddenly thrust into a difficult situation he shouldn't have to face.

FS: To give a sense of scale, March 18 was the largest mass casualty event I've ever witnessed. I was a resident during the Boston Marathon bombing at Boston Medical Center—the busiest hospital that day. Boston has six Level 1 trauma centers, including Boston Children's Hospital, which is a pediatric Level 1 center. These hospitals are fully equipped with every specialist, countless nurses, and extensive resources. If you imagine all six centers combined as one hospital, it would have had about 4,000 beds, 400 trauma surgeons, and 250 operating rooms. Despite this vast capacity, they treated only 129 patients on Patriots Day in 2013. In contrast, on March 18 alone, the Nasser Medical Complex treated 221 patients—despite the enormous gap between resources and demand. The scale was unprecedented, making it impossible to properly evaluate everyone.

Most patients arrived by ambulance or donkey cart, the two primary modes of transport. Khaled would open the ambulance door—or glance at the donkey cart, whatever was arriving. Typically, there were several people each time. Each ambulance brought in three, four, five, or six people. He would say, "Okay, this one is lightly injured. You're going to what's called the green area." That's basically any open space. "Don't bother anybody. You're fine." Even if your finger or arm was injured—broken, even—you weren't dying, so you got the lowest priority. If they were decapitated, they went directly to the morgue. Then there were these two people: one was awake and talking but had an abdominal injury, so they'd go into the yellow area.

Or this one is barely breathing but looks like she could survive. So, we're going to put her in the red area where Dr. Morgan McMonagle and I were and some other physicians. Dr. Tanya Haj-Hassan was there too; she's a well-known MSF [Doctors Without Borders] doctor. The one problem with this triage system is that it works well for adults, but if an adult has multiple shrapnel wounds to the chest and no pulse, you know they're not going to survive—especially in this scenario. If this were in the US, we would try everything. But here, if you spend an hour trying to resuscitate someone unsuccessfully, that's an hour you could have spent saving ten others. So, that's the difficult decision you must make.

But it's very hard to send children directly to the morgue. And you must remember, half the people in Gaza are children. So, when Morgan and I went to the red area, the first thing we did for about 10 minutes was pronounce kids dead. I'm talking about small children. I still remember the first one I saw—she had multiple shrapnel injuries to her face and neck, and she was showing agonal breathing. That's the kind of disordered breathing you have as you die. I wasn't sure at first, so I jaw-thrusted her to open the airway, but it didn't change. It really was agonal breathing, not just an obstructed airway. I had to pick her up. There was a man with her—maybe her dad, uncle, or just someone who found her in the street. I honestly don't know. I handed the girl to him and said "Khalas" [enough] since I don't speak Arabic and couldn't explain anything. I just pointed him toward the area where children are left to die with family members because they can't be saved.

We don't have a neurosurgeon, we don't have unlimited critical care resources, and so on. There was one little girl I pronounced dead—probably three or four years old. Then I found another girl who could actually survive. She had a shrapnel injury to the left side of her face, and that piece of shrapnel had lodged in the left side of her brain. Thankfully, she was able to survive that injury. She also had a spleen injury and left

pneumothorax [collapse of the lung].

I took her to the operating room and started operating. Over the next seven to eight hours, I performed six hemorrhage control surgeries, and then three or four more throughout the day. But it wasn't just me. It was me, Morgan, Dr. Mohammed, I think Dr. Ayman was there, along with a Palestinian general surgeon and a Palestinian pediatric surgeon.

BM: You had anesthesia?

FS: We did have anesthesia—yeah, we had anesthetics. You have to remember, there hadn't been mass casualty events up until this point. And until 14 or 16 days earlier, however, the border had been open, or at least hospitals were accessible to the World Health Organization (WHO). The WHO had been able to get in and resupply hospitals. So, at that point, we hadn't burned through our supplies yet. As far as I know, Nasser still has some anesthetics available. But from what I'm hearing from friends in other areas, most of Gaza doesn't. It's hard to know for sure ...

BM: Shifting to a broader political lens—what we're witnessing with the student protests is significant. There's been a powerful, widespread show of solidarity with Palestinians and growing opposition to both US and Israeli policies. Many have rightly described the ongoing events in Gaza as genocide. In response, we've seen an intensifying crackdown—not just under Biden, but now intensified by Trump—on civil and democratic rights. This includes arrests, disappearances, and increasingly aggressive police action. Even academic institutions, historically seen as bastions of free thought, are either remaining silent or actively aligning themselves with these state-led crackdowns on student expression. Given all this—where do you see things heading, both in the United States and globally?

FS: The global picture is complex, but in the United States things are deeply troubling. Trump has aligned himself with people who aren't Zionists in any meaningful sense—they're ideologically committed to something else entirely. Irving Howe wrote in his autobiography that people who espouse "pieties about Zionism" but "had no intention whatever of buying a one-way ticket to Israel" were hardly Zionists. What we're seeing instead is a form of Jewish supremacy—figures like Bill Ackman and others pushing a vision that mirrors what B'Tselem has called a regime of Jewish supremacy from the river to the sea. It overlaps easily with white supremacist ideology.

The US political establishment—both Republicans and Democrats—is complicit. Trump isn't going to be removed from power by the political establishment, and even if he were, we'd be left with Democrats who, frankly, have shown little meaningful opposition. Biden and Harris, as Channel 13 reported, never once even proposed a ceasefire to Israel. The claims of working "tirelessly for peace" are lies—meant to pacify the public while enabling more violence.

I don't say this lightly, but it's hard to imagine a future for Gaza that doesn't involve total destruction—whether through mass killing, forced expulsion, or both. The political forces aligned against Palestinians are overwhelming.

Could that change? Only if there's a mass movement—either in the US, which would take time to build, or in the Arab world, through something like a second Arab Spring. That's the only path I can see right now, and while there's no sign of it yet, history has shown us that movements can emerge quickly, often when they're least expected.

BM: Just to follow up on the Democrats—it's clear that the genocide in Gaza has received bipartisan support. And frankly, I don't see the Democrats offering any position that's meaningfully solution to this crisis. We've seen so-called left-leaning Democrats refusing to act even when they had the opportunity. Last year, some of them were approached to testify about the atrocities they had witnessed—yet they declined. This year, Bernie Sanders allowed pro-Gaza protesters to be ejected from his own rally in Idaho, all while reaffirming that "Israel has a right to defend itself." The idea that somehow pressure can be brought to reform the

Democratic party is utter nonsense.

FS: I'm not an expert on the Democratic Party, thank God. But what I'd say is that most people in the US are genuinely horrified by what's happening—not just what Israel is doing per se, but the US's unwavering support for Israel's actions. This isn't just a fringe viewpoint; it's a widespread feeling that crosses political lines. Even people who only follow the news in passing or through mainstream media are deeply disturbed.

People are tired of the predictable war narratives, the endless cheerleading for violence under the guise of "defense." It's not just about opposing this specific conflict; there's a broader disgust with how foreign policy is dominated by entrenched interests and neoconservative ideologies that seem detached from public sentiment. This frustration even finds voice in comedians and commentators across the political spectrum who mock the self-serving "war reporters" embedded with militaries, who push a narrow, aggressive agenda. This sense that the whole system is a fraud creates space for unexpected coalition-building—even with those who otherwise hold vastly different political views.

So, there is a genuine constituency—maybe not yet fully organized or unified—but there's a country ready to be mobilized around the desire to end US funding for endless wars. People may disagree on domestic issues, but on this issue, there's an opening for broad, cross-ideological alliances.

I share your sentiments about the impossibility of reforming the Democratic Party. The party is fundamentally tied to its donor base—the billionaire class who dictate policy priorities behind the scenes. Unless that donor influence shifts dramatically—which seems unlikely—the Democratic Party will remain committed to imperialist policies. If the Democratic Party did undergo a radical transformation to genuinely oppose neoconservative and imperial interests, it wouldn't be the Democratic Party anymore.

BM: The *World Socialist Web Site* has provided a detailed analysis of the ongoing events in Gaza, tracing them back to the imperialist roots of Zionism. The atrocities committed there are not isolated incidents but are supported and enabled by the major imperialist powers—especially the United States and its NATO allies. We call on the international working class to mobilize and take decisive action against the ethnic cleansing of Gaza, the ongoing genocide, and the looming threat of another world war. This struggle must be fought on a socialist basis, uniting workers worldwide to resist imperialism and oppression. Your thoughts?

FS: I believe working people should oversee their own lives. If they did, the last thing they'd do is send money to fund the killing of children. It's absurd. Polls in the US try to measure public opinion on what's happening in Gaza, but those polls are transparently misleading. If you asked people directly, "Are you in favor of burning children alive?" the answer would be a clear zero percent—any yes responses would be mistakes or misunderstandings.

People naturally hold basic human values. The only way to manufacture consent for these atrocities is through lies and misinformation. That's exactly what American media and other institutions do—spreading confusion about whether a hospital was hit by a Hamas rocket or an Israeli bomb. It's all nonsense.

The reality is, if working people controlled their own lives, they would never allow this to happen. And that's precisely why they're kept from having real control. But they don't have to accept that. The American working class has a long history of fighting for their rights, and it has been repeatedly repressed by state violence. The labor movement's history is one of brutal repression—comparable in some ways to places like Iraq under Saddam Hussein or apartheid South Africa. It's a history that's largely forgotten or swept under the rug, but it's still visible in mining towns with monuments to the Mine Wars, where the U.S. Army once machine-gunned protesting workers.

Eventually, the state realized brute force wasn't enough and turned to

subterfuge and confusion. That's the system we have today. But again, working people don't have to accept that either. Platforms like the *World Socialist Web Site* and other participatory forums allow people to talk openly, share ideas, and question the official narrative without needing academic credentials.

When people see sane discussions and hear perspectives that challenge the lies, they realize they're not alone—that their basic opposition to killing children is the majority view. And that realization is the first step toward taking control of their own lives.

BM: I want to thank you so much for your time. If you have any final thoughts you would like to share?

FS: If we keep waiting—just to be clear, not that you're suggesting this—but for anyone who might be that mythical unicorn called the Democratic Party, the one we imagine filled with Bernie Sanders clones suddenly descending on Washington, D.C., that party simply doesn't exist.

People need to come to terms with how shockingly dishonest they've been about Gaza—not just what was happening, but what they were doing. For 15 months straight, they repeated over and over that they were working toward a ceasefire. Now that the truth is out, it's clear that it was 100 percent false. They were lying the entire time.

It wasn't just Biden. Even Alexandria Ocasio-Cortez stood at the Democratic National Convention—on the very day I was there—and praised Kamala Harris for “working tirelessly for a ceasefire in Gaza.” The crowd erupted in applause, because everyone knew that's the right and humane thing to do. Yet it was painfully obvious they weren't doing that.

In October last year, myself and nearly a hundred other healthcare workers who've served in Gaza wrote to Biden, politely pointing out that he didn't need to convince Israel to cease fire; the US could simply stop supplying the weapons they're using. That's a concept so simple that a third grader could understand it. But it was clear what they were doing: they were just bullshitting.

Those of us who've followed this conflict for years have said it all along—we knew they weren't serious about a ceasefire. This isn't just an Israeli project that the U.S. got dragged into; it's a coordinated U.S.-Israeli strategy to control the Middle East by force. So, the worst thing that could happen is for people to mythologize the Democratic Party as the better option—thinking, “If only Harris had won.” Sure, Harris might have been a less bad president than Trump. But not on Gaza and not in many other critical areas.

But here's the truth: we can have a society we're proud of. That's a choice, and it's one that's up to us to make.



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