HUMANITARIAN GLOBAL HEALTH ACTION HUB

Field Report Template for Health Professionals

Instructions: Keep this report to one page if possible. Lead with your Key Asks — policymakers read this first. Be concise, evidence-based, and specific. Submit via the Hub's secure, moderated form after review for consent and accuracy.

Report Date: _____06/26/2026_____ Crisis / Location: Gaza + West Bank (Palestine)/Lebanon

Author & Affiliation: _Thaer Ahmad, MD Dates in Field: Jan/Feb 2024 + Oct/Nov 2024 October 2025 Jan 2026 May 2026

KEY ASKS (Top 1–3 specific, actionable requests for policymakers)

1. Re-establish humanitarian medical evacuation corridor from Gaza to Jerusalem.
2. Opening of Rafah border crossing as stipulated in 20 point peace plan that was agreed to in October
3. Sign on to HR 3565 "Block the Bombs Act" or support future JRDs in regards to weapons/bulldozers

EXECUTIVE SUMMARY (3–5 bullets: main findings and why this matters now)

- Despite the October 9th ceasefire agreement, which included concrete provisions for humanitarian aid entry, medical evacuations, and a reconstruction framework, conditions on the ground in Gaza have not meaningfully improved, and core obligations remain unmet.
- Acute malnutrition persists among the most vulnerable populations, including young children and the elderly; displaced families continue to lack adequate shelter and protection from the elements; and daily violence has resulted in more than 1,000 Palestinian deaths since the ceasefire's implementation.
- The Israeli military continues to enforce a near-total blockade, restricting the flow of food, medical supplies, commercial goods, and humanitarian personnel into Gaza, while simultaneously expanding its territorial footprint within the Strip.
- An estimated 18,500 patients (including approximately 4,000 children) require urgent medical evacuation. The East Jerusalem Hospital Network, comprising six fully operational hospitals, stands ready to receive these patients; the sole barrier to life-saving transfer is political will, not capacity.

- The United States remains the only actor with sufficient leverage over Israeli decision-making to reverse these conditions. Without active U.S. engagement, the present crisis risks becoming a permanent new status quo with long-term consequences for regional stability, U.S. credibility, and international humanitarian law.

KEY FACTS & HUMAN IMPACT (Data + one brief human story or example)

According to the WHO more than 18,500 patients — including approximately 4,000 children — require urgent medical evacuation from Gaza. The East Jerusalem Hospital Network (EJHN), a consortium of six hospitals operating in East Jerusalem, maintained an established referral relationship with Gaza prior to October 7th and remains prepared to receive patients. The infrastructure exists; what is absent is the political will to restore the corridor.

Case Example: Mira is a five-year-old girl in Gaza living with Bartter syndrome, a rare genetic condition requiring ongoing medical management and nutritional support. Due to the sustained blockade of medical supplies and aid, she currently weighs only 15 pounds — severely below what is expected for her age. Augusta Victoria Hospital in East Jerusalem has confirmed its willingness to accept her case. Without urgent medical evacuation, Mira faces the same outcome as her eleven-year-old brother, who died from the same condition months earlier. She is one of thousands.

POLICY IMPLICATIONS & RECOMMENDATIONS

We urge Congress to direct the State Department to take the following immediate actions:

- **Restore the medical evacuation corridor** between Gaza and the East Jerusalem Hospital Network, in coordination with Israeli authorities and international partners, to enable the transfer of critically ill and injured patients.

- **Facilitate medical evacuations** for the estimated 18,500 patients awaiting transfer, prioritizing children and those with life-threatening or time-sensitive conditions.
- **Support the rebuilding of Gaza's medical infrastructure**, including hospitals, clinics, and supply chains, in partnership with Israeli authorities and international health organizations.
- **Remove barriers to humanitarian personnel access**, enabling physicians, nurses, and aid workers to enter Gaza without obstruction. (Note: The author, Dr. Thaer Ahmad, has been personally denied entry and is available to speak to this experience directly.)
- **Secure unimpeded humanitarian access** for medical supplies, food, water, and shelter materials consistent with ceasefire obligations and international humanitarian law.

SOURCES & CONTACT FOR FOLLOW-UP

See attached roster.