

Interview with Harvard graduate student and Palestine activist Bilal Irfan

Documenting the human toll of the Gaza genocide

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The World Socialist Web Site had an opportunity to speak again with Bilal Irfan, a Harvard masters student who has published several studies on the impact of the Gaza genocide on Palestinians. This interview was conducted on May 25, 2025, amid the full-scale launch of Israel's "Operation Gideon's Chariots," which Prime Minister Benjamin Netanyahu has described as the "concluding moves" in Gaza. The operation has the full backing of the Trump administration which is actively participating in the largest imperialist-backed ethnic cleansing operation since the Holocaust. The interview was edited for brevity and clarity.

Benjamin Mateus BM: Bilal, could you tell us more about your work in Gaza and with the Palestinian people? You've also published several important studies on the human toll of the ongoing genocidal campaign. What conclusions has your research led you to, and what do you believe are the broader social implications of your findings?

Bilal Irfan (BI): Yeah, just to give you some context, I was recently part of a medical mission in Palestine, and I've been actively documenting what's happening there. But honestly, the bulk of my work has really been thereafter, honing on collaborations with Palestinian physicians, healthcare workers, medical students, and nurses across different hospitals, gathering information and documenting various aspects of the healthcare crisis.

If we take the recent report on healthy longevity as a starting point, what we're witnessing, documented in aspects of work I've been involved in and that of many others, is the long-term health consequences of this crisis. We're talking about widespread infection, malnutrition, and the lingering effects that will shape public health for years to come. Even after the genocide ends—if it ends—the toll on those who survive will be immense.

One striking example is the recent *Lancet* study from early 2025, which showed that life expectancy in Gaza had dropped by almost 35 years in the first 12 months of the war, which is about half the pre-war level of 75.5 years, meaning it stands at just above 40 years. They stratified the study by gender and life expectancy loss was larger for males at 38.0 years, although females saw their life expectancy drop by 30 years. That's devastating and deeply alarming.

BM: Can you put this into historical context?

BI: You'd have to go back more than a hundred years to see life expectancy levels this low—and this has happened in just one year. Let's be blunt: this aligns with Israel's openly stated goal of reducing Gaza to rubble, essentially pushing it back to the Stone Age. But even these are just current projections. We don't know yet what the hospital infrastructure will look like in the coming weeks, or what access to

healthcare will be like once the fighting stops. We don't know what a post-ceasefire scenario will bring, or what kind of political reality Palestinians in Gaza will face. Right now, it's nearly impossible to draw a complete and accurate picture. The full truth will only come to light once the violence ends.

BM: Perhaps we can also review some of the details of your work too? Such work is more than general research for scientific journals. They function as forensic evidence in a criminal trial. These are written accounts that provide objective data that substantiate the tragic news that comes to light every day through various media channels. One could even say it has journalistic relevance.

Maybe, first speak to what is transpiring in Gaza. In May, the Israeli security cabinet approved a new plan for Gaza the involved tens of thousands of additional troops to take over the entire enclave. Benjamin Netanyahu has described this as "concluding moves," stating that there was "no way" Israel would halt its war. He's using language like the Nazis used when they called for the final solution. He has the backing of the Trump administration and the European, bourgeois governments. Meanwhile, urgent reports are being made of impending deaths from mass famines.

BI: When we last spoke, the siege of northern Gaza was ongoing—this was from October to December 2024. During that time, there was a complete blockade of the five northern governorates of Gaza. While that siege was unfolding, we were also documenting the nature of the attacks and later trying to publish our documentation—data on the daily of injuries, airstrikes, evacuation orders, and attacks that targeted the three remaining hospitals in the north: Kamal Adwan, Indonesian Hospital, and Al-Awda.

The academic medical community remained largely silent on these attacks. Despite working closely with hospital directors, medical staff, and journalists, multiple journals stalled or outright rejected our submissions. It was disheartening, especially given the importance of this work—not just as medical documentation, but as a form of citizen and medical journalism. With journalists largely cut off from northern Gaza, healthcare workers became one of the only groups of people able to report what was happening on the ground in real time.

We had hoped that by sharing our findings, we could show how these attacks played out over those three critical months. Instead, as of now, those same hospitals are under attack again. After being shut down during the siege, they were partially restored during the temporary ceasefire. And now, again, they're being bombed. New hospital directors are being attacked. It's a repetition of the same horror—before we even had a chance to publish what happened the first time.

We can talk more about the global medical community's silence later,

but the reality is this: Israel is repeating the same tactics: full siege; complete blockade. Targeted hospital attacks. Kamal Adwan was hit hard and forced out of service; its staff fled to the Indonesian hospital, which has also been targeted. We see the same disturbing patterns—ambulances unable to transfer patients, medical teams displaced, field hospitals overwhelmed.

This is the situation we're in—these updates are from just ten minutes before I joined this interview. For example, we heard that Dr. Alaa Al Najjar, a colleague, reportedly lost nine of her ten children in a strike. These are the kinds of stories we're hearing daily. Her husband also later succumbed to his wounds and died.

And the devastation goes beyond bombings. One of the most underreported aspects is the collapse of Gaza's economic structure. This has a direct and worsening effect on health. During the ceasefire period, we saw extreme inflation. I spoke with a Palestinian physician who explained how families crammed into places like the Al-Mawasi refugee camp in Khan Yunis—one of the few so-called “safe zones”—struggled to access even essential necessities like fuel or firewood.

With natural resources completely depleted, people have resorted to burning clothes, books, and whatever scraps they can find to cook food. This physician told me he went into a designated red zone just to scavenge wood and rubble, and people offered him hundreds of dollars—for twigs.

The recent destruction of some of Gaza's last bakeries has only worsened the crisis. Physicians are seeing patients collapse from hunger—people coming into hospitals with severe headaches, and when asked, they admit they haven't eaten in four days. These aren't war injuries. These are symptoms of starvation, and they are overwhelming hospitals and clinics that are already stretched beyond capacity.

BM: You raised the issue of journalists. I wanted to say that the death of Fatima Hassouna (25-years-old) and 10 family members in mid-April was devastating. This was a targeted attack for the heroic work she did covering the day-to-day events. The strike occurred a day after she had learned that the documentary featuring her, *Put Your Soul on Your Hand and Walk*, by Iranian filmmaker Sepideh Farsi, had been selected for the ACID section of the Cannes Film Festival.

I raise her assassination because Sheila and I had recently discussed the number of journalists killed in Gaza.

Sheila Brehm (SB): I came across a report from Brown University, published in April 2025, which reported that at least 232 journalists had been killed. That number alone was staggering—but what truly shocked me was that it surpassed the combined total of journalists killed in the US Civil War, the Korean War, the Vietnam War, the war in Yugoslavia, and even in post-9/11 Afghanistan. In fact, separate estimates indicate that more journalists have been killed in Gaza than in World War I and World War II. If you could comment, what you've just described. Would you comment on your work in this area?

BI: This touches on something we've been working on for many months now—a project exploring the ethics of documentation, particularly how journalism and healthcare intersect in conflict zones. The work includes both journalists and healthcare professionals as co-authors. One piece was published in the WHO's *Eastern Mediterranean Health Journal* in January 2025, titled *Don't Shoot the Messenger: The Role of Journalists in Gaza's Health Sector*. In it, we highlight that under the Geneva Convention, “Journalists engaged in dangerous professional missions in areas of armed conflict shall be considered civilians within the meaning of Article 50, paragraph 1.” Targeting them is, therefore, a violation of international law.

What we've learned from this research, and from my own work, is that the reported numbers of journalists killed often vary. For instance, as of April 25, 2025, the Committee to Protect Journalists confirmed at least 176 journalists, camera operators, and media workers had been killed, averaging 13 per month. But the real number is likely much higher. Why?

Because so many people have had to become journalists out of necessity.

We're seeing a sharp rise in independent journalism, people with phones and cameras who've taken it upon themselves to document what's happening. These are not necessarily employees of *Al Jazeera* or any formal media outlet. So, it raises a vital question: Who is considered a journalist? And when these citizen-journalists are killed for documenting or reporting, their deaths often don't appear in official statistics. Still, they're likely being targeted for doing the same work.

Some of the journalists I've collaborated with on unpublished papers have since been killed, some in direct airstrikes, others by snipers. In certain cases, Israel has even publicly acknowledged targeting specific journalists, claiming they were affiliated with militant groups. But Israel has increasingly classified almost anyone working in Gaza's civil sector as a “terrorist.” The word itself has been stretched so far it's lost meaning. Today, even photographing or filming an attack can be considered an act of terrorism by Israeli authorities if it shows their military actions in a negative light.

This logic—equating documentation with propaganda—allows Israel to justify (not that it would or should justify) the killing of journalists with near-complete impunity. These justifications are then fed to global media audiences, and unfortunately, reinforced by political support from pro-genocide factions in the United States.

The risk intensifies when journalists and healthcare workers interact. Both are already being targeted: doctors for treating children whom Israel classifies as combatants, and journalists for reporting what they see. When a doctor collaborates with a journalist, they increase each other's risk, and the risk to everyone around them. More than 1,400 healthcare workers have already sacrificed their lives and more than 300 arbitrarily arrested.

These interactions raise constant ethical questions. Just a few minutes before this interview, we were texting about whether to take a photo of a family. On the one hand, documenting suffering is critical to raising international awareness. On the other, patients have the right to privacy and dignity, even amid a genocide. Medical ethics and journalistic ethics both come into play, and despite everything, Palestinian healthcare workers are still upholding those values.

Yet even hospitals have become targets. Just weeks ago, Israel launched airstrikes on hospital rooms where journalists were receiving treatment. So, the presence of either group, journalist or healthcare worker, can be a death sentence not only for themselves, but for those around them. That's the tragic reality we're navigating every single day.

BM: I know you've been closely following the reported death tolls, and I understand how difficult it is to get accurate numbers. But I can't help but feel that the official figures—around 53,000—are likely far below the true toll. In your research, “War-related trauma and displacement in Gaza: the impact on the health and longevity of older adults,” published last month in *Lancet Healthy Longevity*, I believe you've estimated that the real number could be at least 40 percent higher. Given the near-total collapse of Gaza's healthcare system and the massive destruction—90 to nearly 100 percent of homes and schools damaged or destroyed—how should we be thinking about these death tolls? What are the challenges in counting them accurately, and where do you believe the actual number might stand?

BI: It's hard to give you a definitive number, but I think we need to separate two categories of deaths. First, there are direct deaths, those caused by traumatic injuries like airstrikes, gunfire, or sniper attacks. Second, there are indirect deaths, people dying from lack of access to care, from chronic illnesses left untreated, from malnutrition, infections, and medication shortages.

Now, traditionally, when we look at death tolls in conflict zones, we count both: direct and indirect. That gives us the cumulative mortality. But in Gaza, the Ministry of Health has been reporting deaths almost in reverse to how we saw reporting during COVID. In the pandemic, many

countries counted a death as a COVID fatality if the person tested positive, regardless of the primary cause of death. In Gaza, even though we're witnessing a genocide, deaths caused by anything other than a direct Israeli strike, such as from untreated illness or systemic collapse, are largely not being counted in the official war death toll.

That means people dying from cancer, heart disease, or infections due to lack of care are largely excluded, even though those deaths are arguably a direct consequence of the war. And we know from experience in other war zones that indirect deaths often far outnumber direct ones.

There was a *Lancet* correspondence back in July 2024 that estimated total mortality in a war zone can be three to fifteen times higher than the number of direct combat-related deaths. But we don't even have a clear picture of how accurate the direct death toll is to begin with.

Israeli officials and media often claimed the numbers were inflated. But a *Lancet* study led by Zeina Jamaluddine contradicted that. It analyzed traumatic injury mortality and found that, as of June 30, 2024, the official numbers were undercounted by about 41 percent. That's the figure we've cited in our own work as well.

But here's the important context: even though that analysis only covered the period up to June 30, 2024, a time when Gaza's healthcare system, while overwhelmed, still had some operational hospitals, some functioning Ministry of Health systems, and more staff. The complete collapse came later. Since then, access to data, personnel, and reporting infrastructure has significantly deteriorated. So, if anything, the undercount is probably even more severe now.

And, as we discussed before, there are a lot of social and political factors that shape whether a death gets reported at all. Some families avoid reporting because of fear or security risks. Others may only report in hopes of getting international attention or humanitarian assistance, which requires documentation like a death certificate. These dynamics—fear, access, incentive—can lead to massive underreporting.

I mean it's worth keeping in mind just how damaged data systems are, and how difficult it can be to maintain health records in such a challenging environment, and how important it is. Our work across the orthopedic, otorhinolaryngological, and gynecological domains shows us this. What's more is that even informing the humanitarian response, whether it be regarding analyzing traumatic injury patterns, pediatric medical evacuations, pediatric nursing, or even the use of anesthesia, does to some degree require credible data systems.

BM: Even though the news has said that there have been some relaxing allowing some trucks to trickle in ...

BI: That's a complete lie, insofar as in what is being allowed in is a completely negligible amount.

BM: Agreed. But given that there is essentially a complete blockade, in the next month or two we are going to see the catastrophe take a horrific turn in terms of deaths. Can you provide estimates based on your work?

BI: There's no question that mass starvation is under way, and it can lead to thousands of deaths if left unchecked. But it's incredibly difficult to quantify because even the data coming from the United Nations is partial and incomplete. We don't have access to the kinds of epidemiological tools or surveillance systems that are needed to properly assess the scale of the crisis. So many deaths are simply going unreported.

Starvation is likely to be one of the most decisive factors shaping this crisis. If food isn't allowed in, people cannot survive. It's that simple. The body can only endure so much, especially over extended periods without adequate nutrition.

Some people have turned to fishing, but that's also incredibly dangerous. Fishermen are being targeted by airstrikes when they try to access the coast. And realistically, fishing can't feed Gaza's entire population. Not everyone even has access to the sea, particularly with so many people displaced and scattered throughout different regions of Gaza. We're facing shortages of basic necessities—some of them are so severe

it's hard to even comprehend from the outside. The reality is, I can't give you a precise number. We just don't have the data or access. But what we do know is deeply alarming.

BM: International courts and agencies, including the United Nations, the World Health Organization, and human rights bodies, have repeatedly identified Israel's actions in Gaza as violations of international law, with several instances being characterized as potential war crimes or crimes against humanity. Most notably, the International Court of Justice (ICJ), in its January 2024 provisional ruling in the case brought by South Africa, found that Israel's conduct in Gaza plausibly constitutes acts of genocide. The Court ordered Israel to take all measures within its power to prevent genocidal acts and to allow humanitarian aid into Gaza—an order that, many correctly assert, has been ignored.

Despite this, major international powers—including the United States and several European nations—have continued to provide political, military, and financial support to Israel. This has raised serious concerns about complicity in the ongoing atrocities. Meanwhile, mainstream media coverage has been limited, sporadic, and often lacking urgency or depth the crisis demands. As someone deeply engaged with the realities on the ground in Gaza, what are your thoughts on the war crimes being committed, the historical significance of this moment, and the international media's failure to reckon with the scale and severity of this catastrophe?

BI: Yeah, I have a lot to say about this, so let me start with what's happening right now—literally today. Palestinian physicians are documenting everything with extraordinary care. They're coordinating with international journalists, asking: Should this be filmed horizontally? Will this angle help with verification? Will this footage meet your standards for evidence? They're risking their lives, dodging drones and airstrikes, to get this material out.

And yet, what happens the next day? The headlines, the stories, they get diluted, distorted. Today, one physician was absolutely enraged over a story in a major outlet about Dr. Alaa Al-Najjar who just lost her children. He read it and said, "What is this? What kind of journalism is this? After everything we did to get the story to them, pouring our hearts and risking our lives, this is what they publish?"

Palestinian healthcare workers know the world won't step in to stop this. They're not naïve. But at the very least, they hope that the truth—the raw, painful, undeniable truth—will be shown. And when that doesn't even happen, when the facts are twisted or watered down, it's utterly disheartening.

And it makes me ask deeper questions. Over the past year, I've started to wonder: How much do we really know about past atrocities, about other genocides, other massacres, when we're witnessing this kind of distortion in real time, even with overwhelming documentation?

We have video footage, eyewitness testimony, medical records, firsthand accounts from international healthcare workers on the ground. And yet, we're still being lied to. We're being gaslit—by the media, by institutions we're supposed to trust.

It's made me question how much of history has been rewritten or erased because people didn't have cameras, or access, or a voice that was heard. What's happening in Gaza right now forces us to ask: Who gets to tell the story? Who gets to write history? Because clearly, it's not the people living it.

BM: I know Sheila's been in touch with you, and I really appreciate your courage in speaking with us. Do the Palestinians you speak with follow the *World Socialist Web Site*? We're committed to principled, honest journalism, and we're always open to speaking with others—confidentially if needed—who want to share their experiences and truths with the world.

BI: Definitely some. After our last interview, I shared it with a number of my colleagues, and I'm sure some of them have since followed your

work. In fact, one nurse at the Indonesian Hospital shared our past interview. So yes, there are people following and deeply appreciate this kind of principled journalism. Unfortunately, journalism with that kind of integrity is rare. And while that's disheartening, we must keep going.

To your earlier point about Israel's war crimes: the truth is, there's virtually no accountability. We're watching world leaders and institutions openly attack the International Criminal Court (ICC), sanctioning its personnel, obstructing investigations, and making it nearly impossible for them to work. I believe ICC Prosecutor Karim Khan even had his email deactivated.

But even when the ICC issues findings or arrest warrants, how many state parties comply? How many continue to let Prime Minister Netanyahu fly over their territory or visit without consequence? And regarding the International Court of Justice (ICJ)—which has been investigating the plausible risk of genocide in Gaza, how many countries have changed their policies in response?

These legal bodies are important for documentation and the historical record, yes. But they are not going to liberate Palestine. We need to move past the illusion that they will. Real change requires structural and policy shifts, at the level of the governments carrying out the bombings and the citizenries enabling or resisting those policies. People in the United States, especially, have a responsibility to oppose genocide. That work cannot stop.

Look at how Israel has responded to international rulings. The ICJ has declared it an apartheid state. Does Israel care? No. It disregards the findings of international observers, journalists, and courts. But it's one of few countries in the world that can expel dozens of foreign diplomats, even fire live ammunition last week when a delegation visited the Jenin refugee camp in the occupied West Bank last and then call it a "mistake," without facing consequences.

This level of impunity is staggering. It's unprecedented in some ways. And I believe, in the future, people will look back and ask: How did a small apartheid regime convince so many powerful governments to betray their own supposed democratic values, to arrest, censor, and surveil their own citizens, in defense of a foreign military committing genocide? What we're witnessing is a historic case study in complicity, and it demands to be examined and deconstructed in full.

BM: I'd like to connect your comments on Israel's war crimes to something closer to home. A recent *New York Times* report detailed the Heritage Foundation's Project Esther, which appears aimed at criminalizing pro-Palestinian activism here in the US. The project's tactics—labeling dissent as terrorism, calling for the deportation of activists, and targeting universities—seem to have serious implications for constitutional norms, academic freedom, and free speech. I'd like to hear your thoughts on these developments.

BI: Yes, the war in Gaza is absolutely having a chilling effect on pro-Palestinian and broader anti-genocide activism in the US. I've personally witnessed students at Harvard ask simple, factual questions about Gaza, only to be told by professors with backgrounds in international law that they're not allowed to speak on the subject. Even stating the widely documented fact that Israel is committing genocide, as recognized by Amnesty International, Human Rights Watch, and multiple organs of the U.N., is off-limits. That's a clear violation of academic freedom.

Beyond that, we're seeing frightening consequences. Rumeysa Ozturk, a Turkish Ph.D. student at Tufts was detained—essentially abducted—for co-authoring an op-ed about Gaza and divestment. That was a wake-up call. People are now withdrawing from academic publications, anonymizing their names, and worrying about data privacy—even for medical or scientific research that's unrelated to activism.

This repression isn't confined to one political party. While some attribute it to the Trump administration, we've seen Democratic state attorneys general crack down on peaceful protests, FBI raids have been

conducted, and students have been targeted—like what happened at the University of Michigan. It's a systemic issue: a bipartisan political establishment that enables and protects genocide. And we need to be clear—more Palestinians have died under the Biden administration's watch than during Trump's. This is not just about one think-tank or one project. It's a broader political architecture working to suppress dissent, normalize surveillance, and dismantle civil liberties.

Palestine has become the litmus test. If we accept the bombing of hospitals and universities abroad, should we really be surprised when academic freedom and healthcare access are eroded at home? Violence against truth, against knowledge, and against life itself, whether in Gaza or the US, is all connected.

BM: The American Medical Association (AMA) has remained largely silent on the genocide in Gaza. Early on, they discouraged and blocked discussions about the crisis. More recently, despite widespread condemnation from healthcare professionals, the AMA has continued to avoid taking a public stance—even rejecting a ceasefire resolution brought by its own members. While they have issued generic statements about medical neutrality, they've avoided directly naming Gaza. At the same time, the AMA has indicated a willingness to work closely with the Trump administration, particularly with agencies like HHS and NIH. Given all this, have you heard anything more recent about their position or level of engagement?

BI: I haven't been following the AMA's recent statements very closely—and part of that is because many of us have become completely disillusioned with these institutions. If they can't even speak out against the killing or targeting of healthcare workers—American doctors included—what is left to expect? We've seen American physicians like Dr. Mark Perlmutter and Dr. Feroze Sidhwa inside Nasser Medical Complex while it was being bombed. If the AMA can't condemn airstrikes on hospitals where American medical professionals are present, then what moral authority does it have?

Their silence is not neutral—it's an abandonment of ethical responsibility. And it's not just the AMA. Even *The Lancet*, widely regarded as one of the most respected medical journals, recently published an editorial on Gaza that avoided using the words apartheid, occupation, or even genocide definitively. Instead of calling it what it is, they quoted others or used vague language like "starvation is a crime." If even *The Lancet*, which has been far more forthright than most American journals, won't clearly name what's happening—what hope is there for institutional accountability?

SB: I wanted to ask you about a related development. This past Thursday, the Trump administration announced its plan to strip Harvard of its ability to enroll international students. If implemented, it would affect around 6,800 students at Harvard alone and potentially more than a million students nationwide.

We published a perspective on the *World Socialist Web Site* pointing out that this policy won't be stopped through the courts—the legal system, in many ways, has enabled Trump's agenda, often with the cooperation of the Democratic Party. As you've emphasized, Trump isn't doing this in isolation. The groundwork was laid by the Democrats, who now continue to turn a blind eye to, or even actively support, what's unfolding.

Could you share your thoughts on this move and how it's being received on campus? What's the atmosphere like at Harvard right now around these issues?

BI: It's chilling. These are our colleagues, friends, postdocs doing some of the most advanced research—undergraduates, grad students. Every layer of the university community is affected. As a Muslim, I can say the Harvard Muslim community, especially among graduate students, is heavily international. This decision would have huge implications, not just practically, but symbolically.

I believe there was a temporary stay issued by a judge, but I agree with

you: the courts have shown themselves unwilling or unable to meaningfully oppose the Trump administration. In many cases, officials are openly defying court orders, and some judges seem to be actively avoiding direct conflict with the administration by not ruling against its broader policies. So yes, relying on the courts is a dead end.

This demands resistance at every level. We can't stay silent. The more silence there is, the more these systems take root.

And we also need to talk honestly about Harvard's role. A few weeks ago, people applauded the university for supposedly "standing up" to Trump. But that's a distortion. Behind the scenes, Harvard had already gutted Palestine-related programming, dismissed faculty, and quietly complied with many of the administration's demands, before any formal letter was even issued. This is not principled resistance. It's calculated self-preservation. Institutions that claim to be defending free speech and academic freedom are simultaneously dismantling anti-genocide and pro-Palestinian voices. And all of this is happening under the cover of vague commitments to "DEI," diversity, equity, and inclusion, which have now become a moral smokescreen. What we're seeing is a full-blown crackdown on dissent, dressed up in the language of civility.

SB: You've spoken powerfully about the failure of the courts and the Democratic Party, but what about the working class? Right now, the repression targeting anti-genocide protesters and immigrants, through arrests, deportations, even detentions, isn't just about silencing dissent. It's part of a broader attack on the working class.

Workers everywhere are being forced to shoulder the cost of these wars—through austerity, through the gutting of healthcare, education, and social services—while also being denied basic democratic rights. And around the world, there's growing opposition among workers to both the war in Gaza and the systems enabling it. How do you see the role of the working class in this struggle? What potential do you see in building this movement from below—as a force capable not just of protest, but of changing the course of history?

BI: Absolutely—the real power lies with the people, and especially with the working class. These are the individuals who keep our societies functioning, yet they're also the most exploited and sidelined. Mobilizing them isn't just strategic, it's essential.

One of the biggest challenges in advocacy is knowing how to talk to people in ways that connect with their experiences. Everyone comes from different backgrounds, and we need to make these issues personal and relatable. I've had conversations where, based on someone's beliefs or background, I've focused on the struggles that may feel closer to home for them. For instance, to pastors I spoke of the plight of Palestinian Christians, the bombing of churches in Gaza, the difficulty for a child in Bethlehem to ever go to Jerusalem just minutes away, to help them see the human cost of what's happening. That approach opened a door.

The same principle applies when speaking to working people here. Many don't realize why they can't access affordable healthcare, or why schools are underfunded—it's because billions are being spent on bombing civilians abroad. When we break it down, how much of each person's taxes are funding war and repression, it clicks. People begin to understand that their own lives are being diminished to support atrocities committed elsewhere.

We're already seeing powerful signs of resistance. In the US and the UK, people have physically blocked arms shipments. Students have gone on hunger strikes. Workers are speaking out. Everyone can contribute, whether by protesting, publishing, organizing, or even just calling a representative. Resistance looks different for each person, but what matters is that pressure is applied at every level of society.

SB: But pressure on those in power has produced nothing progressive. We're now well over a year and a half since October 2023, and the situation has become almost beyond human comprehension. The real question is: what force can actually stop this?

Objectively, the working class produces everything on this planet. It's globally connected through production, which makes it an international class. Its interests are fundamentally opposed to those of the ruling class in every country—including the courts, the media, and academia, which often serve as ideological tools of the elite.

That's why the working class is the force we must turn to. One of the key problems with the protest movement over the past year and a half is that it has been directed at appealing to politicians—writing to senators, members of Congress, and so on. But these appeals have done nothing, because those institutions do not care. Real change will come only through the mobilization and action of the working class.

BI: Oh yeah, they don't care. As I was saying, we're already seeing people block arms shipments, and that's significant. People can withhold their labor. There are so many ways to disrupt the flow of weapons and the funding that keeps this genocidal war machine running. And that's where it will truly hurt, where real pressure can be applied.

You're right: simply protesting isn't enough. We need a multi-pronged strategy to confront the genocide. Yes, some are still protesting inside Congress, and I think that's important—they shouldn't be allowed to feel even a moment of comfort while they support mass murder. They need to hear it.

But let's be honest: they don't care. We've seen it in their faces. There's a kind of joy—glee, really—in how they go about supporting and abetting these crimes. They're arresting doctors who are peacefully protesting. That tells you everything.

So yes, we must shift our energy. We need to focus on materially disrupting the systems that make this violence possible. That's where resistance becomes something more than symbolic.

BM: Just to add to what Sheila said—we absolutely need to galvanize the working class. But we also have to recognize that there are layers within the political spectrum, including so-called left forces like the unions, that often work to subvert that effort. Instead of empowering the working class with the perspective that it is an international force capable of defeating the ruling class and its genocidal agenda, these institutions often work to contain and deflect that potential.

That's why it's so important to approach history as a science—to study how we got here, to understand the fascistic roots of the present crisis, and to avoid being disoriented by the chaos. When we say the working class is the only truly international force capable of confronting this barbarism, it's not just a slogan, it's a conclusion grounded in historical experience and analysis.

Bilal, I know we're nearing the end, but before we wrap up, I wanted to ask: are there any aspects of your research documenting the genocide that you feel haven't gotten enough attention—findings or areas you'd especially like to highlight? As an obstetrician-gynecologist, maternal health is particularly important to me. Could you say what you've uncovered on that front? And more broadly, could you share a bit about some of your other research projects—what you've completed, and what your work has revealed so far?

BI: Yes—and I think I shared with you the article we published in the International Journal of Gynecology & Obstetrics, titled "Prevention of Births in Gaza: Where Lies the Future?" That title reflects exactly what we're seeing on the ground. This isn't just neglect, it's the active creation of conditions that prevent births. Maternal health is under direct attack. Women are being denied access to the most basic maternal and feminine hygiene resources.

We're seeing outcomes that are devastating and difficult to even process. Some researchers are working to collect data across Gaza's hospitals to understand the impact of displacement, trauma, and malnutrition on obstetric and pregnancy outcomes. But much of what we're able to gather are only snapshots. And while those snapshots are valuable, for the historical and scientific record, they don't capture the

full scale of what's happening.

We had hoped to conduct a more comprehensive analysis of maternal health and orthopedic injury patterns, but the reality is that hospitals are being bombed, wards are destroyed, supply chains are broken, and healthcare workers are displaced. I recently worked on studies about how the attacks have disrupted data collection in ENT and orthopedic services. One example was the European Gaza Hospital in Khan Younis, which had been one of the few hospitals with intact medical records—until it was attacked. That loss is more than symbolic; it makes it nearly impossible to continue this kind of work.

No one doing this research seriously believes it will stop the genocide. We are far past that illusion. But we do it because, a hundred years from now, someone must be able to tell the story of what happened in Palestine. Not just through personal testimonies—but through science, through medicine, through data. So, the world cannot say it didn't know.

BM: I believe a day of reckoning with the working class will come much sooner than that.

For your closing remarks, please feel free to speak to whatever you feel is most urgent—any topic or final thoughts you'd like to share. If it's not too sensitive, perhaps you could reflect on a recent conversation you've had with a physician or someone in Gaza. What are they saying right now? What would they want people outside to hear? I imagine their words would echo much of what you've shared today—but if there's something you've been told recently, even an anecdote, that captures the moment, we'd be honored to hear it.

BI: There's a word—exhaustion—but what we're witnessing goes far beyond that. Over the past week, I've spoken with two or three physicians in Gaza, and we kept coming back to this image the world loves to hold onto: that Palestinians are the most resilient people on Earth. And yes, in many ways they are. They've endured more than most of us can even begin to comprehend. But we have to remember, they are also human. They get tired. They feel pain. They break down. There are Palestinians who want to leave, who want it all to stop, who simply want to survive. And when we cling too tightly to the image of the eternally resilient Palestinian, we risk dehumanizing them, turning them into symbols instead of seeing them as people.

One physician shared with me that when the brief ceasefire began in January, people returned to areas previously marked as red zones, places where Israel had declared anyone approaching would be shot. Some had gone there not out of defiance, but because they wanted to die. They had lost everything. Their families were gone, their bodies shattered, and they didn't see a future worth living for.

This is the reality that's often left out of the stories we tell. We celebrate the heroic, the martyred, the indestructible Palestinian, but we forget the human one. The one who is deeply, utterly exhausted. Just like any of us would be.

That's what I want to leave you with: not just resilience, but humanity. Not just survival, but the unbearable weight of being made to survive through the unimaginable.



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