

English: “People with Disabilities in Gaza”, Dr. Anat Greenstein, Hebrew University, *Isha l’Isha* –“Woman-to-Woman Feminist Center”, Haifa. 16.7.2025

Introduction

Hello, everyone. Welcome to “Eyes on Gaza”, our daily gathering of protest and learning—an initiative that seeks to confront the reality in Gaza, explore its broader context, and consider ways of resisting it. Today, we’re joined by Dr. Anat Greenstein from the Center for Disability Studies at the Hebrew University, who is also affiliated with *Isha l’Isha* –“Woman-to-Woman”, a feminist center, Haifa. She’ll be speaking with us about the situation of people with disabilities in Gaza. Anat will speak for about eight minutes, followed by a short discussion. A reminder that you're welcome to submit questions in the chat during the talk, and I’ll read them aloud afterward.

Thank you for joining us, Anat.

Lecture

People with disabilities in Gaza, like anywhere else, have always been part of society—long before October 7, 2023. According to a Palestinian Central Bureau of Statistics survey, 21 percent of households in Gaza included at least one person with a disability. In comparison, in Israel, 18 percent of the population lives with a disability. Disability, of course, is not simply a feature of individual bodies—it is shaped by broader structures of power, both social and political. Even before October 7, the blockade had a severe impact on the lives of people with disabilities: restrictions on medical equipment, bans on materials needed for building prosthetics, limited access to medical and rehabilitative care, chronic electricity shortages affecting assistive devices, and more.

Since October 7, the situation has drastically worsened. The war and bombings have made evacuation nearly impossible for many. People are forced to flee repeatedly—without paved roads, without fuel, without vehicles, on inaccessible terrain. Shelters are overcrowded and often not accessible to wheelchair. Many lack basic privacy and proper sanitation. For people who need assistance dressing or changing adult diapers, or for those with cognitive or psychological difficulties, these conditions are nearly unmanageable.

The intense stress and crowding particularly affect people on the autism spectrum, who may express distress through shouting or other behaviours. People with mental illness are left without psychiatric medication, due to the blockade. As a result, some are expelled from shelters by others who can’t cope with their behaviour. Moving from place to place, people are often forced to leave their assistive equipment behind. Bombings destroy wheelchairs, crutches, ventilators, oxygen tanks—even items like glasses and hearing aids. This means that people with disabilities are frequently left behind, either alone or with family members.

In the photo you see here is Naifa al-Sadwah, a 92-year-old woman from Gaza. She was bedridden with dementia and dependent on her daughter-in-law, who cared for her at home near al-Shifa Hospital. In March 2024, Israeli soldiers raided the building, arrested all the men, and ordered the women to evacuate to the south. The daughter-in-law pleaded to stay behind to care for Naifa. The soldiers refused, saying the Red Cross would evacuate her. A week later, her sons were released and searched every hospital, every room in the building, even the mass graves near the hospital. They eventually found her remains in the building. It was unclear whether she was killed by a bomb or died of starvation.

Others who manage to flee describe feeling like a burden. Some plead with their families to leave them behind. The emotional toll is immense—alongside the loss of mobility, the loss of assistive equipment, the loss of independence. For example, deaf people report terrifying experiences: after an airstrike, buried under rubble, they can’t call for help or hear rescuers calling their names. The

lack of food and clean water hits people with disabilities even harder. Distribution points are often physically inaccessible, and those who rely on family members to collect aid must hope they are still alive and able to help. Some people require specialized nutrition or are fed through sterile equipment such as PEG tubes.

Here we see a photo of Yazna al-Kafarneh, a 10-year-old boy with cerebral palsy. He was among the first to die in Gaza because there was no special food available—even in the hospital. He couldn't digest the lentils they tried to feed him.

The collapse of Gaza's healthcare system—previously discussed in this series by “Physicians for Human Rights”—has a direct impact. The systematic targeting of hospitals and killing of medical staff means not only that emergency care is unavailable, but also that chronic conditions are going untreated. Diseases that were once manageable—like diabetes or kidney disease—now lead to disability. Without insulin and proper nutrition, people with diabetes lose sensation in their feet. Forced to walk on unpaved, unsanitary terrain, they develop wounds that become infected. The combination of poor hygiene and untreated injuries leads to complications, amputations, and lifelong disability.

So far, we've spoken about people who had disabilities before October 7. But since then, due to the bombings, the siege, and the decimation of the healthcare system, tens of thousands of people have become newly disabled. An estimated 4,000–5,000 children have lost limbs. The effects will ripple for generations—not just years. Psychological trauma is passed down intergenerationally. Chronic stress affects foetal development. Hunger alters gene expression and increases susceptibility to disease among the children and grandchildren of those who lived through famine.

To close, I want to share the story of Razal Bakr, a four-year-old girl injured when the army bombed al-Shifa Hospital, where her family had sought refuge. Her leg was wounded, and due to the lack of antibiotics and sterile supplies, the infection spread. Her leg had to be amputated. But for children, amputation is not the end of the story. Growing bodies often require repeated surgeries, and prosthetics must be constantly refitted. In Gaza, there is no rehabilitation, no equipment, no accessible infrastructure. In such conditions, disability deepens with time.

To conclude, the key point I want to leave you with is this: the experience of people with disabilities offers a unique lens through which to understand life in Gaza. Disability—whether in Gaza or anywhere—is part of the fabric of society. It's essential to recognize the specific perspectives of people with disabilities, and to understand how social and medical systems intertwine. The combination of bombing, infrastructure collapse, blockade, and starvation is producing disability on a massive scale—with consequences that will last for generations.