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This episode is sponsored by 511, a company that I've used for well over a decade and continue to use to this day.

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And 511 is offering you guys, the audience of the Behind the Shield podcast, a discount on every purchase you make with them.

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Before we get to that code, I want to highlight a couple of products that again, I personally use today.

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One of the most impressive products they just released is their Rush Backpack 2.0.

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Now for many of you, whether you're going to the fire station, the police station, whether you're traveling with your family,

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whether you're taking training courses, we have to fly, we have to drive, we have to take trains.

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And I have to say, I own multiple backpacks, many of 511's different ones, but as far as a daypack, this one was the most impressive.

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There are so many different compartments. The way it sits on your back is incredibly comfortable.

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If you are a concealed carry person, there's also a spot for a weapon.

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So they've thought of multiple, multiple things that a man or woman would have to do on a daily basis.

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That is in addition to all of the products that I talk about a lot.

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Their uniforms fit for men or fit for women in the first responder professions.

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The footwear that they offer, whether it's the Norris sneaker or the Atlas system that is designed for foot health

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and therefore knees and back and hips and shoulders and neck.

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As a civilian, I live in a lot of their clothes as well.

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Their jeans stretch, you can actually squat down in them.

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We live in Florida here, so I wear a lot of their shorts, which again, very, very lightweight material.

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You can get it wet and it will dry almost immediately.

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And then moving to the fitness and tactical space, I used to have just a regular weight vest.

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Recently, I switched to a 511 vest and actually bought ballistic plates as well.

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My thinking was simply, if I'm going to have a vest, why not have one that protects me as well?

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And that tack vest is trusted by law enforcement all around the country.

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So I mentioned they were going to offer you a discount code.

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So if you go to [511tactical.com](http://511tactical.com) and enter the code SHIELD15, S-H-I-E-L-D-1-5,

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you'll get 15% off not just that one purchase, but every time you visit their store.

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And if you want to learn more about 511, their mission, their products,

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then listen to episode 338 of the Behind the Shield podcast with the CEO and founder, Francisco Morales.

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This episode is sponsored by Bubbs Naturals, yet another company that I track down to bring on as a sponsor

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because I myself love their products.

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They are offering you, the audience of the Behind the Shield podcast, a 20% discount.

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But before we get to that, I do want to highlight a few of the products that I use myself.

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Firstly, collagen. I am about to turn 50.

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And so my hair, my skin, my nails, not really a big concern when I was younger.

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Definitely a lot more of a concern now.

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However, where I've really seen the impact is joint health and gut health.

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And I've been blown away that when I'm consistent using collagen, Bubbs collagen in this case,

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I see a massive improvement in both.

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Another area, I drink coffee, love coffee, and in the morning I use the Halo Creamer.

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Now originally I used the MCT Oil Powder, but now they have the Halo Creamer,

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which has also got grass-fed butter in it.

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A lot more creamy if you're not trying to go for the vegan option that they have as well.

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Now it's important to mention as well the altruistic element of Bubbs Naturals.

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The origin story involves Glenn, Bubba, Doherty, one of the two Navy SEALs killed in Benghazi,

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and a good friend of the founders, Sean and TJ.

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So 10% of every single sale goes towards the Glenn Doherty Foundation.

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Now as I mentioned before, they are offering you, the audience, 20% off your purchase.

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If you use the code SHIELD, that's S-H-I-E-L-D at bubbsnaturals.com.

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And finally, if you want to hear more about their products and Glenn's powerful story,

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listen to episode 558 with co-founder Sean Lake.

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This episode is sponsored by InsideTracker, and what makes me smile is before I even started my podcast seven years ago,

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when listening to other wellness conversations, InsideTracker was always the company they recommended for comprehensive blood work.

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Well now in 2024, they have begun to offer a brand new first responder panel,

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which will cover nine biomarkers hitting several of the pillars of health that affect us in uniform.

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Stress, heart health, metabolism, and gut health.

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Now after a very simple intake form, a blood draw, you will get the results sent to your computer, smartwatch, phone,

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not only detailing where you are on the scale from poor to optimized, but also tips on how you can improve each of these markers.

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Now this panel is usually \$310, but they are also offering first responders 30% off any of their blood panels.

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So that brings this specific panel down to only \$217. Now I myself went through their ultimate,

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which is their comprehensive blood work, which also includes micronutrients, hormones, and other areas of overall health.

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And I have to say I was absolutely amazed at firstly how easy it was, but secondly,

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the comprehensive information I got and the actionable information on how to improve each of my own biomarkers.

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Now, as with all my sponsors, if you want to hear more about InsideTracker,

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you can hear my conversation with senior sales executive Jonathan Levitt on episode 887 of the Behind the Shield podcast.

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So to sign up or simply learn more, go to [insidetracker.com](https://insidetracker.com).

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And for the first responder panel, the easiest way is to Google InsideTracker first responder panel.

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Welcome to the Behind the Shield podcast. As always, my name is James Gearing. And for a while now,

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I have really wanted to bring on a voice to speak for the people of Gaza.

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Now, with the polarizations that we've seen in so many of these conflicts,

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it is hard to find that person who stands in the middle and is simply talking about the humanitarian crisis.

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Well, thank you to my friend Mohammedine, I was able to find Dr. Thea Ahmad.

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Now, Thea is a emergency medicine physician in the South Side of Chicago.

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He himself is a Palestinian, first generation Palestinian American.

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And as you will hear, his father was saved by an Israeli doctor.

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So what is incredible about this conversation is this is coming purely from the reduction of suffering

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and death amongst the Israeli and Palestinian people.

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He talks about a powerful experience in Jerusalem, watching Jews and Muslims pray side by side.

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He talks about some of the compounding elements that led to October 7th and beyond.

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And most importantly, he talks about what they are experiencing now, the destruction of schools and hospitals,

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the death toll of 12,000 Palestinian children at this point, the desperation on the medical side,

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the withdrawal of funding from UNRWA and so much more.

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So the goal of this conversation is to educate us.

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I was an avid student. I don't want to know one side or the other.

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I want to stand in the middle and alleviate as much suffering and death as possible.

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And what makes Thea's perspective so powerful is he just returned from Gaza

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after delivering medical humanitarian aid with a few of his colleagues.

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So I hope this is as powerful and educational for you as it was for me, because there's only one question.

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What can we do to stop the suffering?

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So without further ado, I introduce to you Dr. Thea Ahmad. Enjoy.

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Well, Thea, I want to start by saying firstly, thank you to our mutual friend, Muhammad, for making this introduction.

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And secondly, to thank you so much for coming on the Behind the Shield podcast today.

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Thank you for having me. I appreciate it. I appreciate it, Muhammad.

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So very first question, where on planet Earth are we finding you today?

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I'm in Chicago, Illinois. I'm actually in a suburb of the Chicagoland area. That's where I was born and raised.

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Well, I want to start there because I want to learn more about you.

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And then we'll kind of explore the medicine on the state side first.

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So tell me exactly where you were born and tell me a little about your family dynamic, what your parents did, how many siblings?

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Sure. I mean, my parents are both immigrants from Palestine. They came in the 80s.

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I was born at Cook County Hospital. And for anybody that is familiar,

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it's kind of this famous county hospital in the Chicagoland area known for trauma

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and known for where all of the people who were training in medicine for a very long time would somehow rotate through Cook County.

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And I was part of a Palestinian diaspora community that decided to pick Chicago for some reason.

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There's so many of us here and grew up on the south side of Chicago.

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And eventually, as we moved on with our lives, we were able to kind of move into the suburbs area, the southwest suburbs.

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And right now, actually, I went to high school and right now this if you were to put on Google Maps,

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Bridgeview, Illinois, which is a suburb of Chicago, its nickname is Little Palestine.

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And if you're to go down the street on Harlem, which is the main road, you'll see tons of these Palestinian businesses,

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even their advertisement or their signs are in Arabic. Sometimes you won't even find English.

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And so it's a very small community. Most of us are made up of first and second generation Palestinian Americans.

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Of course, there are other Middle Easterners who are also a part of their own diaspora community.

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But that's essentially kind of the I'd say the environment that I grew up in is just a ton of people who had the same kind of story.

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Came from Palestine in the 80s, immigrant parents who are trying to figure out how to raise their kids in America.

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And so there's there's a decent amount of us. So firstly, what did your parents do back in Palestine?

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And then talk to me about their immigration experience. I came from England. It was a pretty flawless transition, really.

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I'm not escaping anything too sinister. I speak the language.

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So but I'm always curious because I think that this is a country built on immigration and some of these immigration stories are beautiful.

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Yeah. I mean, my father had graduated from high school and he wanted to become an engineer.

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I mean, that was his dream. And so he came to the to the United States to Chicago, to the Illinois Institute of Technology and wanted to finish becoming an electrical engineer.

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At some point, he decided he thought it would be good to get married and start a family.

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And so my mom, who is actually from a suburb of Jerusalem, but ended up being displaced during the 67 war to my father's hometown, which is like a very rural village.

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Also a northern suburb of Jerusalem, but more north than she was. She was a little closer to the to the old city.

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And she got displaced to his village. I mean, this is a village full of farmers, three or four main families that make up the entire village.

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It's called Aram. And they were able to kind of meet each other. And, you know, they decided to get married.

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They fell in love. And he was here for a while before he was able to bring her over.

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But eventually she came to the States. And I actually was born while he was still a college student.

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And there's a picture of me at his graduation. My father's no longer with us.

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He passed away five years ago. But it's actually interesting because I do want to mention this.

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I think it's shaped so much of who I am. When my father was nine years old, he developed rheumatic heart disease.

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So he had strep throat. And again, his family's, you know, a farmer village sort of family.

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And so they didn't really kind of pick up on the signs when he first got sick when he had strep throat, because it just kind of was this infection and this lingering weakness that never went away from my dad.

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And ultimately, as a result of this, you know, rheumatic heart disease is something that essentially is your valve gets destroyed after you have strep throat.

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And you need to have surgery. And so my father essentially was having signs and symptoms of heart failure as a nine-year-old.

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And ultimately, you know, the care that he needed was not going to be able to be provided by Palestinians, because at that time it was just the Israeli military was the one who was the administrator of the West Bank.

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And in Jerusalem. And so he had an Israeli doctor perform surgery on him and replace his valve.

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And I think to me, that's shaped so much of who I am growing up, just knowing that there's this dynamic in place that, you know, there's this conflict that exists in the region.

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And my father was able to get this sort of life-saving care done.

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So there is an opportunity for this sort of ability to have some peace and to be around each other without it having to result in sort of occupation and conflict and siege.

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So, yeah, that's just kind of a brief little history. But I will say this. My parents had every intention of going back.

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So growing up as a kid, I have three siblings. We were always under the impression that we were going to go back to Palestine and we were going to live in Palestine.

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Of course, that never materialized for many reasons, but mostly Palestine was never stable enough for us to be able to go back and actually pursue the things that we wanted to pursue.

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And so that that dream stayed a dream. It was never realized by us.

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Well, firstly, I can imagine what it must have been like for your dad in a village with only three families having a hot girl suddenly appear out of nowhere.

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So kudos to him.

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Yeah, he did. My mom always says that he definitely he was the one who pursued and multiple times with was basically trying to get some of her attention.

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And then finally, she decided to give him the time of day.

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Did he become an electrical engineer here?

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He did. Yeah, he finished his degree, became an electrical engineer, ultimately ended up kind of becoming an entrepreneur, small business owner.

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That's what it's funny because that's so many. That's the story of so many Palestinians here.

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They're all small business owners and entrepreneurs.

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And, you know, pretty they for some reason they've got some decent skills and kind of running and opening up their own businesses.

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Yeah, I mean, this is the thing, you know, of course, if you come from, for example, Haiti, there can be that desperation can send you down a more criminal path because that was your normality possibly when you were growing up.

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But the innovation of people that came from countries that had very little and then they're given a little bit more abundance in the U.S.

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I mean, there is such a potential for success in this country.

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Yeah, I mean, that's such a I think that's such an important point.

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I try to communicate that to my colleagues all the time.

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It's you know, it is not you know, we don't we recognize and appreciate the opportunity here in the States because of the lack of opportunity back home.

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I mean, just the ability to go to school and pick what major you want to follow.

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That's not something that exists in the Middle East.

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You have to score very high on your college entrance exam to become an engineer or a doctor or an architect.

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If you don't perform well, there is no just registering for classes while you're in university and trying to pursue that.

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It's not going to happen.

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So you mentioned about your mother being displaced because of the war of 67 and then not be able to return because again of the volatility.

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What what was the conflict that they reported from their parents and prior?

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Because as you mentioned, you know, an Israeli doctor basically saved your father's life with his surgery.

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So kind of talk talk to me about the historical conflict that you remember as a young boy.

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Yeah, I mean, this is something that I think has affected most families in Palestine.

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Everybody is affected in one way or another about sort of the different conflicts that took place.

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But in 67, there's this, you know, six day war that took place.

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And I think what people will look at if they were to learn about this in their history books is they just hear there is an armed conflict between Israel, Egypt, Jordan, these countries.

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From my perspective, I'm a Palestinian.

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And so there is no national Palestinian army.

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There's just Palestinians who are living in different parts of the of the land that's there.

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You know, my mom and her family were living in Jerusalem and, you know, a place called Silwan.

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And so it's a town that's near Jerusalem.

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As this war takes place, Israel defeats these Arab armies that they are fighting.

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And they're able to occupy Jerusalem and the West Bank.

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The West Bank was formerly under Jordan's control.

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And they're able to occupy the Gaza Strip and the Sinai Peninsula, which was under Egypt's control, as well as the Golan Heights, which was under Syrian control prior to that.

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So, you know, they have their military in these lands.

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But then what really happens is there are Palestinians.

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And if you're viewed as somebody who supported this war in any sort of way, if you were on the opposite side of the Israelis, there were consequences for that.

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And so my uncles were all arrested and served lengthy prison sentences in Israeli dungeons.

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Their house was demolished.

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Many people's houses were demolished.

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And essentially, there was an increase in the control over their lives.

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And that's what you when people hear the word occupation, I think it's sort of this abstract concept.

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But this was a military that acquired land after a war, is occupying that land.

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And the people that are in that land that's now occupied are subjected to certain treatments.

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So you're not able to move freely.

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You're not able to have a normal job.

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You have to be accounted for by this military.

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And I think my mom's family is just an example of thousands of families in 67 who had to move.

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You know, in 48, we know it as the Nekba, which means the catastrophe.

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And that's when the creation of the State of Israel took place in 750,000 families where Palestinian families were displaced to the Gaza Strip, to the West Bank, wherever it is, to Jordan, to Lebanon.

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Actually, in 67, we call it the Nexa, which is the other chapter that took place where there was a massive amount of displacement and a lot of suffering that took place.

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And so it's also marked as a moment in our history.

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And so each subsequent conflict that took place afterwards, whether it's the Yom Kippur War in 73 or in Beirut, Lebanon in 82, all of these things were additional chapters that people kind of marked.

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They remember pivotal moments in their life.

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And for my mom's family, it was losing their home.

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I remember she said, she said they were doing really well before 67.

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I mean, they even had like a driver, you know, like an idea like they could, you know, they were they were middle class family who was really enjoying life.

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Her father was this worked with like diplomats and everything is gone after that.

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I mean, she distinctly remembers looking at her house after it was destroyed and demolished and only having only being able to take the doll with her in her hand.

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You know, she remembers that moment as you know, as a as a four or five year old at the time.

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And that's you know, that's something that's ingrained in her memory.

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She will always remember how that felt.

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She remembers how her brothers and her father were arrested, how they were in their boxers and in their shirts, their their undershirts.

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You know, so these are these are moments that we grew up with and that we realize something had happened to us.

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Maybe I wasn't able to process it as a 10 year old or as a 15 year old, but it shaped my identity and this longing to have that sort of that dignity and that ability to say like this is my homeland and this is I'm working for something in my homeland.

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Like in Palestine, I'm working towards something that's a service to my people or building the country in order, like building it in a way that is, you know, has a has a future for the people that are in it.

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When I see the images of as we, you know, anyone who's not connected to Gaza, Israel, Palestine, a lot of us were, I think, surprised at the borders, the control, the fences, the gates, etc.

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And for me, in the era I grew up in, it reminds me of, you know, Belfast and it reminds me of Germany before the war fell down.

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And in each of these examples, of course, you can you can either create a place for where you still have a footprint in that country, but you're not oppressing that country or arguably East Germany or East Berlin, excuse me.

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You know, it could be converse and I'd say that Korea is another good example of that.

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Talk to me about the how it devolved, and I use that word deliberately, to where it wasn't just, you know, sharing land with with people from another country, but that there was now this kind of, you know, these these these fences and borders and, you know, machine gun nests and all the things that we're now starting to be, you know, educated as kind of naive people.

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And again, this isn't demonizing everyone from Israel, be very clear about that, but it's understanding the whole picture.

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Yeah, I think that's I'm glad that you prefaced it with that because for me, I'm a pragmatist and I'm not I'm not a I'm not political or I would never call myself an activist in any sort of way.

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So I'm glad that you kind of introduced it in that way.

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For me, I think the best example to bring up is to talk about two different areas and just paint the picture in a way that people can realize the differences and what we're talking about.

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I was able to visit Jerusalem in August, and it was the first time that I had been allowed to land in Tel Aviv, because the United States, essentially the policy that they had that they had sort of set forth as they said, we would like the Israelis said we would like to be a part of the visa waiver program.

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And James, I'm sure you're probably familiar with this, but the idea is that you're able to come to the United States without necessarily having to pay for a visa, you can stay for a certain amount of time, you can open up a bank account, you can do different things.

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It's a special status that America grants to different countries. And so the Israelis wanted to be a part of this program.

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But the problem was that there are many Palestinians, Palestinian Americans, who are not, it has to sort of be this reciprocal thing, right? So if I'm an American, I can land in Tel Aviv and I should be able to get my passport stamped or have no issues, just like an Israeli who comes to the US should have no issues if we are a part of this program.

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That was not true for Palestinian Americans. And so the US said, we want this to be the case for Palestinian Americans.

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Thankfully, this program was created. And in August, for the first time, I was able to land in Tel Aviv as a Palestinian American, and I was able to get in. And my mom, too, for the first time was able to do the same.

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I took my mom and my wife, who's also Palestinian. She was born in Palestine. And so we were able to enter and it was the first time that we got to see all of these different areas that we had never been able to see before.

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And it was primarily because there is this sort of separation and that freedom of movement doesn't exist. So normally we would have to land in Jordan.

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And we land in Jordan, we'd have to drive down to the border between Jordan and the West Bank. We cross over. You'd never be able to land in Tel Aviv and go to Jerusalem and then go to Ramallah or go to any areas.

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But I visited Jerusalem and it was beautiful. The old city was amazing. I mean, you are walking down this historic place and you are seeing Orthodox Jews at the wall praying.

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And you are watching Christians from all over the world walking in the old city. They're carrying these massive crosses and they're going to the Church of the Holy Sepulcher.

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And you're watching Muslims who hear the call to prayer and are going to the mosque in Jerusalem.

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And everybody is walking past each other. People are buying from each other's storefronts. People are eating. It's amazing.

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It was so, for me, it was of course very spiritual. I'm a Muslim and just kind of being able to be in that area knowing the history behind it, it felt amazing.

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But also there was this sort of realization like, oh, we can clearly live together with no issues here.

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I mean, everybody's kind of interested in what's important to them and they're being able to do so. And so I felt that this was special.

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I felt this was super special. I felt so connected to the area. I felt that everybody was kind of respectful of each other.

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After my visit to Jerusalem, I then went to Hebron because I actually wanted to visit the Tomb of the Patriarchs, I think is the English translation of it, Haram El-Ibrahimi in Arabic.

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And you saw the exact opposite of that in Hebron. Hebron is a part of the West Bank.

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It's technically not a part of Israel, but it's a part of the West Bank. And you are struck by, as you're trying to visit this religious site,

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there's suddenly all of these sort of cages and these metal detectors and the screening and then there's military there and they're grabbing your passport.

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And you're going through a search and a check and it's taking forever to get through. And there's a lot of shouting back and forth.

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And you're kind of, you know, if somebody could probably pull up this image, you'll see the cages that I'm talking about because right outside the cages,

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then you see all of these different settlers who are moving about freely, hanging out in this area. There's a lot of tension and animosity there.

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And so you're like, OK, this is the wrong way to do this. So I just saw how this can work. And now I see why and how this is not working.

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And for many parts of the West Bank, that is something that you see. You see this massive wall in front of you.

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And sometimes you'll see Palestinians who will throw a rope over the wall and try to climb over if they need to get something from Jerusalem or they need to get something.

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They need to make a purchase or they even have an appointment with a doctor. You'll see them climbing over this wall.

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And then you'll see all of these different military checkpoints. And I remember just traveling in the West Bank. It's miserable to travel there, James.

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I mean, it's so hard. There can be a random checkpoint. They can close a road for that day. It's just so obvious the differences between these two areas.

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And for me, that was just another like I had always heard about this and known about it and had seen it before.

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But being able to experience legally Jerusalem the way that I was able to experience it and then going to Hebron and then going to Ramallah or my hometown of the Ram,

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it was depressing, to be honest with you. It hurt. It ripped me up inside because you just feel it.

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You feel that the word occupation has become so charged. But that's what you felt there. And I think that's the best way that I can describe it.

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See, this is what's so sad. Like you said, you literally watched in this case, Jews and Muslims side by side worshipping together and then change over just a few miles and you have a completely different issue.

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I've had British soldiers on here and they struggled with going to Northern Ireland because a lot of British military were deployed there at some point because they were like, how are our own people the enemy?

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They didn't view the Northern Irish as terrorists or anything else. They were basically these two rocks, as I always talk about, were two tiny rocks in the middle of the Atlantic.

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How are we different? I mean, we're the same country, basically. And then again, you see the same here.

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Before we dive deeply into what's going on now, what is different? How do you think it got to that point where at one place you can worship side by side and another place it's this kind of military oppression going on?

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To me, at least the way I understood it and the way I digest it, is it's clear that I look at the agenda that's in place by different parties that are, for whatever reason, at the decision-making table.

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And I see even within Israeli society, there are different parts of it that it's not homogenous, I should say. It's not everybody saying this is what we need to get done.

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What I see is that there is a very, that there's this sort of right-wing extreme group that draws on secular and maybe some religious, I'm not sure because I'm not an expert on it.

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But what I see is that there is this approach to the land saying all of this area is a part of something that should be called Greater Israel.

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There is this sort of understanding that this belongs to Greater Israel and it needs to be a part of it. And that's when I look at what's happening on the ground, that makes sense, that that's sort of what's transpiring.

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So settlements in the West Bank that keep growing and growing and now you're going to, probably within five years you'll reach a million settlers in the West Bank.

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It makes sense that that is a really hard fact to change on the ground. How can you, what's going to happen to these hundred, you know, million settlers?

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And then what is going to happen to all the Palestinians who are hoping that where those settlements are right now would have been the homeland in this, you know, in a two-state solution compromise.

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That would have been, you know, known as Palestine. And so you see that that plays a role in how this conflict erupts.

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Because, you know, at the end of the day, you know, it's not as if it's this stalemate or the status quo.

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It keeps changing on the ground and Palestinians will feel this the most.

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They keep seeing that there's an encroachment and it keeps growing and there's a new settlement and then there are new settlers.

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And the ability to move around gets much harder.

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So I can't have a life that exists, for example, where I have a job as a doctor in Jerusalem, but I live in the Ram in the West Bank.

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That, you know, that was a possibility in the past. That's no longer feasible.

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And it's there's this growing separation. But at the same time, the that sort of increase in the settlement and increase in control of this territory, of this area known as the West Bank,

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that is that has only become more and more problematic. I hear people who maybe are more moderates or on the left side.

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I always hear about, you know, there can be a diplomatic solution and we can come up with a two state solution and we can kind of move forward.

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I don't know. You know, if you look back starting in 2000, that has not sort of been, I would say, the dominant voice when it comes to policy decisions.

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And I think that's the reality on the ground that you're seeing when you see more settlements popping up and then you see more of these checkpoints.

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And the more that you see of those, just just know that the farther away we are from a nice, peaceful solution.

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I've heard this from more one more than one country that when a figure really gains the trust of the people and is really trying to spearhead a coming together, a community,

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more often than that, more often than not, that person ends up getting executed. It happened in Afghanistan.

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And I believe if you please correct me if I'm wrong, the people that were behind that movement, the same thing happened with you.

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Oh, yeah. I mean, in the famous stories, the Oslo Accords, it wasn't even a signed deal.

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It was 1994 in front of the White House and Yasser Arafat and the prime minister of Israel at the time signed this accord.

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I mean, these were people who were bitter sworn enemies.

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They absolutely hated each other and they finally signed a deal that was saying another deal will come like this is we're going to start talking to each other.

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And, you know, that the prime minister of Israel was assassinated when he came back a month later.

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I mean, that was that's unfortunate, but that's that's kind of what that's what takes place.

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And even now, many Palestinians, including myself, feel like because of those forces that are so against a real peaceful solution,

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the Oslo Accords actually were probably the worst thing to happen to Palestinians because, you know, it was just created this sort of strong resistance and reaction to any sort of peace taking place by the extremists, of course, by extremist people who are not willing to have conversations or compromises.

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It's just that's unfortunate that that's who kind of makes these decisions that have this ripple effect for decades to come.

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Yeah. Well, I mean, even looking at our own soil here now, if you look at what is most likely the backstory of the assassination of JFK and Martin Luther King, it wasn't some dude in his house going, I don't like that guy.

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It was most likely the powers that be that were like, well, this person's really bringing everyone together and we're going to lose some of our power.

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So, you know, we can look overseas and go, oh, you know, that's a shame. What happened over there? Well, let's happen on our own soil over and over again.

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You know, that's really that's such an interesting point. There is I think people should really look into the conflict that took place between John F. Kennedy and his secretary of state, Dulles, you know, and you can just see how forces are going against each other.

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And there's a lot of there's a lot of new, I would say, historical records and books that are coming out just talking about how JFK is somebody who maybe wanted to move away from this sort of Cold War era.

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And then his in his own cabinet, you have somebody who is very closely tied to the military industrial complex.

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And this idea of perpetuating war and conflict can bring so much money and you kind of see it play out. But, yeah, I won't go down that rabbit hole.

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We got enough things to talk about. Well, while we're in the US, let's go back to your journey. So your father was an electrical engineer.

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You're growing up in Chicago. Walk me through why you chose medicine.

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You know, I mean, I think I wasn't always convinced that I wanted to be a physician. My parents, of course, loved the idea. Just, you know, this getting into this profession that back home was, you know, it was it was such an honorable position and met so much.

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Meaning for them in Palestine, and it was so hard to become a physician back home. But I think I was very much tied to humanitarian work and just relief. And it's something that my parents clearly instilled in me.

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My mom for a period was working like as a special needs teacher. And so this whole idea of, you know, human beings and trying to alleviate suffering, this this noble, noble, noble cause was something that if you're able to, if you're given the opportunity, don't shy away from it is kind of what we were brought up with.

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It's like if you get a chance to help someone, you better not leave that chance on the table here and then you have to also look at another person who is in a worse position than you are and not make an assumption about who that person is because of that.

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Their circumstances or their environment, right, it may have put them in this position that's, you know, they're worse off than you are. But it's nothing to do with the character of who that person is or something that they did wrong or something wrong with them.

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I remember my dad would always say that because there would be people who, you know, are in really tough spots or they may need some help. And the one thing that he would not tolerate or accept is any of us or anybody around him kind of making judgments about those people because he's like, you know how easy it is for us to be exactly the same way.

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There's nothing special about us and nothing wrong about them to think that they're in this position because of that and you're in this position because of this. So I grew up with that.

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I went to, while I was an undergrad, I was very interested in psychology and I got to, while I had a gap year, work in humanitarian relief.

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And I think that exposure, I went to Gaza as a part of a humanitarian relief mission. I dealt with Syrian refugees just in the Middle East being able to speak Arabic and interact with those people.

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I knew I wanted to be involved some way with that. And then I really, I came to the realization that I actually wanted to get my hands, you know, for lack of a better term, dirty. I really want to

work with my hands. I figured being a physician and then being a part of the global health community was the best way to do so.

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And I thought, I thought I could be more impactful too if I just gained that sort of knowledge that comes along with being a physician.

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So walk me through your kind of journey into medicine and why you chose emergency medicine specifically.

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Yeah, I mean, it was, I think it was clear what I wanted to do. I always knew I wanted to be an ER doctor. I just didn't know that it was emergency medicine that I was, that would take me there.

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You know, we were in, I remember being in medical school, getting into, finally getting in and sharing with my mom. It was September and I had done an interview at Michigan State University to, you know, for the School of Medicine there.

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And I remember getting a phone call on Friday and them telling me, hey, you know, we want to let you know, we're going to accept you into the School of Medicine here.

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This is one of our favorite parts of the job. And I remember how excited I was. I was getting ready to go to Friday prayer actually. And I called my mom and she wouldn't answer.

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So I hammer called her five, six times. And then she calls back and she's, she's annoyed with me. She's like, I'm at the doctor's office. I met at an appointment. What's going on?

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I'm like, okay, no problem. Just go back to the, go back to your appointment. I just want to let you know your son is going to become a doctor.

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I'm going to. And I remember she, she, she tells me now that she was so happy that she grabbed the doctor and squeezed and hugged her.

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She's like, it was super awkward about it. And, you know, I remember, you know, sharing that I wanted to see my father and tell him because I knew he was very invested in this because, you know, he had driven me to my interviews and he was with me every step of the way.

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And I remember just kind of that happiness and then realizing that I wanted to be more than just like this physician who lives this nice life, who's going to make some good money and who is going to kind of, you know, have that traditional story.

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I wanted to have a real impact. I thought about legacy even. And so even in that moment, I was looking for what would give me the opportunity to be able to have an impact.

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And I knew that that was fulfilling because I had worked as as an outreach coordinator for for an international NGO.

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I knew that satisfaction for me was the success of a project in an underserved area or relief entering into a post-conflict zone or a natural disaster, being able to strategize about how you do that.

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And I gained so much satisfaction from that. So throughout medical school, I was looking for that opportunity and I realized the best place to do that would be kind of that the front lines because you get a real exposure to what's happening every single day.

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And I remember rotating through the emergency department and dealing with issues like, hey, this person's uninsured. How are they going to follow up?

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This person is unconscious and we don't know any history. So how are we going to, you know, how are we going to go about this? How do we know what's going on here?

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And even little things like a homeless person. It's really cold outside using the emergency department as a shelter and using it as a place to get warm.

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So just being exposed to all these different walks of life and then realizing also that I'd interact with people in the emergency department that they that otherwise I'd never interact with them.

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There's no way I'd ever meet this person or hear their story or know who they were.

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I realized emergency medicine is the way I want to go because it's essentially this gateway into the life of every single person.

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And I found it. I found that privilege of being with somebody.

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And I mean, you know this, but like when you are talking about delivering care, you're talking about somebody initially that that whole like that first response, those first moments, the front lines.

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It's intimate, man. You're in these people are, you know, you're you know a lot about them in a very short amount of time.

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And so I found that to be an incredible privilege. And I wanted to expand that globally.

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And so I think that's kind of how I was able to finally figure out that I wanted to go into emergency medicine.

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So talk to me about Chicago's South Side. I mean, every every area has its rougher places.

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And I always sort those out as a firefighter, a paramedic until until my last place, which protected a theme park. So it doesn't count.

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But prior to that, you know, that is where you find the most desperate people.

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And like you said, the arguably the least support, they might be homeless, they might be a sex worker, they might be an addict, they might be just poor, they might have lost everyone in their life.

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And so, you know, to me, there was there was such value in possibly maybe even being the only person that day had even been kind to them, regardless of whatever medical intervention you did.

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So what you talk to me about the South Side, what what does it look like socioeconomically and what were the kind of cases that you're seeing the most?

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Yeah, I'll say to I'll tell you about two parts of Chicago that I think is important and touches on the South Side and the West Side.

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The reason I bring that up is they both have their own problems. The South Side has been in has been struggling with gang violence for a very long time as far as long as I've been alive.

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And it's a very territorial place. So you need to understand that there are blocks that are controlled by this gang, blocks that are controlled by this gang.

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And as a result of that, the entire community is affected negatively by this gang violence, not just at risk of being shot or violence. It's not just that.

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It's the fact that businesses won't go there. There is this concept of food desert in Chicago, especially the South Side and the West Side.

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It's these impoverished areas that are affected by gang violence. Grocery stores don't open up there.

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And so, you know, you have these blocks, this this radius, these neighborhoods where a family cannot go and get some fresh produce.

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And they have to rely on convenience stores or liquor stores to have what they would need.

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And of course, they're not going to have, you know, the things that these families would want.

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But they'll these families will have to work with what's with what they got and what's available.

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And on top of that, there's no investment in these communities. How does that manifest?

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It manifests at the fact that, you know, the city of Chicago maybe doesn't make sure that these schools are as good as they can be.

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The teachers are not paid well. The classrooms are not equipped. They're not getting the resources that they need.

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So, you know, there was one assessment and I can't remember exactly what the what the numbers were and when it came out.

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But it was while I was in medical school, so about 10 or 15 years ago. But it just talked about the illiteracy rate of high school of kids in high school in Chicago public schools.

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There were so many kids who are functionally illiterate. There was this famous singer actually that she was an American idol.

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Her name was Fantasia, but she was she was a product of that.

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And, you know, and so we're not giving anybody in the South Side a chance.

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You know, you just don't give them a chance to succeed. And these kids are growing up in this area where nobody is just totally neglected.

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Nobody pays it any any attention, whereas you find other parts of Chicago and you'll see this as a new park.

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There's a new library. There's a brand new classroom.

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Everybody has a laptop or an iPad so that they can be able to access their homework.

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I mean, it's like you go from seeing where kids are given every opportunity to succeed and fulfill their potential to areas where the entire system works against them.

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And I bring up the West Side, too, because the West Side is a little different.

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The West Side is was really, really affected.

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There is some gang violence, but by drug use, specifically heroin.

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There was this dependence on heroin in the West Side that absolutely ruined the West Side of Chicago, made it super dangerous, impoverished.

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Same sort of same sort of story in terms of lack of attention and investment.

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But the reason people started paying attention to the West Side and it's still very much a tough spot is because there was a highway that connected them to wealthy Western suburbs.

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And so the media started paying attention.

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It was called the Heroin Highway, where people from more affluent backgrounds would go to the West Side of Chicago, get the heroin that they needed and go back.

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And it started affecting those wealthier communities.

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So people started paying attention to that.

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But Chicago is a really interesting place because it is still very much segregated.

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It's still separated by socioeconomic status.

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It is still a very corrupt city with respect to elected officials.

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I mean, that's why it's called the Windy City, not because it's not because it's cold and windy, but because our politicians can be swayed in whatever direction as long as you're paying them.

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And so all of that ends up working against a regular person who's trying to just live their life in Chicago.

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All of these different things, it works against them.

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And so I think when you're training in Chicago, I went to medical school in Chicago, I also trained in Detroit that had a kind of a similar background.

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But you're really exposed to just how some people don't have how some people the way that the system is supposed to work is not working for them.

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It's absolutely dysfunctional.

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And that's kind of a that's a tough thing to kind of digest as you're like as a as a doctor, as a medical student or as a resident.

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You're like, OK, this is wrong, but I can't do anything about it.

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I've got to discharge this patient home who I know has no doctor anywhere near their house is not going to be able to afford their prescription medicines and will not follow up.

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And so I don't know what's going to happen to them.

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But this is the this is the hand that I'm dealt.

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And so I just watch them walk out the front door of the emergency department, knowing that you didn't do much for them.

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You didn't kind of fulfill your duty.

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There's so much to unpack from those observations.

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I want to start with the school side.

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So I had a gentleman who now lives in Australia, but he's from Finland and he tours the world talking about the Finnish education system.

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And if you look at the kind of league tables, they're always number one or number two.

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And in the conversation, he was talking about how they look at the child holistically, the whole child and where there are issues and where there are maybe areas of nor ask me Finland, where it's poorer, where there are greater challenges.

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They put more money funding support into those areas, arguably, especially with this ridiculous standardized testing money system that we have here.

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It's the opposite.

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You know, as you spiral down, you're only going to get worse and worse and worse.

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So, you know, there's that one part.

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Now we take Chicago.

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You know, we know the the name Al Capone because of alcohol prohibition.

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After that happened, we're like, well, there was a complete disaster.

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Let's not do that again.

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And then literally about two years later, Harry Anslinger puts in drug prohibition, starting with the reefer madness.

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And then it snowballs from there.

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And I may personally, as a firefighter, as a paramedic, having pulled so many yellow sheets over so many corpses have witnessed firsthand behind the curtain of the ripple effect of drug prohibition, the gangs, the prostitution, the homelessness, obviously the addiction and overdoses.

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And so my personal opinion is that that just like alcohol prohibition has been an epic failure should never have even been allowed to be a thing.

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But and when people hear that conversation, oh, so you can now go in the grocery store and buy meth like no, if you're caught with a user's amount of meth, you're funneled into addiction treatments, mental health treatments, job creation, which they did in Portugal.

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And I had the guy that spearheaded that on the show a couple of times now.

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So it's taking the money on the quote unquote war on drugs, which everyone knows an epic failure and proactively putting it into getting people from traumatized back to, you know, functioning members of society that are also now paying taxes.

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So what is your perspective of the impact of drugs, whether it's the selling, the violence or the addiction on the health of Americans?

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Yeah, I mean, I think I totally agree with kind of everything that you just said, because we're what we're seeing is we're seeing sort of the effect of this.

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And I think anybody that works in medicine realizes that there is this vicious cycle that takes place.

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If somebody overdoses on heroin or on fentanyl, which is very popular nowadays, and you're able to you're able to save their life and you're able to give them the Narcan that they need to start breathing again.

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And then they walk out of the emergency department. If you think that the care stops there, then you failed that person.

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You failed. You failed the community because if they're if they're at least willing and asking for help, which many people I see many people are saying, yeah, I would like to, you know, I would not like to have this addiction that I'm struggling with.

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And if you're not able to sort of address that in a holistic way, we're failing them and we're going to see them again and again and again.

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We're going to see that person come back. Addiction has long been viewed as a vice and not as a medical problem, not as a disease.

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And when you start addressing it as something that somebody is struggling with and not that this person is just a lost cause or they suck, you know, if you start thinking in terms of, OK, how is this affecting their body, their physiology, the addiction center in the brain?

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How can I support any sort of recovery and abstinence from this? And you start funneling resources in that direction. You will have success.

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And we have a program at the hospital that I'm working at. It's called the Trauma Recovery Center. They were able to get a grant.

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And what they look at is they take a look at victims of trauma. They look at people who have been struggling with access and they try to do these interventions on a community level and on a personal level, because it's not just that, hey, you came to the hospital with a gunshot wound.

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And we're going to treat the gunshot wound and give you your tetanus shot and make sure you don't get infected.

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It's what else does this person need to allow them to succeed in life and to have better health outcomes as a result of that?

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So if we can, we're starting to do that with I think we're very slow with respect to and I'm talking about the American medical system with respect to trying to address that from the drug perspective, from drug addiction.

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But I'm starting to see some really successful programs that just look at, OK, what does this person need? How can we support them in their journey?

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And sometimes it's establishing counseling. And I'm not talking about drug, you know, like a drug addiction center.

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I'm talking about actual just like a social worker or mental health counselor or somebody that can kind of begin having a conversation that you can develop some incredible individualized programs.

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But and these people can have this amazing recovery.

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But it has to start by realizing we have to build these institutions.

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That's so fascinating just hearing about like how Finland is functioning because it's institution building now.

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You're just creating a whole system and a culture even that's being able to say, hey, we have we have an opportunity.

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There's a gap here that we can kind of fill here. There's there's there's something that we can do for these people.

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And so I don't think we're anywhere close to where we need to be. I'm starting to see more people realize that we have to start funneling resources and money into things that help actually help people as opposed to reduce, you know, simplify problems.

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I think that's that's been dominating the narrative for a very long time.

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But I, you know, I think we're on the right track. I think people are waking up to it.

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Yeah, I really hope it's going to be a paradigm shift. I think we're starting to see it.

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Obviously, marijuana and people will use that as an example of a failure is that will know because you didn't, you know, decriminalize everything.

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That's just one thing, which is a plant.

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We should never again have been demonized in the first place.

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But with the psychedelics now, a lot of the community, especially the Navy SEALs, have had phenomenal success.

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And the irony is the very men in this case that fought for us overseas have to go to a different country to get the treatment for their PTSD.

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So I think that the whole thing is starting to be debunked and seeing the success of Portugal and some of these other countries that financially makes so much more sense.

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And then you're also breaking that multigenerational trauma.

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If you're the child of a broken home because you lost a parent to an overdose and the other ones in prison or whatever it is,

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what are the chances of you in now a very poor area with really shitty teaching standards and no disrespect to teachers that are in those schools that just have the lack of support?

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What you know, your percentage of success goes down.

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And this is what's so maddening.

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The same as the, you know, these these kind of influencers talking shit about people that are overweight and saying, well, you just got to do is get up and run and eat salad.

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It's like, well, like you said, the perfect example, I grew up on an English farm where I had an orchard full of, you know, fruit and a vegetable garden.

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But if you grew up in the South Side and there's a food desert and a bodega or a gas station is the only place that you get food. Are you going to have the same chance to be and have a good body composition than someone who lives next to Whole Foods who's in a wealthy neighborhood?

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The answer is no. So the environment dictates.

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And if you look at the Oxycontin crisis that then led to the heroin crisis, you know, it was they were targeting poor areas that had seen a loss of industry.

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So there was lost jobs. There were mental health. There were injuries from mining.

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I mean, I mean, the mental health element of being in a dark mine all day, the psychological effect of that might have.

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So it wasn't just the drug. It was a combination of the drug with people who were, you know, subconsciously not realizing that they were escaping.

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It might have been alcohol. It might have been an opiate. But it was the combination of the two.

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And if we're just having the, oh, we'll just give a knock on conversation, you're missing the massive mental health element that is addiction.

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The drug is simply a way of filling the void.

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Yeah. Well said. Absolutely. I mean, I think that's that's such a strong point.

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I mean, it's just about trying to get the whole story and not not reducing it to one one one specific thing.

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So one more area that then will go to to Gaza. But another thing coming from the UK, we have national health.

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Now, is it perfect, especially at the moment when it's been stripped to bare bones? No.

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But I absolutely adore the philosophy. And when it was first around, when I was growing up, it was an amazing system.

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And I watched, for example, my ninety nine year old grandfather have the best care when he was ultimately diagnosed with cancer and then sadly hospice.

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But he had been priced out of the private insurance that they'd paid alongside before he got ill.

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And the NHS was phenomenal. When I think about, you know, the addiction, the gangs, all these things.

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When you have a profit based system, the kind of I got mine system, as you said,

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we don't have to worry about how that homeless guy is going to take care of his, you know, his septic wound because he's not on my policy.

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What is your perspective of that altruistic view that your father bred into you versus the way our profit based system is in the US at the moment?

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I think if anybody just peels back one layer, they realize this is not sustainable and it doesn't serve any person any good.

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It does not serve the interests of people on any level, community level or individual level.

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I I'm actually like surprised that we've gotten this far, especially removed from an attempt to kind of have some degree of like

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I don't want to say nationalized health care, but this sort of health care for all mantra.

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You know, it's amazing that we're probably like 15 years from it or, you know,

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at least over a decade from people kind of talking about this and legislation being passed to it being just as broken as it's ever been.

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I mean, this it just blows my mind to think that we aren't looking at health care as a community based problem.

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And, you know, this idea of, hey, you pay, you know, you pay or you get what you pay for.

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It doesn't work when it comes to medicine.

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And one thing that I struggle with that I'm witnessing as a physician, as a part of a big health care system, is these health care systems are getting bigger and bigger.

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They're they're they're eating up these smaller health care systems.

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These insurance companies are getting bigger and bigger.

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And now they're starting to talk to each other in a very flirtatious way that's very bad for us as patients.

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You know, you are saying, you know, if my health care system is home to a million people and they have a million patients that they take care of across seven or eight states.

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And then you have this huge insurance company that's also in that same region.

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They're looking at each other like, hey, how about we make some money together?

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How about you stop, you know, bringing in these patients or admitting these patients, you send them home?

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Or how about, you know, you give us these special prices?

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If you notice, the two things that I just said have nothing to do with somebody's actual health care or the problems that they have.

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And so it's not patient centered anymore.

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It's not disease based anymore.

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It's purely payer mix now.

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You know, you're going to hear that word.

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Who's the payer mix? The insurance company?

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Or how much is this? How much do we get reimbursed?

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Or, you know, is this person can this person follow up so that, you know, we can avoid an unnecessary admission?

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It's like that conversation is so ingrained in our system now.

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I don't know how you resolve how you can start moving away from that because they are becoming, you know, they're digging their teeth in here in a way that's really hard to get rid of this system the way that's in place.

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And so I think if we can move it back to a community based discussion saying, you know, this is the rate of cancer in our community.

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And what we noticed is that there's a significant amount of colon cancer.

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If we can start early interventions with respect to diet and, you know, transitioning to healthier foods in the long run in 50 years, we have less rates of cancer.

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We're doing much less long term.

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Like we're spending much less on health care.

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People are healthier.

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They're moving around better.

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I think that's the approach that we need to take.

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And everybody's in agreement in terms of the I think the medical community of providers of, you know, every nutritionist.

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I mean, you could talk to anybody.

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They're all in total agreement.

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You know, early prevention is better than dealing with it afterwards.

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Like secondary primary prevention is better than secondary and tertiary.

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But I think the C suite and the MBAs are not interested in that conversation because it's a significant amount of early investment.

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I think long term it will work out.

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Everybody can still make their money.

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But, you know, you want to end the quarter strongly as opposed to thinking about, you know, in 10 years or 20 years.

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That's the problem here.

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We're having that same problem in the fire service at the moment.

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I'll keep this brief because I talk about all this time.

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But, you know, a lot of fire departments in America work 56 hours a week and a lot of them with the understaffing at the moment.

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We're talking about 80 hour week, you know, once, twice a month.

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Yeah, it's insane.

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And it's also just as insane as like the the residency, the number of hours a resident doctor does.

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And you learn the origin story that it was a coked up surgeon that started that.

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And we never changed that either.

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But, you know, but again, it's the courage to ask for a lot for that one budget year,

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knowing that you're going to save a huge amount of money for your city, your county and in this case, improve the lives of your first responders.

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Now, if you look at the you touched on the military industrial complex, this is one thing I've asked a lot of our military members, you know, where are the checks and balances for stopping sending our young, you know, basically boys and girls off to war.

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If there are people making a huge amount of money on uniforms and weapons and MRAs, et cetera, it's the same thing to me with the medical system.

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If you had and doesn't have to be run by the government, but if you had a tax based national health service where everyone got coverage full stop.

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So not just the veterans or the poor or the elderly, but everyone.

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And now you have this, you know, this this bag of of quite well, they say coifers, whatever the term is coins anyway.

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You're going to be driven to make your nation as healthy as possible.

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So you don't keep dipping in that pot. Conversely, if you have a profession where there's a huge amount of money made for long term prescription, for example, then I mean, just taking the gloves off.

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If you if you're dead or you're healthy, you're no use to me.

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But if you're sick chronically, that's where the money is.

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So this is like you said, the courageous leader will say, look, we're going to put this in place. It's going to cost us a lot of money, but we will save money hand over foot.

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You know, is that phrase right? Is it hand over fist? Sorry, I'm really screwing up my metaphors today.

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Hand over fist, which then that money can go into schools, et cetera, et cetera.

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You know, we remove drug prohibition. Now all of a sudden, we're not arresting every addict and sending him into prisons and freeing up the legal system.

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Now we're saving money that way. But it's that courage in leadership that is absent.

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Everyone wants to look good in that budget year, in that election cycle, rather than actually doing what's best for the country.

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Yeah, definitely, definitely. Yeah. I mean, I think I think incentivizing that in some way is the only way that it's going to move forward, because those interests are pretty strong.

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Like you said, military industrial complex, the pharmaceutical industry, the medical industry, though it's really, really hard to kind of be able to shift their mentality.

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Absolutely. Well, again, you've been you've painted a beautiful story, as you said, of an Israeli doctor that saved your father's life.

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And, you know, what you saw as far as that community amongst prayer and one of the perspectives in Jerusalem.

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Talk to me about October 7th, because, again, there were absolutely some innocents killed in that attack and then kind of walk me through how that went from a reaction to what you saw a shift into, you know, arguably genocide.

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Yeah, I mean, I think there's not a lot of debate within the humanitarian community, the international NGO community.

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When it comes to everything that's taken place, you view it through the same lens and you have the same sort of reaction to it.

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I think on October 7th, I remember getting early reports about something taking place.

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And I just remember having, you know, I remember being sick to my stomach because I just knew that this was going to be the beginning of more heartache, suffering and lives lost.

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And so as details came out, I remember, you know, just thinking to myself like, this is horrible.

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I hope it doesn't get worse than this or worse than this or worse than this.

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And it's just I think the best way to put it is that, you know, I think October 7th was a series of atrocities that were committed against people that began a long line of another series of atrocities committed against people.

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You know, that's the only way that I can understand it, especially as somebody who's in this international NGO space.

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It's just I mean, it's this vicious cycle of human being suffering.

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And I think that's the way you need to approach this conflict if you want to be a part of the solution.

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Now, if you don't want to be a part of the solution, you can come up with 100 different ways to describe what's taken place since October 7th and on October 7th.

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I'm not interested in hearing those people out, to be honest with you.

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I don't think that they are good for I don't think there I don't think there's any benefit in trying to have those conversations now.

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I think if you want to talk about it in the future when everybody's safe and there isn't there isn't bombs being dropped and there isn't a start, you know, crisis in terms of starvation and the famine on the horizon.

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I think that's fine. You can have that conversation then.

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But to me, it's like, I don't know. I mean, in that same spirit that there needs to be a response to, you know, a medical code or somebody dying in a hospital.

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It's the same way that I look at this conflict right now.

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There is this pressing need to have the bombing and the killing stop to feed the hungry, to stop the bleeding.

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You know, there's this we need to be in triage mode right now.

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And we're not, you know, we're talking about, you know, we're talking about like a multidisciplinary discussion about, you know, should we use this or should we do that?

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Or what will happen if we did this?

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I mean, it's like, I've got a I got somebody who, you know, I got to put a tourniquet on here and somebody sitting there talking to me about what kind of insurance the patient has.

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You know, that's that's how I feel.

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This issue has has devolved.

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But I definitely feel that there's just been a lot of heartache.

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There's been a lot of suffering.

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There's been a lot of unnecessary, innocent people killed.

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And I don't even I will never use the word both sides because I don't believe in both sides.

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I just think that any human being that is suffering or is killed is an absolute tragedy.

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I mean, that's how I grew up.

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That's what I was taught by my family.

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And I want to do everything in my power to keep that the framework of the dialogue that takes place when we're talking about how do we respond?

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What do we do next?

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I couldn't agree more.

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And I've talked about this even, you know, with the demonization of Russians, plural.

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How many people are in Russia trying to just make you know, make a living, put a roof over their kids head and food in their stomach, have no interest whatsoever and invaded in Ukraine and are now being, you know, tarred with the same brush.

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And more often than not, it could be slavery.

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It could be so many different things.

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It's not the whole country is behind.

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It's not the whole country that benefits.

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It's a few usually that are seeking power, you know, whatever it is, financial gain that are behind a lot of this.

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And then some people get swept up in the movement, don't realize even what they're doing.

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Some are just, you know, horrible people, full stop.

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But, you know, and then you get this vicious circle that you can't win.

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Now, I've had quite a few people, you know, of military members from all over the world.

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And it would seem that there really is a deliberate attempt to minimize collateral damage when you're wearing an American uniform, Canadian, British, Australian, et cetera.

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And I hear this from, you know, from the voices of men and women who are also angry at, again, the industrial military complex, some of the things.

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So it's not like they're, you know, die hard, pro-military, can't say anything about it.

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When I think of what's happening now, I think of maybe you're in the street, someone punches you in the face and then you punch them back.

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And people watching go, well, it's fair enough, you got punched in the face.

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But then they go down and then you start curb stomping them and then you don't stop hitting and hitting at a certain point where that view changes to like, whoa, that was way too far.

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So there was, you know, October 7th, excuse me, yeah, October 7th happened.

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Initially, there seemed like there was a response to that.

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And again, I'm not talking size.

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There was a military response to that.

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Through the Palestinian eyes, where was that shift from a response to what we've now seen as a continuance of violence in Gaza?

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So, you know, if you talk to any Palestinian who's older than 18 years old, they've seen this issue before in terms of conflict in the Gaza Strip.

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They're not, you know, this is not their first rodeo.

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I think very early on, they all said the same thing.

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This is way different.

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This is different than any other conflict before.

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And in fact, Palestinians there know if there is something that takes place, like there is any sort of, you know, I don't want to use October 7th as an example because that was also different.

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That had never happened before.

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But, you know, in the past, there's always an understanding that for every action, there's a reaction, there's a reaction.

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And from their perspective, they feel like that they're always sort of subjected to these instant, like if you talk to Palestinians, it's very clear from their perspective that they are not the instigators.

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And that when you look at what happens here, it's always sort of this, you know, it's, there's, they're always kind of suffering from any sort of military campaign or bombing that takes place.

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They've never seen anything like this before.

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They were used to airstrikes and drones.

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They are used to certain neighborhoods being targeted.

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They're used to certain areas being known as this area is going to be a hot spot.

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They said very early on in October, it was clear that everything was going to change forever in Gaza.

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And I would ask, why do you say that?

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Why would you say that?

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They said right away, everything was cut off.

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It was a switch button.

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So, you know, Gaza Strip gets a lot of its water from Israel.

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There's a pipeline of water turned off.

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Electricity, the Gaza Strip depends.

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It's energy.

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You know, they have 12-hour energy deficit every day.

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And the 12 hours of energy that they do get, they have some that service from their own power plant, maybe 10, 15 percent.

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The rest comes from Israel.

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There is, you know, total Israeli control of the borders and of the electromagnetic space.

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Those borders, done, closed.

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The signal telecommunications shut off totally.

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And so right away, the writing is on the wall in terms of, wow, this is way different.

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And it's actually very, very scary in terms of what's taking place.

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And then the volume of airstrikes that took place in the areas that were being attacked and people actually being told to flee all the way south, that's never happened before.

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They, you know, people were told, you know, usually they're saying this neighborhood in this city, everybody evacuated.

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So they go to the adjacent neighborhood or they go, you know, somewhere nearby.

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And the anticipation is you come back and hopefully your house wasn't destroyed in this bombing.

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This was all of the north of Gaza, where most of the people lived before October 7th, 1.7, 1.8 million people.

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All of you need to go to the south.

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And it's already a densely populated area.

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It's already crammed shut.

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01:11:31,000 --> 01:11:34,000

And so people hearing that, they're like, what's going on?

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01:11:34,000 --> 01:11:37,000

There was this panic, this confusion, this fear in the air.

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And so they knew in terms of what they were hearing that this was different.

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01:11:42,000 --> 01:11:55,000

And then they started feeling it in the subsequent weeks, two to three weeks after when the food shortage had become a bit like you're using up all of your local stores, all of the local inventory, whether it comes to medicine, food, water, gone, it's used up.

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And so you're starting to go to places and you notice the shelves are empty.

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And once that was coupled with this astronomical death toll that they had not seen in the 18 years that Gaza has been under siege, I think everybody knew that this was going to be a catastrophe.

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And people started thinking in terms of is this the end for us in Gaza?

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Are there going to be no Palestinians left in Gaza?

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Are we going to be forced to go to Egypt?

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01:12:21,000 --> 01:12:24,000

Or are we all going to be killed in this process?

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01:12:24,000 --> 01:12:31,000

Are there only going to be a few hundred thousand people left after this is all said and done?

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You have to keep in mind they're hearing all of the language that's coming out of some of these Israeli leaders, this really racist terminology that's coming out.

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That's also pretty, that's also like it was coupled with what was taking place on the ground.

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That was not something that people were ignoring.

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01:12:53,000 --> 01:12:57,000

I mean, yeah, there's always a lot of racist rhetoric, angry rhetoric, aggressive rhetoric.

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But when you're coupling that with this massive military campaign that's super intense, people are very scared.

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I mean, you have the president calling Palestinians human animals.

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You have Bible verses being referenced about Amalek.

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And I mean, like it was overwhelming for people.

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And I think each subsequent week that took place in the catastrophes kept unfolding.

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The massacres kept taking place and the situation became more desperate.

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I think that's when other people started to realize what Palestinians were saying from the first couple of weeks of October.

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Like, well, this is actually like we've got something's got to stop.

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Something's got to change here.

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And so, yeah, that's I think that was, you know, I think if you talk to any Palestinians here in the states, we've been glued to the TV for, you know, since October 7th.

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We've been watching everything unfold and it's only gotten more depressing and hopeless.

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And, you know, I talk to people literally every single day and the conversation is repeating itself.

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01:13:59,000 --> 01:14:01,000

It's like, I don't know what to do with myself.

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01:14:01,000 --> 01:14:04,000

I don't know what you know, where we go from here.

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01:14:04,000 --> 01:14:13,000

See, what's so sad again, you know, rather than a reaction to the initial attack on October 7th, we're seeing something completely different.

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I had an incredible woman on Dr. Edith Eger, who was an Auschwitz survivor.

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01:14:18,000 --> 01:14:21,000

She had to dance for Joseph Mengele at one point.

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01:14:21,000 --> 01:14:27,000

I mean, just and she became a psychologist and is just an absolute sweetheart of a woman.

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01:14:27,000 --> 01:14:31,000

And through this whole thing, she's I mean, I've been watching what, you know, what she's been putting out.

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01:14:31,000 --> 01:14:34,000

And it's the same thing. It's love, compassion, forgiveness.

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01:14:34,000 --> 01:14:38,000

It's trying to get back to what you saw in Jerusalem is the answer.

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01:14:38,000 --> 01:14:51,000

But then when you hear about hatred and, you know, referring to people as animals, you can't help think about what the Jews suffered when they were in Germany and Poland back in the 30s, you know, where they were compared to rats and all these things.

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So, you know, we're starting to see a shift now. And this is the thing.

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I would imagine that most Israelis, you know, are not waking up every day with that kind of hatred in their heart.

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So have you had any inkling of possibly what the Israelis and how it's being painted to them this time?

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I mean, I have Israelis and American Jews.

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01:15:11,000 --> 01:15:19,000

I have seen an incredible amount of compassion and empathy.

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01:15:19,000 --> 01:15:22,000

And I found that I mean, it's so powerful to hear that.

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01:15:22,000 --> 01:15:25,000

I mean, it's, you know, for me, this is my people.

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01:15:25,000 --> 01:15:33,000

And so when I if I'm going to say something or I'm going to make a post or I'm going to speak at an event, I view it as that's I have to do that.

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I'm not doing anything special. It's a duty. And that's something that I have to have to have to speak on their behalf.

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01:15:38,000 --> 01:15:49,000

When I see, you know, a group of American Jews talking about the plight of Palestinians in the Gaza Strip, knowing that is all of this history there, it's so powerful and moving.

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And to me, that's kind of one of those few moments where I feel like there is a hope for the future.

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01:15:54,000 --> 01:16:01,000

When you see Israelis protesting in Tel Aviv, telling the telling Netanyahu, you know, we need a ceasefire now.

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01:16:01,000 --> 01:16:04,000

Stop the war in Gaza. Get the hostages home.

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01:16:04,000 --> 01:16:18,000

Allow humanitarian aid. When you see that in Tel Aviv and knowing the political climate there, knowing that, you know, there's a war government, literally there's a there's a war government there for people to be able to stand up and say something like that.

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That is what gives me hope that there can be a solution because everything else is not everything else is the opposite of that.

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You know, all of these different, you know, military statements that are coming out from the Israeli generals or the minister of defense are saying stuff like we're going to keep going till the end of 2024.

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This is going to go until 2025. We're going to make them pay and surrender.

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01:16:41,000 --> 01:16:54,000

And, you know, that to me is super discouraging. But when you see that there is this group of people that's also sort of fighting for the same thing, just a chance for this to stop and people to have a second to take a breath.

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01:16:54,000 --> 01:17:01,000

That's the only thing I'm actually that's like keeping me going. That's giving me a, you know, this sort of there's a light at the end of the tunnel.

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And I hope that their voices are heard because they're being ignored, just like I am in terms of people who are making the decision to, you know, pull the trigger or drop the bomb.

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Well, I want to get to your trip over there. But before we do, because I think it's kind of pertinent to mention this now, the ICJ hearing in South Africa as a little boy, I grew up, you know, where originally there was apartheid.

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I'm seeing it on the BBC. And then and then we have Mandela and the cleric and some of these incredible, you know, this metamorphosis of humanity again.

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And again, post that, was it flawless? No, there was still violence. And again, some people turn around and go see like, no, but I mean, it was it was never right in the first place.

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And this is, you know, I'm so proud to be British, but our history is horrendous. If you look back at, you know, and again, was it the the average farmer from Bath, England, where I grew up? No.

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But there were people making decisions that were causing a lot of death and destruction and disease in different parts of the world.

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So talk to me about that. Now you have this this country that has seen apartheid, that has seen oppression. Talk to me about the ICJ hearing.

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So I was there when the first when the opening statements in regards to whether or not the ICJ should hear this case were taking place.

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And I remember talking to one of the ICU doctors, Dr. Mohammed Kandila, was in the Gaza Strip. I was at Nasser Hospital, which is now defunct and not operating anymore.

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But we were in the ICU and he was looking at me. He said I was he's like I was glued to my I was glued to the television set in the lobby of the hospital because there's like one TV that gets Al Jazeera and it's playing nonstop.

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And so everybody's kind of that's where they get their updates from. And he said, for the first time, I felt like somebody understood what I was feeling inside and was saying out loud and was listing in order.

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And so there was this idea that maybe we can have this we can have a conversation about what's taking place.

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And more importantly, that these people who are in the Gaza Strip, these Palestinians, that their suffering isn't ignored.

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I mean, to them, it meant so much that they had endured so much for at that time, it was three and a half months that they had seen so much horror that they had suffered, that they had lost family members who had been killed, people who are still in the hospital after being wounded in the airstrike, houses being demolished, schools not taking place, looking for bottled bottles of water, waiting in line for a bag of flour.

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That finally, that that was being spoken in sort of an international arena that other people who had no connection to the place could hear their story.

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And I remember how moved he was to think that somebody who's not Arab, Muslim, connected to the region was the one who was bringing that about.

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And the second part of this, the reason I mentioned that specifically is because there was a there was a significant amount of resentment by Palestinians towards Arab countries that were in the in the region, these neighboring Arab countries.

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It took it was South Africa that brought this up. It wasn't the neighbors. And you know, in anytime you speak in Arabic, especially if you watch any of these sort of political conferences.

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When these Arab countries talk about each other, it's brother, brother nation. You know, these are these people are like siblings, you know, like there's this common, hey, we're all a part of this common group of people.

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And so for them, it was like you're next door. You can hear the bombs being dropped. You know, nothing is getting in. You speak the same language.

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So it's not like something is lost in translation. You know, like you're hearing what we're saying.

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And there was no action. There was no movement. In fact, it was South Africa that brought this forward. And there was all of these other countries that had no connection to the land that were in support of this.

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And it was not until I think there was a lot of heat that the Arab League, which is, you know, had all these countries in it that they eventually signed on.

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But it was it was too late. So it's kind of like this mixed bag of like, wow, somebody's hearing my voice and I just can't believe it's not my boy. It's not my best friend or my brother that's doing it.

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So what was the result? What did what did they basically declare to the world?

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Yeah, I mean, I think it was about understanding the scale of everything. It's not just, you know, if you look at ABC News or CNN or Fox, which I try not to.

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I don't I don't try to consume any sort of news media from these corporations.

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Well, they're not news anyway.

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Exactly. The way it's phrased is Israel Hamas war or like, you know, it's just reduced to this idea of like, oh, it's a conflict.

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There's areas where there's a battlefield and these guys are going at each other and, you know, it's an intense war.

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And that's not what's happening. I think that what the hearings in the ICJ did and what even every subsequent professional society or anybody that's putting something out,

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what it's doing is it's telling you that there's the scale that's taking place in the Gaza Strip is totally unprecedented.

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The World Health Organization, which was cited by the ICJ lawyer, is saying this is the worst humanitarian crisis since World War Two.

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And it's telling you why that's the case. It's not just F-35s that are, you know, airstrikes that are or these tanks that are rolling in the Leopard tanks or whatever it is.

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It's not just this military things, military operations taking place. It's 360 degrees.

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All parts of life in the Gaza Strip are disrupted.

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And at this point, it seems like it's going to be a permanent disruption.

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And that's something that is that leads to a tremendous amount of suffering and pain.

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So, again, before we get to you actually being boots on the ground, educate us on the UNRWA,

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what it was in place to do and then what happened during this conflict.

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So UNRWA is how we refer to it. Palestinians, you'll hear them say UNRWA.

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And it has been an agency that has been around since there have been Palestinian refugees.

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So, you know, 75 years it's created because there was this massive humanitarian crisis that took place back in 1948 where people were displaced.

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And you're talking about close to 750,000. UNRWA doesn't just operate in the Gaza Strip,

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but operates in the West Bank, in Jordan, in Lebanon, in Syria.

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There are Palestinian refugees in all of these areas.

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And it works towards trying to alleviate any sort of burdens that exist within that society.

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And so, as you can imagine, if you've been around for 75 years,

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that number of people who are looking for help has grown from 750,000 to 5 million.

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And what UNRWA does is it is this lifeline for Palestinians, especially in the Gaza Strip.

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I mean, they do everything from schooling to shelters to sanitation to water programs.

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I mean, they've got it covered. And that's something that they've been doing for a very, very long time.

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They are employing over 40,000 Palestinians if you talk about all of the regions and 13,000 Gazans in the Gaza Strip.

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And when the war took place, UNRWA was probably the only organization that was working every single day around the clock.

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People were fleeing from the Gaza Strip, and they were trying to cram into one of their 155 shelters.

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I mean, at one point, their shelters were nine times over capacity.

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And if you visit these shelters, which essentially some of them are primary schools that have been converted into shelters,

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you've got 50 people in a classroom. You've got people right on the outside.

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You've got families hanging around everywhere.

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They try to do these programs for kids, and you see 100 kids show up, and they're all like clapping in the courtyard.

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I mean, it's just this place that's totally overcrowded, like 900 people to a bathroom.

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So, you know, that was the only place that people could reliably go to.

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Like you were going to go to an UNRWA shelter. There might not be a lot of space, but if you find the place, no one's going to kick you out of there.

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No one's going to tell you to go. And every day they try to show up with different, you know, they kind of have a box of items where you'd have a can of beans.

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You could have some flour, some dates, and they would pass it out to all of these families.

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And they were also conducting these daily assessments that organizations like MedGlobal, who I'm a board member of,

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we were relying on these assessments to tell us what are some of the needs.

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And so they're literally creating these assessments telling you this house was bombed yesterday. Seven people died in that house.

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Thirteen people were displaced. Two people are in the ICU. There's this many, there's 1.3 million people who are in shelters.

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A hundred thousand of them are in, are in, they're called, they're outside. Like they're not in, there's no roof over their head kind of shelter.

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There are this many people in tents. There's this area that the water ran out. That was what UNRWA was doing during this war.

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And so they played a vital role. And, you know, the impact that they've had on the lives of the people of Gaza is, you know, you don't just have to ask a Gazan.

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You can ask any person in Gaza and they'll tell you, OK, this is what UNRWA did.

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UNRWA prior to October 7th, though, was always the subject of criticism and attack by Israeli officials.

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There was always something about UNRWA that, you know, didn't sit well with the Israeli government.

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And if you talk to people, I think it's the fact that it's existed for 75 years and it's still addressing the Palestinian refugee problem.

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So as long as UNRWA was around, there are still Palestinian refugees. There's still this question of what happens to these Palestinian refugees.

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And, of course, as you can imagine, for any sort of occupying force or any force that's going to be responsible for these refugees, it's a thorn in its backside.

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Right. Like that's something you have to address that.

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And I think on October 7th, when they talk about individuals who worked for UNRWA, who participated in the atrocities in October 7th, I think you have to deal with that.

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You have to address it. I think the allegations are actually pretty, you know, they're pretty serious and they're disturbing.

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But I think that much of the response by the UN has been really appropriate.

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I mean, they fired all of these people right away. They're conducting an investigation. They're going to look into they're doing an audit.

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They are I mean, they took it very seriously. But for the response to be, well, let's just let UNRWA shut down at the end of February.

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I mean, that is crazy. I mean, you are asking for a worse humanitarian catastrophe than that's already taken place.

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And you're doing it in a way that's sadistic and cruel. And there is no thought whatsoever, which is why I'm shocked that nine countries,

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you know, the biggest donors of UNRWA, including the United States, comes out and says, OK, we're going to stop funding it.

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And then the UNRWA says, well, we'll be out of money by the end of February. They say, who gives a shit?

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Like, that's crazy. That's not the appropriate response. You can't do that.

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And I think I hope I mean, we're the time that, you know, there's supposed to be an investigation that the results are going to be released soon.

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We've got less. We've got just over a week left before the end of February. I hope that that, you know, doomsday doesn't occur.

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So the theory is because a few people possibly did some horrendous things, they're going to punish the entire people of Gaza.

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Two point three million people. Absolutely. All two point three million people rely on UNRWA for some for some service, for some service.

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And a million people are in their shelters. One million people are in their shelters.

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So if you had a corrupt American politician, it would be the same as basically punishing the entire United States population.

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Yeah. Makes no fucking sense whatsoever.

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So, I mean, it's it's it was so it was surreal hearing kind of the response because, you know, every single country that's kind of involved in the humanitarian relief and supporting UNRWA,

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they know exactly what they're doing and they and they and they know and they say how vital and important it is.

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That's why they keep funding it with hundreds of millions of dollars every single year.

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So, you know, to turn that switch off, it's crazy. That is. Well, I want to get you boots on the ground in Gaza now.

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So talk to me about MedGlobal, what kind of organization they are, and then walk me through how you found yourself in Gaza last month.

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Yeah, I mean, MedGlobal is this organization. It's pretty it's pretty young.

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It's been around since twenty eighteen. The guy who founded it is a Syrian-American ICU doctor, Dr. Zahir Sahloul, and he actually works in my hospital.

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And, you know, when the Syrian crisis took place, he was somebody who was getting into Syria, creating field hospitals.

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He him and his the co-founder, John Kaler, who's a pediatrician, they were not willing to accept any bureaucratic delays.

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And so they were all about getting in, making sure that you can figure out what the people need, doing assessments,

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empowering local health care workers and getting some healing started, getting care delivered.

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And, you know, born out of that Syrian crisis, they said there are all these other regions that need help.

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And so they started expanding into Yemen because Yemen and Syria back in 2014 and 15 were level three emergencies.

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They responded to the Sudan crisis, the Turkey earthquake, the Libyan floods, the Venezuela migrant crisis.

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They're starting a program on the south of the border.

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They have been to the Ukraine and have ongoing programs in Ukraine, you know, working with the health care providers.

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So it's an organization that basically says we want to respond and we want to respond everywhere, you know, and be able to access everywhere.

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So they've been in the Gaza Strip for four years and it's mostly been focusing on helping health care workers.

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I don't know if you've ever had experience with the butterfly machine.

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It's like this portable ultrasound that you can plug into an iPhone or Android or an iPad.

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And, you know, one of the programs that we do is like, hey, we want to get these to these guys and doctors and we want to be able to teach them how to use it because it costs a couple of thousand bucks.

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But it's it can it can do a lot and it can provide you with a lot of information and save them a lot of time.

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And so that's kind of really what Medglobo's focus is.

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It's really about decreasing the gaps in health care that arise during conflicts or during any sort of crisis, natural disaster or humanitarian crisis,

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decreasing the health care inequities and trying to do that through the local health care workers, not just kind of showing up for two weeks, you know, snapping some selfies and then getting out of there.

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It's really about the local, you know, the local health care workers.

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And so I that's kind of how my involvement started is I wanted an opportunity to go to the Gaza Strip and work with the doctors there.

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You know, and I think pretty quickly, once you interact with those folks over there, you have it changes you a little bit.

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You develop these relationships and they're they're different over there.

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I mean, they are special people who are so they're so smart and witty and funny.

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And, you know, you you just really like it's one of those there are these types of folks who, you know, when you're hanging out with somebody and you're having such a good time, you don't want you don't want to you don't want to call it a night.

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I mean, that's really how I felt every time I went to Gaza.

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And so when after October 7th, when the war started, we were shut out of Gaza.

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You know, every single international NGO was not being given permission to enter into the Gaza Strip.

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We could not get people on the inside.

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We have an office there with local health care staff and just communicating with them were like, you know, they're telling us it's getting worse.

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It's getting worse. They were in Shifa Hospital, the main hospital that was under siege for 40 days.

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Our staff was there.

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And so it was miserable knowing that you're sitting over here, not able to get any humanitarian aid in medicine supplies and everything is totally shut down.

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And then hearing them just kind of tell you what's happening on the ground there.

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You're hearing about the food shortages, about the medicine shortages, about the hospital being attacked, about the MRI machine or the inter the the radiology suite being damaged and destroyed.

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And you're like, OK, you're like adding it to in your head about there's a lot of work we got to get done.

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And it keeps getting longer and longer and nothing is changing.

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So finally, at the end of December, we've been working on this for since November, we've been working with the World Health Organization with a bunch of other NGOs.

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And we're saying, when can we get in?

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Let's figure it out. And the WHO was coordinating with the Israelis and the Egyptians.

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And they're trying to get a green light at the end of December.

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They're like, OK, we think we can get you in January.

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You guys ready to go?

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And it's really kind of one of the few times that the WHO has relied on volunteers from other NGOs.

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They've got their own people and they've got enough people.

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But it was a situation where you can't really deploy people to the Gaza Strip.

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You're going to need volunteers, people who are willing to take that risk and go inside.

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And many organizations stepped up.

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Medgobo was one of them. We sent a team of five doctors in early January.

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And we left from Chicago.

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Four of us were in Chicago. One was in Philly.

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And we left and we landed in Cairo.

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And the next morning, literally at dawn, we made our journey from Cairo to Rafah.

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It took us around 12 hours and we finally were able to get to the border.

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And I was nervous the whole time because I just didn't want I didn't believe it until we got in.

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I just did not, you know, knowing what we had dealt with in the past, I just thought something was going to something was not going to work.

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And we were fortunate enough to be able to get in and carry 17 bags of medical supplies with us, just hand packed trauma stuff, chest tubes, everything that you can think of.

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We just were carrying it with us and we got to the Egyptian border, gave them our passports and we got in around two and a half hours later.

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That was our first day in Gaza.

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So talk to me then, you know, you you familiar with areas you've obviously seen in Syria, you know, I'm sure it was probably reminiscent with the damage that they experienced.

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But what was your personal impression?

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I mean, you'd been there, you know, the year prior, you'd seen, you know, Jerusalem, you'd seen the converse.

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Now, what are you faced with when you're actually standing there?

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So the first thing that really stuck out is once you cross onto the Palestinian side, there's no electricity, even their little passport control that they have.

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Obviously, no one is there. No one is manning it.

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But it's there's no lights on and we're grabbing our stuff and we're getting into our van.

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And Rafah is a very rural town that prior to October 7th had 250,000 people.

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01:35:20,000 --> 01:35:26,000

The day we showed up, there's around one point two million people in Rafah in this very small rural area.

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01:35:26,000 --> 01:35:30,000

And you don't you can't all you can see is what the headlights of the van are showing you.

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01:35:30,000 --> 01:35:34,000

You see people everywhere, tents everywhere.

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01:35:34,000 --> 01:35:39,000

You for me, it was not I didn't remember, you know, it was not the Gaza that I had known.

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01:35:39,000 --> 01:35:44,000

I mean, it was totally different from the very first kilometers of the Gaza Strip of Rafah.

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01:35:44,000 --> 01:35:46,000

It was already this bizarre place.

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01:35:46,000 --> 01:35:51,000

The drone is circling overhead in such a loud noise.

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01:35:51,000 --> 01:35:55,000

And that's you know, you're just kind of thinking like, you know, what is that?

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01:35:55,000 --> 01:35:57,000

And they're just saying, oh, yeah, that's the that's the drone.

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01:35:57,000 --> 01:36:01,000

Those are those are those are surveillance drones because they know the difference.

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01:36:01,000 --> 01:36:07,000

You know, in Gaza, they've become honestly like military weapons experts, especially with respect to aircrafts.

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01:36:07,000 --> 01:36:09,000

They know they'll give you details about which ones are.

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01:36:09,000 --> 01:36:16,000

So you hear that and we get to the we get to the guesthouse and then the next morning I'm told I'm going to be tasked.

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01:36:16,000 --> 01:36:22,000

Or I had already known this, but I've said in the morning I'm leaving to go to Nasir Hospital and Nasir Hospital is in Khan Younis.

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01:36:22,000 --> 01:36:25,000

It's about 10 miles away from Rafah, the border.

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01:36:25,000 --> 01:36:29,000

And it was the center of the military campaign at that time.

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01:36:29,000 --> 01:36:36,000

And so the Israeli military has started in the north, had gone to Betlehya, Bet Hanun and then to Gaza City and then to Deir el-Balah.

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01:36:36,000 --> 01:36:39,000

And then now is the Khan Younis was the focus.

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01:36:39,000 --> 01:36:41,000

There are still airstrikes everywhere.

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01:36:41,000 --> 01:36:50,000

And the first night when we were in Rafah, there was this loud bomb that exploded and I literally woke up breathing fast, cold sweat.

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01:36:50,000 --> 01:36:52,000

And they're like, yeah, that was one block away.

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01:36:52,000 --> 01:36:54,000

A house was was struck.

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01:36:54,000 --> 01:36:56,000

It was an airstrike. And you're like, all right, this is different.

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01:36:56,000 --> 01:37:02,000

I had never been there while there was an active war going on, but also never been that close to something.

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01:37:02,000 --> 01:37:04,000

I never served in any sort of military.

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01:37:04,000 --> 01:37:11,000

And the next morning they take us to Nasir Hospital and it just slaps you in the face right away.

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01:37:11,000 --> 01:37:14,000

There's people who are sheltering all around the hospital.

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01:37:14,000 --> 01:37:16,000

Tents are all around the perimeter of the hospital.

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01:37:16,000 --> 01:37:23,000

You walk into the emergency department, you walk into the area where people are registering and there's people sheltering there like in the hallway.

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01:37:23,000 --> 01:37:25,000

They've got their little mattress, their families sitting down.

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01:37:25,000 --> 01:37:28,000

You can barely move around without bumping into somebody.

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01:37:28,000 --> 01:37:34,000

And then you walk into the resuscitation bay and there's already 10 people there who are who are.

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01:37:34,000 --> 01:37:39,000

But when I showed up, they were already been like treated and triaged and disposed.

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01:37:39,000 --> 01:37:41,000

And I go to put my stuff back up.

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01:37:41,000 --> 01:37:44,000

I come back downstairs and there's our first patient.

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01:37:44,000 --> 01:37:50,000

He was hit by a quadcopter, which is basically a drone that has two AR-15s on the side of it.

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01:37:50,000 --> 01:37:53,000

And so he was hit through the chest.

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01:37:53,000 --> 01:37:56,000

He had a hemo pneumothorax.

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01:37:56,000 --> 01:38:00,000

So he's you know, he's basically got a bloody collapsed lung.

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01:38:00,000 --> 01:38:04,000

And he is on the floor because we don't have any hospital carts.

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01:38:04,000 --> 01:38:05,000

He's around 22 years old.

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01:38:05,000 --> 01:38:08,000

And so I bend down, I get on the floor on my knees.

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01:38:08,000 --> 01:38:15,000

There's a resident, a Gazan resident who's with me and he is putting, you know, he's intubating him, putting him on a ventilator.

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01:38:15,000 --> 01:38:17,000

We're putting the chest tube in.

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01:38:17,000 --> 01:38:19,000

And this kid ends up dying.

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01:38:19,000 --> 01:38:20,000

You know, he codes.

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01:38:20,000 --> 01:38:21,000

We do some CPR on him.

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01:38:21,000 --> 01:38:23,000

We're doing some chest compressions.

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01:38:23,000 --> 01:38:24,000

And he ends up dying.

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01:38:24,000 --> 01:38:30,000

And I remember that I hadn't noticed this when I first showed up, but there were five people who were clearly not medics.

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01:38:30,000 --> 01:38:32,000

I mean, they were not in scrubs.

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01:38:32,000 --> 01:38:35,000

They were not out of the they were not paramedics who had brought him in.

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01:38:35,000 --> 01:38:36,000

And it was his family.

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01:38:36,000 --> 01:38:37,000

It was pretty clear.

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01:38:37,000 --> 01:38:40,000

He had a younger sibling and he had his mom and his dad there.

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01:38:40,000 --> 01:38:43,000

And I remember this resident because I didn't know what to say.

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01:38:43,000 --> 01:38:46,000

I was just looking at them and they had seen us stop doing chest compressions.

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01:38:46,000 --> 01:38:48,000

So they, you know, they didn't know what was going on.

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01:38:48,000 --> 01:38:53,000

And the resident looks at them and he says, and, you know, he goes, his last words were, I don't know.

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01:38:53,000 --> 01:38:59,000

His last words were, I bear witness that there is no God but God and that the Prophet Muhammad was his messenger.

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01:38:59,000 --> 01:39:02,000

And I remember his dad in Arabic telling him he really said that.

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01:39:02,000 --> 01:39:04,000

That's what he said.

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01:39:04,000 --> 01:39:07,000

And the resident said, yes, that was those were his last words.

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01:39:07,000 --> 01:39:11,000

And that's because, you know, and there were a Muslim family.

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01:39:11,000 --> 01:39:12,000

It was clear faith was important to them.

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01:39:12,000 --> 01:39:13,000

But it's like a sign.

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01:39:13,000 --> 01:39:17,000

It's like a good omen that he, you know, he died on his faith.

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01:39:17,000 --> 01:39:21,000

He died believing in the values and the principles that were important to him.

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01:39:21,000 --> 01:39:24,000

And it was like this small amount of comfort for the family.

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01:39:24,000 --> 01:39:26,000

And then I watched them turn around, hug each other.

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01:39:26,000 --> 01:39:27,000

They hug the resident.

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01:39:27,000 --> 01:39:29,000

They were crying.

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01:39:29,000 --> 01:39:31,000

And then they grabbed their blanket.

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01:39:31,000 --> 01:39:37,000

They put him, they put their son who had just died in that family, this large blanket that they had.

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01:39:37,000 --> 01:39:42,000

The father, the mother, and his siblings carried the body out and they took him and they buried him.

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01:39:42,000 --> 01:39:46,000

And that was my first patient in the Gaza Strip.

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01:39:46,000 --> 01:39:48,000

That was the first person I had seen.

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01:39:48,000 --> 01:39:54,000

They there's I started I think about them a lot because every time I think about that story, something new comes to mind.

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01:39:54,000 --> 01:39:57,000

It's like they went and buried them him by themselves.

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01:39:57,000 --> 01:40:00,000

You know, they dug a grave and they buried him in there.

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01:40:00,000 --> 01:40:05,000

And then they had to go and they went back to a tent and they had to think about where their next meal was come from.

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01:40:05,000 --> 01:40:08,000

They did not even get a chance to grieve their son.

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01:40:08,000 --> 01:40:13,000

This event that is life changing, that changes everybody's anybody's life forever.

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01:40:13,000 --> 01:40:20,000

They did not get a moment to sort of take a take a breath, think about it, remember him, have a memorial service, do any of that stuff.

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01:40:20,000 --> 01:40:22,000

They were not afforded that opportunity.

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01:40:22,000 --> 01:40:26,000

And so, you know, there are, you know, for me, that was hard.

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01:40:26,000 --> 01:40:27,000

And that was the first day.

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01:40:27,000 --> 01:40:37,000

And I remember feeling very overwhelmed and really relying on the fellow my fellow colleagues just kind of guiding me on how to process everything and take it step by step.

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01:40:37,000 --> 01:40:40,000

They were kind of like get into survivor mode.

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01:40:40,000 --> 01:40:43,000

Start thinking about what you can do for the next person.

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01:40:43,000 --> 01:40:47,000

Don't spend too much time about this because it will kill you.

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01:40:47,000 --> 01:40:51,000

Like you will lose it if you if you're just sitting there thinking about all of this.

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01:40:51,000 --> 01:40:58,000

And that was the that was the tone for the rest of the month of mass casualty event after mass casualty event, treating people on the floor.

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01:40:58,000 --> 01:41:03,000

I did more trauma procedures in my three weeks at Nossset Hospital than I've done in my entire career.

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01:41:03,000 --> 01:41:06,000

And again, I trained in Detroit and practice in Chicago.

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01:41:06,000 --> 01:41:10,000

I mean, it was, you know, it was nonstop and I was working.

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01:41:10,000 --> 01:41:11,000

I slept in the hospital.

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01:41:11,000 --> 01:41:13,000

So I had a call room in the hospital.

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01:41:13,000 --> 01:41:20,000

And I remember we would get up like five or six a.m., go downstairs to the ER, come back upstairs around six p.m.

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01:41:20,000 --> 01:41:26,000

And just if there was if they needed me, there would be an intercom and they would just say, ER doctor to the to the resuscitation bear.

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01:41:26,000 --> 01:41:28,000

They say trauma surgeon or they'd say, you know, vascular surgeon.

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01:41:28,000 --> 01:41:33,000

That's how they would communicate people during the nighttime hours so people can try to get some rest.

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01:41:33,000 --> 01:41:34,000

But it was nonstop.

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01:41:34,000 --> 01:41:35,000

It really was.

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01:41:35,000 --> 01:41:36,000

It was unrelenting three weeks.

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01:41:36,000 --> 01:41:45,000

And then, you know, I think there's a lot of moments that I still think about and I'm still trying to process.

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01:41:45,000 --> 01:41:47,000

I think it was a few days ago.

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01:41:47,000 --> 01:41:53,000

There was a horrific video of a mother and her child being killed by a sniper.

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01:41:53,000 --> 01:41:56,000

You mentioned about this drone killing this 22 year old.

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01:41:56,000 --> 01:42:03,000

And again, maybe he was shooting at it and he was a resistance fighter or maybe it was a legitimate kill.

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01:42:03,000 --> 01:42:04,000

I mean, we don't know.

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01:42:04,000 --> 01:42:06,000

However, correct me if I'm wrong.

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01:42:06,000 --> 01:42:09,000

Fourteen thousand children killed now.

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01:42:09,000 --> 01:42:10,000

Twelve thousand.

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01:42:10,000 --> 01:42:11,000

Twelve thousand. My party.

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01:42:11,000 --> 01:42:12,000

Twelve thousand.

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01:42:12,000 --> 01:42:18,000

So clearly there appears that it's not a targeted attack over and over again.

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01:42:18,000 --> 01:42:24,000

What are the the the people of Gaza seeing as far as as the tactics?

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01:42:24,000 --> 01:42:33,000

Is it purely a, you know, a reaction to a resistance fighter or are they seeing just randomized killing left, right and center?

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01:42:33,000 --> 01:42:35,000

Because that's what it seems like.

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01:42:35,000 --> 01:42:43,000

Yeah, I think the people of Gaza, this is everybody shared this with me, whether they were physicians or internally displaced people or patients.

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01:42:43,000 --> 01:42:45,000

They are convinced.

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01:42:45,000 --> 01:42:59,000

And I think the evidence will supports this, that there's just a systematic clearing of the Gaza Strip that's taking place, starting from the north and heading all the way to the south and everything in between that deals with life,

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01:42:59,000 --> 01:43:05,000

whether it's a human being or a hospital or a school or a university.

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01:43:05,000 --> 01:43:08,000

All of those things are being destroyed and being attacked.

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01:43:08,000 --> 01:43:12,000

So there is no you know, that's the objective to them.

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01:43:12,000 --> 01:43:14,000

That's what they're experiencing.

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01:43:14,000 --> 01:43:23,000

When you are I was in the hospital for three weeks and the Israeli military were conducting their operations around 10 blocks away from the hospital.

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01:43:23,000 --> 01:43:27,000

And every single day that was getting closer and closer to the hospital.

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01:43:27,000 --> 01:43:32,000

And it was clear to me that the movement was going east to west or west to east.

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01:43:32,000 --> 01:43:34,000

And it was just about all of Khan Younis.

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01:43:34,000 --> 01:43:40,000

And I and I know that just before they had showed up to Khan Younis, they were in Deir el-Balah and they had done the same thing.

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01:43:40,000 --> 01:43:44,000

Neighborhood by neighborhood, street by street, building by building.

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01:43:44,000 --> 01:43:48,000

It was all about clearing it, controlling it, whatever it was.

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01:43:48,000 --> 01:43:58,000

And so I don't think it's appropriate to characterize it as just going after Palestinian fighters, because if that's the case,

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01:43:58,000 --> 01:44:04,000

we would not be seeing the scale and the amount of death and destruction that we're seeing.

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01:44:04,000 --> 01:44:12,000

But if you look at Khan Younis and I was there, I mean, there it's literally block by block, house by house, school by school,

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01:44:12,000 --> 01:44:16,000

eventually to the point where it gets to the hospital and then the hospital is surrounded.

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01:44:16,000 --> 01:44:21,000

The hospital is raided. And all of these people that were there in Khan Younis were forced to flee to Rafah.

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01:44:21,000 --> 01:44:26,000

So Rafah now has 1.6, 1.7 million people. When I showed up, it had 1.2, 1.3.

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01:44:26,000 --> 01:44:30,000

And so all of those people came from Khan Younis because it was the next phase of this.

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01:44:30,000 --> 01:44:40,000

And so I don't really I think I think it's important for people to realize that the way that the Gaza Strip looked before October 7th,

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01:44:40,000 --> 01:44:48,000

that the purpose was to change how it looked and to change it in a way that was satisfying to the Israeli military.

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01:44:48,000 --> 01:44:51,000

And I think that's how they're carrying out their objective.

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01:44:51,000 --> 01:45:00,000

And I don't think I also don't think many of their military leaders now, whether it's Gallant or the spokesperson for the IDF,

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01:45:00,000 --> 01:45:06,000

I don't think they disagree with that notion. I think they have supported saying that they want to change that.

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01:45:06,000 --> 01:45:11,000

They're not going to go back to a pre October 7th. They talk about things like creating a buffer zone

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01:45:11,000 --> 01:45:20,000

and purposely detonating infrastructure along a one kilometer buffer zone from the border of Israel and purposely destroying these areas.

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01:45:20,000 --> 01:45:26,000

They talk about cutting off the electricity and the water. So I mean, it's like, you know, it's not like this is a secret.

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01:45:26,000 --> 01:45:33,000

Maybe maybe politicians will try to spin it differently and say, we're doing everything we can in this way or whatever it is.

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01:45:33,000 --> 01:45:38,000

But I think the facts really speak so loudly about what's taking place there.

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01:45:38,000 --> 01:45:47,000

You know, that story of the I think was actually a grandmother who in the kid that was shot, you know, that were sniped.

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01:45:47,000 --> 01:45:53,000

It's I can tell you that there are hundreds and hundreds of similar stories like that.

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01:45:53,000 --> 01:45:58,000

And one that recently just came out that I definitely want to share because, you know,

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01:45:58,000 --> 01:46:04,000

I know it'll resonate with you because, you know, fire, fire, paramedic. But, you know, there was this story about this girl in Gaza City.

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01:46:04,000 --> 01:46:09,000

Her name is a hand that I jump. She's six years old. Her and her family had decided to go to the south.

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01:46:09,000 --> 01:46:12,000

And so there was two cars. She was in the car with her cousins and her uncle and aunt.

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01:46:12,000 --> 01:46:15,000

And then her mom and dad and her siblings were in the other car.

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01:46:15,000 --> 01:46:22,000

And one of the cars was hit by the Israeli military and was struck by it. The other car got away.

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01:46:22,000 --> 01:46:32,000

Their car was damaged. She was injured in it. Her uncle and her aunt were instantly killed and her cousin, her older cousin, had survived but was clearly injured.

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01:46:32,000 --> 01:46:36,000

And so she had a phone and she was able to see her mom was able to call that phone.

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01:46:36,000 --> 01:46:40,000

She answered it and found out that her daughter's still alive. The car had been hit.

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01:46:40,000 --> 01:46:46,000

And they basically had communicated with the dispatchers from the Palestinian Red Crescent who was able to get in contact with him.

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01:46:46,000 --> 01:46:56,000

And so the dispatcher is staying on the phone with him for three hours because they're trying to coordinate to get an ambulance out there to get these two first responders.

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01:46:56,000 --> 01:47:06,000

And they get the green light from the Israeli military. The Israeli military says, OK, we'll let you go and rescue this girl who's still alive.

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01:47:06,000 --> 01:47:11,000

And it's taking a long time. So it's telling me because you have a three hour call. It's telling me they're trying to get somebody out there.

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01:47:11,000 --> 01:47:17,000

You're not you know, I know that that coordination is taking place and the lady on the phone is saying we're working on it.

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01:47:17,000 --> 01:47:21,000

They're working on it. They're working on getting somebody out there. She's trying to comfort this girl who's scared.

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01:47:21,000 --> 01:47:25,000

And then you hear on the phone him say, OK, please don't don't shut the phone.

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01:47:25,000 --> 01:47:31,000

I see the tank and then the dispatcher saying how close is the texture? It's really, really close. And I'm scared.

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01:47:31,000 --> 01:47:35,000

She's like, OK, don't worry. Is anybody getting out of the tank? She said, Don't worry about it.

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01:47:35,000 --> 01:47:46,000

You know, she's trying to comfort her. And finally, they get the green light and these two guys from the Palestinian Red Crescent, both paramedics, they decide to make their way towards her.

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01:47:46,000 --> 01:47:52,000

And their car is struck by something, whether it's a warship or a drone or or F-35.

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01:47:52,000 --> 01:47:57,000

I don't know what it was, but you can see the remnants of the car. It's totally destroyed.

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01:47:57,000 --> 01:48:03,000

They're both killed in the process. And then several days later, they find they're able to identify the car that Hind was in.

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01:48:03,000 --> 01:48:15,000

And of course, she's dead. And so to me, it's like clear that this is not about kind of an insurgency or a counterinsurgency or resistance fighting or any.

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01:48:15,000 --> 01:48:30,000

This is just another another step in terms of trying to make sure that this area is cleared of the people that are in it and moving them in a certain direction and acquiring more land and having a presence and whatever it is, whatever you have to say about that.

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01:48:30,000 --> 01:48:37,000

There are so many stories like this. And it's just so it's something that I think is I hope it's not.

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01:48:37,000 --> 01:48:43,000

I hope that we can continue to share their story because somebody like Hind, we have to talk about what happened to her.

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01:48:43,000 --> 01:48:49,000

I mean, you can hear her voice, six year old on the phone with the dispatcher.

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01:48:49,000 --> 01:48:52,000

I mean, that's, you know, what happened to her is not acceptable.

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01:48:52,000 --> 01:49:03,000

And that's why I really think it's important to share what's going on there, because I'm worried that it's also going to happen to Rafah next, because there's still one government in Gaza that has not been cleared yet.

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01:49:03,000 --> 01:49:08,000

And it's Rafah and everybody who is able to go to Rafah is in Rafah right now.

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01:49:08,000 --> 01:49:20,000

I heard the tapes of Hind and it was, I mean, as a parent, doesn't matter where you're from to imagine that your child is surrounded by two corpses and ultimately three.

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01:49:20,000 --> 01:49:27,000

And is fearing for their life as, you know, opposing military role by and then the rescuers are blown up right in front of her.

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01:49:27,000 --> 01:49:32,000

And ultimately, you know, she dies from whatever it was that she ultimately because it was about 10 days, isn't it?

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01:49:32,000 --> 01:49:34,000

When they finally found her. Have I got that right? Yeah.

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01:49:34,000 --> 01:49:41,000

So maybe she started that maybe she, you know, dehydration. What a fucking horrible way for a child to go.

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01:49:41,000 --> 01:49:49,000

And then you multiply that by 12,000. 12,000 children had some sort of horrific death because, you know, obviously none of them were natural causes.

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01:49:49,000 --> 01:49:52,000

You know, it really kind of underlines that.

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01:49:52,000 --> 01:49:58,000

Now, I want to get to the impact of, you know, all of this on medicine in general.

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01:49:58,000 --> 01:50:09,000

But just before we do, one of the claims was that the reason hospitals were being attacked or bombs because Hamas fighters were hiding there in secret tunnels.

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01:50:09,000 --> 01:50:15,000

I'd love to just give you the mic and have a response to that accusation.

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01:50:15,000 --> 01:50:19,000

Yeah, I mean, of course, I saw none of that. I didn't.

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01:50:19,000 --> 01:50:23,000

And nobody, nobody supported that claim. And I tell you, for what it's worth.

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01:50:23,000 --> 01:50:27,000

And I know people don't take this won't take this to the bank.

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01:50:27,000 --> 01:50:34,000

But I found that the people of Gaza and the health care workers were brutally honest about everything.

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They are very clear about what they need and what they don't need.

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They're not just putting their hand out, for example, and saying, well, give us everything you can.

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There were there were times that it would be like, you know, we actually we're actually good on this.

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We don't necessarily need you guys to spend any money and support this program or this device.

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And all of them had said that this was not a real thing taking place.

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Are there tunnels under the ground in the Gaza Strip?

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Absolutely. I mean, I don't think anybody denies that.

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Are they are they all over the place? I'm sure they're everywhere.

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I'm sure anywhere they can build a tunnel, they built a tunnel.

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I'm not even going to deny that.

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I have no way to I have no interest in kind of trying to even explain why a tunnel is there in the first place.

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The fact of the matter is they exist.

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But if you're telling me that, oh, it's because these hospitals are legitimate to go after because there might be tunnels under them or that there is some sort of operations taking place,

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I'm going to call BS on that for one reason.

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And it's kind of what I alluded to earlier.

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It just seems like you're going from the north to the south.

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And when you approach the nearest hospital, you decide that that's the hospital that needs to be shut down because it's it's you know, it's being used for military purposes.

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Not all of these hospitals happen to be used for military purposes.

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All of these hospitals are not treating patients there.

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All of the health care providers that are working there are lying.

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Nothing has come from any of these raids or the shutting down or the damage of these hospitals.

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Nothing serious has been presented.

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I mean, the only thing that we've seen is Schiffa Hospital.

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They said that there was this tunnel that's in that's near the perimeter of Schiffa, not even under it.

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They found they exposed that tunnel.

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OK, the tunnel is there and that's fine.

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And there's plenty of people who have commentary on that, by the way.

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I'm not going to get into about, oh, you know, this tunnel has been here since whatever time.

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But, you know, at the end of the day, let's play devil's advocate and say, hey, there are tunnels with the with the people that you are trying to target that you are at war with under these hospitals.

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In what universe would anybody be OK with attacking a hospital and then suddenly 12 pediatric or NICU babies who are depending on incubators are suddenly at risk of dying or 38 for that matter, like it was the case in Schiffa.

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You know, I've been following the story of those 38 kids that were in that were in the neonatal ICU at Schiffa Hospital.

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Seven of eight of them died when the electricity was cut to that hospital.

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That alone should we should be raising alarms and say, hey, let's reconsider this.

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I know you guys want to do your I know you want to do a military operation here and you have an objective and you want to secure whatever it is that you're trying to secure.

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You're trying to unveil or attack.

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But let's think about this because eight babies just suffocated to death because they they're you know, the electricity was cut off.

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Let's figure out a different way.

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But that didn't stop there.

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In fact, there's solar panels on Schiffa. They were hit by, you know, before the raid that took place at Schiffa, which for people who don't know is the is the major hospital in the Gaza Strip.

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Everybody in the Gaza Strip has needed Schiffa for whatever medical need there were.

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All of your specialists are there.

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All of your equipment is there. Your CT scanners, your MRIs, your x-rays.

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It's all over there.

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And when I would go to work in the Gaza Strip, I would go to Schiffa because all the all the doctors would meet me there and we do our trainings there and we'd see patients there.

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So they hit the solar panel on the top of the roof of the Schiffa hospital.

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And in the process, there was a young girl.

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I can't remember her age, but she was less than 14 years old and she was killed in the process.

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And the idea was, you know, no energy, no electricity can go to Schiffa.

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We needed to be total blackout.

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Well, you know, I mean, are we we're not I don't think that we should be naive enough to not consider the consequences of cutting off electricity to the major hospital that exists there.

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And what you know what that means, not just for people who are depending on a medical device like a ventilator that needs electricity, but just being able to keep the lights on in the operating room or to be able to have an elevator function so you can move somebody who is bed bound from the fourth floor to the second floor.

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So when you see that every single hospital clinic is being is being targeted in a geographic way, I'm sorry, I'm not going to I can't just buy into this narrative that, you know, there's this huge military headquarters underneath.

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And if I'm wrong, if I'm wrong, I will apologize for that.

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And I will make sure that everybody is held accountable that says, hey, you guys were stupid.

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How do you not know that this was the case?

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But I still does not change the fact that I say, keep the hospital functioning, keep treating the patients, keep letting them come in, keep letting us do our job.

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It's not going to change my position on that.

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You know, and that's that's the I mean, are we crazy now?

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I mean, I talked about this recently, but I can't get any medical association to support like any sort of health care protections or ceasefire now language.

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You know, back in May, I went to D.C. with the American College of Emergency Physicians and we were going to our congressmen, our senators, and we were saying, you know, doctors in America, frontline workers, nurses, paramedics, we should become a part of a protected class.

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Literally, we said it's like first responders should be a part of a protected class in the sense of if somebody goes after us, and I'm sure you've been in some compromising situations, if somebody decides that they're going to get violent for whatever reason,

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there should you know, we should have some sort of protections like flight attendants or pilots.

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So that's what we were arguing for.

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The natural conversation for me as somebody who's watching this taking place in Gaza was, hey, we supported this in May.

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Why don't we think about supporting this now for global, all global health care workers?

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They should be protected. They should not be targeted.

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They should be able to practice without fear of targeting.

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And I thought that it would be simple enough.

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But no, I was rejected every single way, any place that I took this.

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The conversation could not get off the ground.

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It couldn't be presented in front of the boards of these organizations.

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And, you know, these organizations took stances on Ukraine.

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I just don't know why they can't take a stance on Gaza.

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I mean, there's there's so much inequity.

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If you look at Hawaii, let's go back to, you know, an American territory for a second.

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I mean, those poor people got, you know, pittance in response to them being raised, their entire community being raised.

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And yet, as you said, we're sending billions overseas.

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Mohammed was telling me about, you know, the need, the medical need over there.

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And just literally, I think two or three days ago, I saw a video of a surgeon just in tears.

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And I think he tried to perform surgery without anesthetic.

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He had no anesthesia. And then it said the young guy died of pain.

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Now, I'm sure that was a contributing factor.

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But talk to me then about so you've got, you know, Gaza being raised, you've got power being turned off, water being turned off.

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You know, and I'm assuming that every time a hospital is destroyed, most of the equipment goes with it, too.

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So where are we at now in February 2024 from a from a medical professional point of view with so many people and so few facilities and staff?

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Because, I mean, you lost so so many doctors, nurses, firefighters, paramedics, not to mention journalists and other people that were targeted in this process.

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Where you know what what what is the kind of landscape right now as we talk?

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It is in the state. It's the health care system in its entirety has collapsed.

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And what I mean by that is that you have now 13, maybe 14 out of 38 health care facilities and hospitals that are partially functioning.

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Those 13 or 14 have are not able to perform any sort of specialty service or care.

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Your biggest hospital, Nasir Hospital, has been rendered nonfunctional by the WHO because the electricity is still out and no services can be performed at this hospital.

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It was one of two referral hospitals. The other referral hospital in Rafah, the European Gaza Hospital, is three times over capacity.

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And so essentially the system cannot be dependent on to perform any sort of function.

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And so if there is an urgent need, there is, you know, there is a random chance that you'll be able to see a doctor and then he'll have what he needs to treat you or he'll have what he needs or she needs to be able to address the situation.

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But more likely than not, you will have complications because you're not able to receive the care that you need.

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More likely than not, you will suffer a consequence of this illness or injury that will affect you for the rest of your life.

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That's what I mean when I say the health care system has collapsed.

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You mentioned how many people have been killed.

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There are over 350 health care workers that have been killed in this assault.

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You're already talking about an area that didn't have enough health care workers and that many of its people, there was a brain drain that existed where people were leaving the Gaza Strip to professionally develop themselves, whether it's in health care or some other field.

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Then we talk about these buildings being damaged, but also there are fractures that take place, as you can imagine, with airstrikes and with sniper bullets and with tank shelling.

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Orthopedic surgeons, neurosurgeons, don't have the metal material that they need because no metal since October 7th has entered the Gaza Strip.

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I saw a kid while I was there whose jaw, he had a comminuted fracture of his mandible, just totally shattered to pieces.

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He needs a plate to fix it.

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The ear, nose, and throat doctor, the OMFS surgeon, needs a plate to fix it.

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There has not been any plate that has entered the Gaza Strip until October 7th.

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That kid sat there and he had to get a tracheostomy tube because he could not swallow or breathe through his mouth.

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He already is suffering from complications that are going to affect him for the rest of his life, but it's so much so that he's also taking up a bed in the hospital where this young guy would have done just fine if you were able to get the plate in his mouth and get him going.

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He'd do totally fine.

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He'd live a normal life after that.

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Same thing with vertebral fractures in the spine.

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Same thing with hip fractures.

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All of these things are not, you're not doing any of these services.

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These people are languishing in the Gaza Strip, not able to get any sort of care that they need.

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What about primary care stuff?

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What about communicable diseases like high blood pressure or diabetes?

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Not enough medicine for those diseases are getting in, so these people are totally neglected.

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That's why the World Health Organization has said more people are going to die from non-trauma injuries in Gaza because the healthcare system collapsed.

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So my dialysis patient, they're not getting the dialysis that they need.

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I saw a 15-year-old die because he couldn't get enough dialysis.

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He was getting it twice a week for two hours at a time.

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He needs it three times a week for four hours at a time.

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So he's not getting that. He died.

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His potassium got so high because we weren't able to give him the dialysis that he needs that he died from that.

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So he's not in that number, James, right?

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He's not in that number of people who were killed in this conflict, but he was killed in this conflict.

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I mean, that's the way to think about it.

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And I don't even know where to begin with the malnourishment that's existing amongst the pediatric patients there now.

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The UNICEF came out and said one in six kids in the north of Gaza needs nutritional intervention.

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What they mean is these kids actually need a hospital to get the nutritional status up to a safe level, to a non-dangerous level.

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One in six kids. That's in the north of Gaza.

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We're not even talking about kids who we know are going to be malnourished on a level where they can still kind of walk around and be okay.

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But what happens to those kids in one month or in two months or in three months?

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You know, if you were hearing, there were 15 aid organizations that came out and said, if we stay at this point until May,

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if nothing changes until May in terms of the supplies of food that are getting in and the water that's getting in,

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we're going to reach famine level for the majority of residents in the Gaza Strip if we keep things the way that they are.

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And so, you know, the final thing I'll mention is pregnant women.

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I mean, I think that's another sort of hidden tragedy in all of this.

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I knew a doctor. She gave birth to her son and she had a C-section.

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And she said after she had the C-section, four hours later, she was kicked out of the hospital because they needed that bed for the next lady who was coming in.

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And so, I mean, anybody who's had surgery and had stitches or any woman out there who's had a C-section or even had a natural birth,

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to leave the hospital with your newborn baby four hours later, I mean, it's I don't know how she did it.

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I honestly have no idea how she did it. She's sitting there smiling and Dr. Sahloo, the founder of the organization, is carrying her son, took a picture with it.

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But it's like I can't believe what she had to do. I can't believe that she was in that position.

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And that's, you know, every aspect of life has been damaged or disrupted, but health care, it's collapsed.

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And I don't know how we'll rebuild it. I know it's going to take a decade to get back to some degree of like a functioning system.

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And I heard you in the interview on the television interview that you did talking about as well the fact that none of these hospital workers are getting paid.

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So, again, we're thinking, oh, well, at least they'll get to go home and have a nice dinner with their family.

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But talk to me about that. As an urban area is being destroyed periodically, therefore goes home.

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I mean, literally, probably I'm assuming the buildings that would issue paychecks, I mean, the whole thing.

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So talk to me about the heroism and selflessness of all these people that are still holding the line.

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This is this is why I fell in love with the people of Gaza. This is why they're the best of us.

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They are amazing human beings. Four months, no pay, 24 hour shifts, not collecting a single dollar are what all of these health care workers are dealing with.

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Every single person from top to bottom. It's not like the director of the hospital still collecting checks.

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No, the director of the hospital who is a general surgeon who is staying and sleeping in the hospital has not received any money for doing his job.

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And they're showing up day in and day out. And I swear it has not affected how they treat people.

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You would never guess if you saw the trauma surgeon, Dr. Khalid, who is in Nasr hospital, who's still there.

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You would never guess that his family was also staying in tents and that they were looking for when they can get where they can get a can of tuna from just by how he's talking to the kids there and telling them jokes and rubbing their heads.

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You would never guess if you based on how they see some of these victims who are dead on arrival, how it affects them.

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You'd be like, wow, I mean, like you'd think at this point they're just sort of indifferent about it because it's so traumatizing.

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They still think about these people and they still hug their families and they still say nice words to comfort the mother of the grief who's grieving over her son.

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They still are protecting people's dignities like somebody who's dead on arrival and their clothes are sort of ripped up. They're still grabbing a sheet, which is in short supply, grabbing like the sterile sheet and covering them up and kind of wiping the blood off of their face and wiping some of the debris so that their families can recognize them.

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They're incredible, incredible people and they're so witty and smart. We would sit there and be sitting outside of the emergency department. I'd have five residents and nurses around me and I have some of these surgeons and they're just asking questions like, what do you guys do in this situation?

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How do you treat, how are you guys treating COVID patients? Or how is the system like in Chicago? How do people register to come in? How do they tell people that they're, you know, they're like so curious and hungry for more knowledge and figuring out what to do.

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And I remember, you know, there's this one case where we had this guy who I could not tell if he still had a pulse. I mean, he was a bigger dude. He had been involved in an airstrike. I had the ultrasound, but I just could not know for sure.

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And, you know, his wife is right there. She's like, I think I saw him move his hand. I think, you know, I mean, she's like, you know, really kind of pushing it. And I remember I looked at the surgeon and I said, you know, I'm just not sure.

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Honestly, I can't, I don't, I don't know because he's trying to move him to the, to the, to the operating room and he was going to occupy a theater, you know, for this guy.

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So I really want to make sure that, you know, we're resuscitating him enough if we need to, we start compressions if we need to. And he's like, he's like, all right, don't worry about it.

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He, this guy grabs everybody that he can. They start rolling the guy towards the operating theater and he himself is the one who's kind of making sure that he can, that he's doing chest compressions on top of this injured patient.

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You know, it's like in his head, if that's the right thing to do, we're going to do it. And I've been around people here in the States, in the States who have called codes on things way less confusing than this, who have basically given up and thrown in the towel in something that's, you know, more of a gray area with all of the resources in the world and no concern about sort of kind of making sure that, you know, you're not occupying a space for somebody else that may, you know, may benefit from it.

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And so, you know, I think I, I got an update from Dr. Khaled. He's the, he's the trauma surgeon at Nasir Hospital. He, the hospital was raided. We thought he was abducted. He sent a message saying, nope, I'm okay. Everything's all right.

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And then the next thing he told me was, he told all of us, there's a big group, WhatsApp group of physicians. He said, please guys, see if we can get a way to get Nasir Hospital back and running. If we can get the lights back on, I still have patients here. I'm not leaving my patients.

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I mean, everybody had fled. Everybody was gone. Other physicians had left and nurses had left. And you know what? I think they absolutely should have made sure that you got to leave, get your family safe, take some of these patients with you.

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This guy stayed in the hospital and was trying to figure out how to get the lights back on. After, after the hospital being raided, he put a chest tube in an OR nurse that got shot. He was the guy who put the chest tube in this, in this nurse.

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He is just an amazing human being. And you know what's funny? I'll share this and he's, he might get mad at this, but I just want to give you a glimpse of who this person is.

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But I come back and he sends me a message. He said, I hope you got back safely. I hope everything's good. He's like, you left at the right time because the hospital is going to be attacked.

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And so he's like, you know what? I heard, you know, I heard you guys are going to keep bringing medical teams. I have a request. I said, of course, anything you need. I don't know what he, I don't know if he's going to ask for money.

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I don't know if they're going to ask for supplies. He's like, look, us, me and some of the, you know, the OR team, the surgeons and the, and the OR nurses and the OR techs.

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He goes, we smoke. All right. And we've not been able to get any, any cigarettes or, or vape pens in. If there's any way you can send a couple of vape pens with us, it would be, you know, it would do us a huge favor.

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I'm like, of course we can get you guys some vape pens. I don't care if I'm a doctor, if you need a cigarette. I mean, like, that's the least we can do for you. I thought, you know, you think that they're in such this desperate situation that they were going to, you know, ask for something that'd be a little more.

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But even then he was tiptoeing around it. He's like, I'm embarrassed. I don't know how to ask you this, please. You're like, you know, these guys, man, they're looking for things to keep going, to keep doing their job.

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And he gets nothing out of it. You know, he's literally getting no, not a single dollar. He's not getting meals. He doesn't get three square meals a day. That's the type of people that are there.

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And, you know, that's why it makes me want to keep moving for, I mean, you know, if I'm exhausted or I'm depressed on a certain day after seeing some of these videos, I think about them and I'm like, you can't, you cannot take a second.

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You got to do something. You got to be able to help their situation because they deserve it.

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Absolutely. Well, before we wrap up, what would you say to everyone listening? How can we help? Whether it's just a person with an ability to, you know, call someone or do a post or whatever it is, however big or small, what do we need to do?

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I mean, obviously, I think you've done an incredible job kind of educating us all on everything, you know, and it's come with this really altruistic, compassionate lens that you brought to it. But this does need to stop. And we do need to support the people that are left.

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I mean, I can't even imagine logistically how, you know, you even recover from this and this, you know, all these people that are displaced and all the horrendous things that have happened.

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But you have the microphone now to the world, at least the audience of the Behind the Shield podcast, maybe not the entire world. But, you know, what can we do now?

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Yeah, I mean, it starts for me with counteracting and fighting against the dehumanization of the people in the Gaza Strip of Palestinians.

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There is a deliberate effort by mainstream media to refer to kids that have been killed as minors, right? They don't say children because of the emotion that it invokes or saying that they are dead. You know, this many people are dead. But these people have been killed in a war.

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They've been killed as a result of a military. And so for me, one thing is to kind of elevate some of these stories. I mean, like, James, you listen to the Hind audio.

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To me, I'm sure that, you know, being able to get that out there will change how people view the situation.

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Just people kind of understanding that there are people just like us. They have a, you know, they want to laugh and they want to, you know, have a great life and build their own house and, you know, all these sorts of things that a normal person would want.

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That's important to me. And whether that manifests as an op ed in a local newspaper or a social media post or even art or a poem, any any sort of way that we're able to humanize them. I want to be able to be a part of that.

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And I think everybody can do their own touch, even if it's talking to coworkers or friends or family and saying sharing one story, I think makes a huge difference.

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The second part of this is kind of this on the advocacy level. Look, our government here in the United States has not done has not done right in terms of the humanitarian situation.

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They have actually been on the opposing side of this. And so just speaking to elected officials in a way that's saying focusing on the humanitarian relief, calling for a ceasefire from a humanitarian perspective, doing whatever we can is important.

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And I'll give one example of a success story. Senator Merkley from Oregon, he's had Palestinians in his community. He's had people who care about what's going on there, reach out to him multiple times, badger him.

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He's now not only calling for a ceasefire, he wants to bring Palestinian kids who need specialized medical care to Portland so that they can get the care that they need and then send them back.

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I mean, something like that, I think, is incredible because that humanization part, these kids start showing up on the states and you get to see the smile on their face. That's going to make a difference in your life.

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I mean, you're not going to be OK with them just going back to the status quo. You'll want that situation to change.

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And then finally, I think, you know, sort of the other part of this is supporting organizations that are on the ground.

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You'll hear a lot of people talking about Gaza, but there are organizations that are on the ground that have staff from the local health care population that know exactly how to get the little bit of aid that's coming in, where that needs to go,

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whether that's Pampers, tents or food like Anera does. I mean, they do an incredible job. Or it's medical care services like MedGlobal or Palestinian American Medical Association or PCRf.

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Or it's Anerwa supporting Anerwa who is being defunded. You know, I mean, I think understanding that there's organizations on the ground that are working, helping that financially or sharing it or volunteering in any way you can.

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I think attacking it from these three perspectives is going to be the solution.

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Number one, realizing that there are human beings on the ground suffering. Number two, talking to decision makers.

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And then number three, supporting the efforts and recovery and rebuilding and relief.

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I mean, I think if we can do all of these things, I think we can be at least we can say that we are not sitting idly by when the worst humanitarian crisis since World War Two is taking place.

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At least we can kind of say, I'm going to do my part and I'm going to try to convince as many people as possible to do their part.

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What I see is one of the barriers, and this is all of us, you know, we all have to look in the mirror, is there's a real aversion to saying, you know what, I was wrong.

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And I think it, you know, the knee jerk of the first few days was like, oh, it's kicking off in Gaza again.

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And, you know, people might have been like, I'm on side A.

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But then, you know, you've got to acknowledge that there was a shift.

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Like you said, this time was different and it's, you know, you can't, you know, die on your sword on that one side.

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You've got to have the courage to go, you know what, on this day, this is how I felt.

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But now I've seen that it's different.

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And if 12,000 dead children won't sway you, then, you know, maybe you need to look in the mirror a little bit longer.

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But, you know, I think it's so important.

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Each of these are actionable things.

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Everyone can, you know, reach in their pocket and give a little bit towards whichever, you know, nonprofit they want to contribute to.

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Each of them can do something towards the, you know, the humanizing of these men, women and children that we're losing in Gaza.

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So, you know, I think it's actionable and I hope every single person listening to this does exactly that.

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So where can people find Medglobal and make donations there?

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Yeah, Medglobal.org.

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We're on, you know, we have a website.

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We're on Instagram, Facebook.

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We're, you know, we have a strong online presence.

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Beautiful.

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And then what about you if someone wants to reach out to you personally?

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Where are the best places?

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Instagram, for sure.

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I don't have a lot of social media.

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And I just got back on because of this.

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You know, I was sort of silent.

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So you can find me on Instagram.

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That's the easiest way to reach out to me.

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It's my first name.

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Actually, it's TH, my last name, MD.

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So if you can, if you search my name, you should be able to find me.

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And I'm always looking to collaborate with people, talk to people, have conversations, even questions or somebody disagrees with something I said.

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I'm always interested in hearing that, you know, and I think that's I think it's the way that I grow.

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So, you know, please reach out.

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Well, I want to say thank you so much.

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I mean, this this is the kind of conversation that I think we, including myself, need to hear.

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You know, when you are not from a place, you can't just be given a sliver of information and go, oh, I know the whole story.

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You know, so you've led us through so beautifully and given such a, you know, a nuanced perspective on, you know, the history, the events of and then, you know, what's going on now.

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So I want to thank you so much for taking over two hours to tell the story and being so generous with your time and coming on the Behind the Shield podcast today.

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Thank you very much. Of course, I appreciate the opportunity just to be able to talk about this stuff.

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So I'm forever grateful for that.