

MSF
August 2025

THIS IS NOT AID. **THIS IS ORCHESTRATED** **KILLING**

MSF's frontline medical testimony
on systematic mass casualties from
GHF sites in Gaza



GAZA © MSF

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Introduction

The conflict in Gaza has been marked by 21 months of abject horror and dehumanisation. The world has watched as a civilian population, unable to flee, has been starved, forcibly displaced and bombarded by one of the world's most "sophisticated" militaries — armed by Western states. In May 2025, the unfolding genocide in Gaza was marked by a disturbing new development as Israeli authorities moved to dismantle the UN-led humanitarian response, replacing it with a militarised food distribution scheme run by a previously unknown entity — the Gaza Humanitarian Foundation (GHF).¹ The GHF has been touted by the Israeli and US governments as an "innovative solution" — a supposed answer to unproven claims of aid diversion in Gaza and unfounded accusations of UN failure.²

In practice, the militarised food distribution scheme has weaponised starvation and curated suffering. Distributions at GHF sites have resulted in extreme levels of violence and killings, primarily of young Palestinian men, but also of women and children, who have gone to the sites in the hope of receiving food. At the time of writing, the Ministry of Health in Gaza reports that more than 1,000 people have been killed and 7,200 injured while attempting to collect aid — the vast majority of them at GHF distribution sites.³ Shockingly, we have witnessed the impact of the violence with our own eyes. Médecins Sans Frontières (MSF) medical teams have been working on the frontline, treating people with devastating injuries — gunshot wounds, barbed wire lacerations, crush injuries from stampedes — sustained while trying to receive aid at GHF distribution sites.

1 The Israeli government's attempts to undermine the UN-led humanitarian aid system have included attempts to dismantle the UN agency for Palestinian refugees, UNRWA. In October 2024, the Israeli Knesset passed a law which sought to ban UNRWA from operating on Israeli sovereign territory, including annexed East Jerusalem.

2 An internal US government analysis found no evidence of systematic theft by the Palestinian militant group Hamas of US-funded humanitarian supplies, challenging the main rationale that Israel and the US give for backing a new armed private aid operation (Reuters, 25 July 2025, available [here](#)). Equally, the head of the World Food Programme (WFP) has described Israel's allegations that Hamas is diverting aid en masse as unsubstantiated.

3 Note that this figure includes casualties around WFP convoys in addition to GHF distributions. Source: 'Humanitarian Situation Update #307 | Gaza Strip' (OCHA, 24 July 2025), available [here](#). The twelfth MSF staff member to be killed in Gaza since October 2023, Abdallah Hammad, died on 3 July 2025 when he was part of a group desperately hoping to collect flour from an aid truck in Khan Younis, southern Gaza (see [here](#)).

Over a seven-week period from early June to late July 2025, **MSF's two primary healthcare centres in Rafah received 1,380 casualties, including 28 dead bodies, coming from GHF sites.**⁴ **Among the injured were 174 people with gunshot wounds, including women and children.**⁵ As part of our response to mass casualties from GHF-run distribution sites, **MSF teams treated 71 children with gunshot wounds, 25 of them under 15 years old.**⁶ We triaged an eight-year-old girl with a gunshot wound to the chest and a five-year-old boy with severe head trauma, both of them injured near the GHF sites. We worked to stabilise injured children who arrived from the distribution sites alone, dazed and with little chance of survival.

Testimonies from our patients describing their experiences at the GHF distribution sites depict a level of dehumanisation and violence, both indiscriminate and targeted, which is beyond disturbing. As described by MSF's medical coordinator, our teams were mentally prepared for responding to conflict — but not to civilians killed and maimed while seeking aid. They were not prepared for treating starving and unarmed Palestinians who had been gunned down as if they were animals, often while penned into metal-gated areas. **The medical data is clear. This is not aid. It is orchestrated killing.**

This report draws on medical data, patient testimonies and first-hand medical witnessing to demonstrate that what has been branded “aid distribution” is, in reality, a system that has institutionalised starvation and dehumanisation. It forces starving Palestinians to scramble for scraps of food, while creating the illusion that sufficient aid is reaching Gaza. The level of mismanagement, chaos and violence at GHF distribution sites amounts to either reckless negligence or a deliberately designed death trap.

4 The medical data analysed in this report covers a seven-week period from 7 June 2025, when our teams commenced recording data, to 24 July 2025.

5 This refers to patients with gunshot wounds where the cause of injury is specifically listed as GHF distribution sites.

6 Of the 71 children with gunshot wounds, individualised medical data recorded in the line list indicates that 41 were injured at or near GHF distribution sites. The remaining 30 arrived at MSF health centres as part of mass casualty influxes that coincided with the opening or closing of GHF sites, and presented with fresh wounds — strongly suggesting a link to the aid distributions. The exact location or cause of injury was not documented in the line list, likely due to the overwhelming demands on medical teams at the time. One additional case, involving a child with a gunshot injury who was wounded in intercommunal violence, is not included in this overall figure.

BACKGROUND: THE GAZA HUMANITARIAN FOUNDATION'S "SECURE DISTRIBUTION SITES"

On 27 May 2025, the Gaza Humanitarian Foundation (GHF) began operating food distribution sites across Gaza. Under this new scheme, the number of aid distribution sites was drastically reduced — from 400 under the previous UN-coordinated response during the ceasefire — to just four.⁷ These sites are managed by the newly established GHF, an organisation with no prior humanitarian experience. The sites are located within heavily militarised zones under Israeli military evacuation orders, “secured” by private American armed contractors, with the Israeli military maintaining control over the wider perimeter.⁸ MSF, alongside the UN and the wider humanitarian community, cautioned that the proposed scheme, led by the GHF, not only violated core humanitarian principles but also posed serious safety risks for Palestinians.

The GHF is a company registered in Delaware, in the US. Its funding sources are opaque, but it has received US\$30 million dollars from the US State Department and another US\$100 million in ‘start-up money’ from a government that GHF has declined to identify.⁹ It is clear that the GHF operates in close coordination with Israeli authorities and military forces on the ground — updates on GHF activities are posted on an official Israeli government website.¹⁰ The GHF operates four distribution sites: three in southern Gaza and one in central Gaza. The opening and closing times of the sites are haphazard. The GHF announces via social media when the sites will be open for distributions. Often these notices appear in the middle of the night and provide less than 30 minutes’ notice.¹¹ The sites can ‘open’ and ‘close’ within minutes.¹² The GHF publishes on Facebook “safe routes” to the sites, ignoring the fact that Palestinians often travel to the sites in the dark and that surrounding landmarks have been destroyed, making these “safe routes” almost impossible to follow.

7 ‘Gaza: Starvation or gunfire — not a humanitarian response’ (NRC, 1 July 2025), available [here](#).

8 OCHA Briefing: ‘Gaza/Militarized Distributions’ (31 May 2025), available [here](#).

9 ‘Exclusive: US to give \$30 million to Gaza aid operation despite violence concerns’ (Reuters, 24 June 2024), available [here](#); ‘The for-profit companies behind Israeli-U.S. nonprofit Gaza aid plan’ (21 July 2025), available [here](#).

10 For example, see: <https://www.gov.il/en/pages/gaza-humanitarian-foundation-operational-update>

11 ‘Inside Gaza’s “Death Traps”’ (Financial Times 13 July 2025), available [here](#).

12 ‘Eleven-minute race for food: how aid points in Gaza became “death traps” — a visual story’ (The Guardian, 22 July 2025), available [here](#).

The GHF sites were opened after the Israeli authorities imposed an 11-week blockade on Gaza, in which no food (either commercial or humanitarian), fuel or medicine were able to enter the Strip.¹³ The GHF claims to have distributed 87 million meals over two months; even if accurate, this would amount to significantly less than one meal per person per day.¹⁴ Many of those who succeed in reaching the distribution sites do not receive any rations at all. In addition, the boxes of food at the distributions primarily contain dry goods, despite the fact that people lack clean water and the fuel needed to cook dry goods.¹⁵ At the time of writing, the food situation in Gaza is at its worst since October 2023. In two MSF health centres in northern and southern Gaza, we are seeing the highest number of malnutrition cases ever recorded by our teams in Gaza.¹⁶ On 29 July, the Integrated Food Security Phase Classification (IPC) issued an alert that the worst-case scenario of famine is currently unfolding in Gaza.¹⁷

MSF operates two primary healthcare centres, Al-Attar and Al-Mawasi, in direct proximity to two of the GHF distribution sites. Both health centres contain small emergency rooms to stabilise patients before referring them to facilities that can provide secondary healthcare. The health centres are not designed to be frontline responders to mass trauma cases. However, following the opening of the first GHF site on 27 May 2025, the health centres quickly became overwhelmed by dead and injured Palestinians coming from the distribution sites. Our medical teams, previously focused on providing primary healthcare, were forced to activate mass casualty response plans to cope with the influxes of wounded.

When the first injured people reached Al-Mawasi health centre, MSF's medical coordinator noted: "We quickly realised that a very high number of the injured arriving from the distribution sites had gunshot wounds." Shocked by how many people had been wounded while simply seeking food, MSF's health centre teams began systematically documenting "fresh intentional traumas". The individualised 'line list' of medical data records which of these injuries were sustained at the GHF distribution site.

13 'Humanitarian Situation Update #290 | Gaza Strip' (OCHA, 21 May 2025), available [here](#).

14 'Open the Gates to Save a Starving Gaza' (25 July 2025, International Crisis Group), available [here](#). 'The Gaza Starvation Experiment' (International Crisis Group, 6 June 2025), available [here](#).

15 'IPC Alert: Worst-case scenarios of Famine unfolding in the Gaza Strip' (IPC, 29 July 2025), available [here](#).

16 'Two MSF facilities in Gaza reach all-time high acute malnutrition levels' (MSF, 11 July 2025), available [here](#).

17 'IPC Alert: Worst-case scenarios of Famine unfolding in the Gaza Strip' (IPC, 29 July 2025), available [here](#).

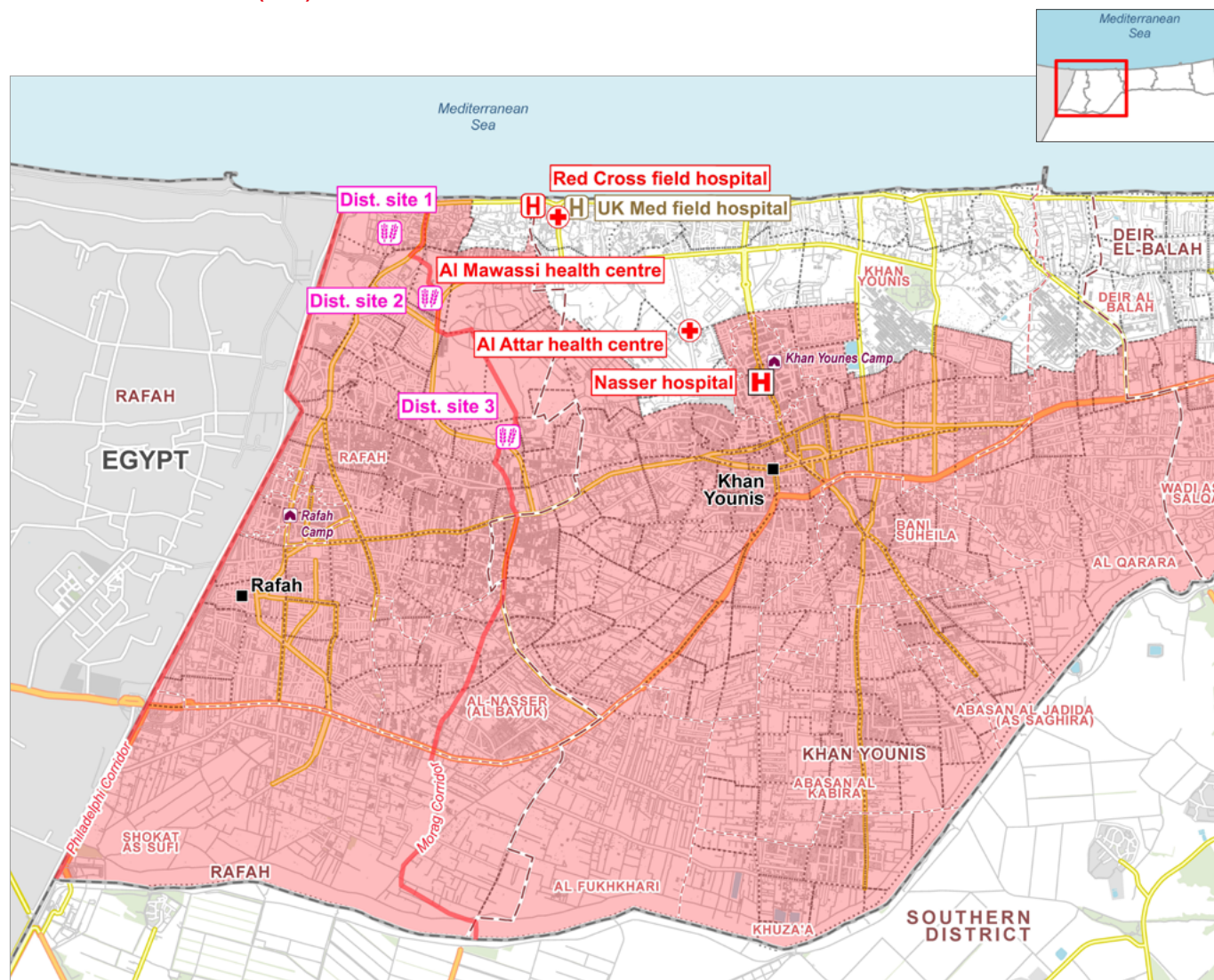
Locations of MSF's health centres in relation to GHF distribution sites

- Al-Mawasi health centre is the closest accessible medical facility to GHF distribution site 2, located in the Saudi neighbourhood of Rafah and commonly known as the "Saudi distribution site" or "Al-Shakoush". Due to its proximity to the site, Al-Mawasi health centre has recorded a significantly higher number of injured arrivals, many with gunshot wounds to the upper body, compared to Al-Attar health centre. Wounded individuals from distribution site 2 also have access to the Red Cross field hospital, located on Rashid Road in northwest Rafah, and the UK-Med field hospital in southwest Khan Younis.¹⁸
- Al-Attar health centre is located near GHF distribution site 3, commonly known as the "Khan Younis distribution site", in the Tina area of Rafah. Al-Attar health centre has received fewer severely injured patients than Al-Mawasi health centre. However, this does not indicate lower levels of violence at distribution site 3, but rather suggests that those with critical injuries are more likely to seek urgent care at Nasser hospital¹⁹ in Khan Younis, which is on a direct access route from the distribution site.

18 Note that distribution site 1 (commonly known as "Tal Sultan") is currently closed. When it was operating, injured people from this site commonly accessed the Red Cross field hospital, which is closer to the site than either of MSF's health centres.

19 This report draws upon medical data collected by MSF at Al-Attar and Al-Mawasi health centres, both of which are fully managed by MSF. Medical data from Nasser hospital was not included in this report, as MSF currently has a limited presence in the hospital's emergency room. This is due to repeated Israeli-imposed access restrictions around the hospital and to military activity, which has forced MSF to partially relocate activities to its mobile field hospital in Deir Al-Balah. In Nasser hospital, MSF continues to support four main paediatric wards with a total of 108 beds.

Occupied Palestinian Territory – Gaza Strip – MSF Health Facilities and Gaza Humanitarian Foundation (GHF) Distribution Sites



Legend

MSF Premises

- Hospital
- Health Centre

NGO Premises

- GHF Distribution Site
- Red Cross hospital
- UK MED field Hospital

No Go Zone & Blocks

- IDF - No Go Zone
- IDF Blocks

IDF Corridors

- Corridors

Populated Places

- Capital of Governorate

Camps

- Official IDP Camps

Roads

- Primary
- Secondary
- Tertiary
- Residential
- Other

Hydrology

- Seas & Lake

Landuse

- Building
- Urban Area
- Vegetation

Admin Boundary

- International
- Governorate
- Municipality

Sources

Populated Place: OCHA
 NGO Premises: OCHA
 Camps: OCHA
 Corridors: OCHA
 IDF Blocks: OCHA
 No Go Zone: IDF
 Road: OSM
 Water Body: OSM
 Boundary: OCHA
 Landuse: OSM
 Background: Hillshade - ESRI

Scale

1:130,000
 1 cm = 1.3 km
 0 1.25 2.5

METHODOLOGY

This report offers an initial medical account of injuries and killings which occurred at GHF distribution sites in Gaza over seven weeks in June and July 2025. It is based on medical data recorded by MSF teams, on patient testimonies and on interviews with international MSF medical staff overseeing operations at Al-Mawasi and Al-Attar primary healthcare centres. These staff directly managed repeated influxes of wounded individuals arriving from the nearby GHF sites.

Between 7 June and 24 July 2025, MSF teams recorded a total of 1,380 casualties attributed to violence at GHF distribution sites. Among them were 28 'black cases' — patients who were clinically dead on arrival at the health centres.

Detailed, individualised data — capturing age, gender, type of injury and cause of injury — was documented for 949 of these patients. The individualised data was collected in the 'line list', which is fully anonymised. These cases were analysed to identify trends in injury patterns associated with the two distribution sites. Patients were identified as coming from the GHF distribution sites based on their self-reporting and/or information shared by a caregiver, in addition to the timing and clustering of mass casualty arrivals following the announced opening and closing times of the distribution points.

The cases documented by MSF represent only a fraction of the overall casualties from GHF distribution sites, because:

- Patients with the most severe traumatic injuries are typically taken directly to secondary care facilities, bypassing primary healthcare centres whenever feasible.²⁰
- The area surrounding the distribution centres is also served by the Red Cross field hospital in Rafah, which has received a high volume of trauma cases, in addition to the UK-Med hospital in southwest Khan Younis.

On 12 July 2025, the International Committee of the Red Cross (ICRC) publicly reported that, since the establishment of the GHF sites on 27 May 2025, the Red Cross field hospital had treated more than 3,400 weapon — wounded patients and recorded more than 250 deaths — a figure that exceeds all mass casualties treated at the hospital prior to the opening of the GHF distribution sites.²¹

²⁰ Secondary health facilities are healthcare centres that offer specialist services. These facilities are typically hospitals, which could include field hospitals, and provide care from specialists such as internists, paediatricians, obstetricians and general surgeons.

²¹ ICRC, post on X (Formerly known as 'Twitter'), available [here](#).

The 949 cases analysed in this report offer only a small glimpse into the full scale of the carnage at GHF sites. Nonetheless, this constitutes a telling window into the extreme violence and inhumanity surrounding distribution sites that continue to be presented as “humanitarian”.

Witnesses to the carnage — primary healthcare centres on the frontline

Over a seven-week period (7 June — 24 July 2025), teams at MSF’s two health centres in the Rafah area received **a total of 1,380 casualties (both dead and injured) arriving from GHF distribution sites** — 965 at Al-Mawasi health centre and 415 at Al-Attar health centre.²²

For MSF’s medical team leader, the opening of the GHF sites marked a turning point in her assignment in Gaza: “Every day we would get reports from the health centres — how many injured arrived and were treated specifically after the distributions.” MSF teams systematically recorded cases received in terms of their triage status: green, yellow, red, blue or black. In a seven-week period, **MSF’s Al-Mawasi health centre received 91 ‘red cases’ coming directly from the GHF sites**; these are patients with life-threatening injuries who are likely to die without immediate intervention, but who have a high chance of survival if treated quickly. During the same period, **28 ‘black cases’ were recorded — patients who were clinically dead on arrival.**²³ These numbers were unprecedented at the health centre.

“I never imagined I’d face a situation like this — treating patients who had been directly shot while trying to get food. And it kept getting worse. We started seeing people arrive dead. Very young people. No identification. No family with them.”

MSF medical coordinator, July 2025

²² Of the 1,380 casualties received, individualised medical data was recorded in a line list for 949 of the patients. The imperative to provide lifesaving medical care and the fact that resources were so overstretched, particularly at the outset of the response, resulted in some gaps in medical records. Of the 1,380 casualties, 28 were ‘black cases’ — dead on arrival.

²³ Of the ‘black cases’, 27 were received at Al-Mawasi health centre and one at Al-Attar health centre during the time period analysed in this report (7 June — 24 July 2025).

The pattern of injuries linked to the GHF distribution sites was unmistakable. MSF teams became so accustomed to the influx of wounded following each distribution that they began monitoring the GHF's social media — used to announce site openings — to ensure that medical teams were in place ahead of time. MSF staff described watching crowds move up the road, carrying white sacks to carry food grabbed from the GHF boxes. MSF's nurse activity manager recalled the unmistakable link between distributions and injury:

"I see the roads get busy. I hear the hollering and heckling. I see people on carts with bags of food — then the injured begin arriving, almost at the same time.

I have patients with gunshot wounds who are literally carried in on the same plastic bags they used to collect food."

MSF nurse activity manager, July 2025

Where MSF teams were able to record individualised (anonymised) patient data, 96 per cent of those injured at GHF distribution sites were young men, most of them under the age of 30. This stark demographic reflects a grim survival strategy: families are sending the youngest and fittest to retrieve food. Young men who can walk through the night to reach the site first. Who can sprint ahead of the crowds to seize the meagre rations. Who can fight off looters and desperate civilians to hold onto their supplies amid the chaos.

"I'm an ordinary citizen, a university graduate, married. I have children — children I can't even feed. I went out just like the rest of the people. They told me there was American aid and other assistance. I didn't know what exactly, I just went to get some. **To get a bag of flour or a box of canned food for the kids.**

We walked for hours. As you're walking, you cry automatically. Not just for yourself — for the people, for all of us. In the sand near the sea, **suddenly I was shot. I was shot twice in the leg. No one could help me or carry me. Because everyone — everyone — was exhausted.**

It was an absolute disaster. It's like you're watching a fantasy movie. Horror films. Zombie movies. People running, terrifying scenes. No matter how much you describe or explain, you just can't put it into words."

Mahmoud, 39-year-old father of eight, 1 June 2025²⁴

24 Note that all names and ages have been changed to protect the confidentiality of individuals who provided their personal accounts to MSF. Fully informed consent was obtained and testimonies collected were anonymised.

Palestinians with specific vulnerabilities and mobility constraints — people with disabilities, the elderly, the chronically ill, the injured — are effectively cut off from seeking aid. Aid is not reaching the most vulnerable based on need. Primarily it is young Palestinian men who are forced to risk their lives for a small amount of food. **MSF's nurse activity manager described how the young men who arrive at our clinics are normally covered in sand and dust from time spent lying on the ground while taking cover from flying bullets.** This is not a safe, dignified or accessible humanitarian response. It is a brutal competition for survival.

The cost of “aid” — gunshot wounds from GHF sites

Over the course of seven weeks in June and July, MSF teams received 28 dead bodies in our two health centres in the Rafah area. All but one were young men, aged approximately 20–30, with gunshot wounds to the upper body. MSF's medical team leader noted that it was unusual for a health centre to receive bodies — “normally they would go straight to the morgue”— but, since the opening of the GHF distribution sites, “the morgues have exceeded their capacity.”

Of the 949 cases where MSF recorded individualised data on “fresh intentional traumas”, 887 patients were injured at the GHF sites, **20 per cent of whom had gunshot wounds.** While most gunshot victims were young men, MSF teams also treated **at least seven female patients with gunshot wounds, including a 70-year-old woman with a gunshot wound to the head. She did not survive.**

MSF's medical coordinator described how, as soon as the GHF publicly announces opening times for the distribution sites, young men begin long journeys to reach the sites in order to maximise their chances of receiving some of the limited aid distributed. The distribution sites are located in areas fully under Israeli military control. **Civilians who enter these zones before the official ‘opening time’ risk being fired on with live ammunition — a form of indiscriminate and deadly “crowd control.”**²⁵ A former contractor working for the GHF has described directly witnessing colleagues

²⁵ The use of indiscriminate fire into crowds of civilians may amount to a violation of international humanitarian law, as civilians (i.e. persons not participating in the conflict) must be protected from attacks.

— American security contractors — opening fire on crowds of departing Palestinians, including a group of women, children and elderly people who were reportedly moving too slowly away from the site.²⁶

In line with this, testimonies from our patients describe scenes of mass chaos at the distribution sites, with desperate and hungry civilians being met with live ammunition and panicked stampedes.

“We heard about the aid centre in Rafah, in the Al-Sultan area. I went there with some young men from my family. We went around 11 pm. Because it’s usually very crowded there. Extremely crowded. If you go any later, you won’t get anything. About 30,000 people, or maybe even 300,000 people, had come from the north and the south to reach the aid.

We arrived and started advancing; people were already ahead of us. We got close to the Al-Alam roundabout. **At around 3 am, heavy gunfire started.** There was gunfire from the quadcopter, from the Apache helicopter, from tanks, from naval boats, and from the soldiers themselves. There were a lot of injuries.

A bullet struck my leg. At first, I thought my leg was gone. I was wearing jeans and a belt. I took off the belt and tied it around my leg. We remained trapped in the area until 5 am. **I was bleeding from 3.10 until 5 am. Constantly bleeding. There were many young guys with me. One of them tried to get me out. He got shot in the head and died on my chest.**

We had gone there for nothing but food — just to survive like everyone else.”

Omar, 23-year-old displaced Palestinian, 1 June 2025

An initial analysis of the physical location of gunshot wounds among patients arriving at Al-Mawasi health centre from distribution site 2 (in the Saudi neighbourhood of Rafah) found that **11 per cent of the gunshot injuries were to the head and neck, while 19 per cent were to the thorax, including the chest, abdomen and back.** In contrast, patients arriving at Al-Attar health centre from distribution site 3 (the “Khan Younis distribution centre”) were much more likely to present with gunshot wounds to the lower limbs. **The anatomical precision of these injuries strongly suggests intentional targeting of people within the distribution sites, rather than accidental or indiscriminate fire.**

²⁶ ‘Gaza aid contractor tells BBC he saw colleagues fire on hungry Palestinians’ (BBC News, 3 July 2025), available [here](#)

MSF medical teams do not conduct investigations to identify perpetrators. However, it is important to underscore that the sites are “secured” and under the control of the Israeli military, making the presence of armed Palestinian groups in these areas highly unlikely.

CHILDREN WITH GUNSHOT WOUNDS

Perhaps most disturbing of all the medical data is the number of children with gunshot wounds. **In just seven weeks after the GHF sites opened, MSF teams treated 71 children with gunshot injuries: 25 aged 0–14, and 46 aged 15–17.** Individualised patient data confirmed that 41 of these children were shot at or near GHF distribution sites. The remaining 30 arrived at MSF health centres as part of mass casualty influxes that coincided with the opening or closing of GHF sites and presented with fresh wounds, strongly suggesting a link to the distributions.²⁷

The injured children included:

- An eight-year-old girl with a gunshot wound to the chest and signs of internal bleeding, who was rushed to Al-Mawasi health centre with one of her parents, before being transferred to a secondary healthcare facility.
- A 12-year-old boy with a gunshot wound in which the bullet had passed right through his abdomen, who arrived at Al-Attar health centre unaccompanied. The child had gone to the distribution site on his own and was in the health facility alone, without a caregiver. The boy was stabilised and transferred to Nasser hospital, still alone; no one had been able to identify his family.
- A 17-year-old boy with a depressed skull fracture from a gunshot wound to the head; he was transferred to Nasser hospital as a ‘red case’. The nurse activity manager overseeing his transfer noted that it was unlikely he would survive the injury.

On one particular day in Al-Mawasi health centre, 19 injured patients were brought in from the GHF sites. Among them were two boys aged 17 and 15, both with gunshot wounds. MSF’s nurse activity manager described how the boys lay side by side in the emergency room; they were strangers brought together by the same reality, simultaneous child casualties of this new “aid distribution” scheme.

Speaking to families in our health centres’ emergency rooms, it was clear that many of the children shot around GHF distribution sites were accompanying

²⁷ The exact location or cause of injury was not documented in the line list, likely due to the overwhelming demands on medical teams at the time. One additional case, involving a child with a gunshot injury who was wounded in intercommunal violence, is not included in this overall figure.

a parent or older sibling. Even though the children themselves may not have entered the fenced distribution circuit, they were exposed to the risk of violence. **“When the quadcopters are around and they are shooting... that is it,”** explained MSF’s medical coordinator. **Children are being killed in the context of indiscriminate live fire into large crowds of people surrounding the GHF distribution sites.**

“We were in Al-Mawasi at around 11 am. It was one of the first days the Al-Shakoush distribution site had opened, so we expected a few patients might come in — but we had no idea of the scale.

The first patient we received was a boy, around 10 years old. He had a severe traumatic brain injury and was full of shrapnel. We carried out the initial lifesaving steps: we dressed his wounds, gave him IV fluids and began resuscitation. But neurologically he was barely responsive — a GCS [Glasgow Coma Scale score] of seven out of 15. He wasn’t really connecting.

We referred him to another international field hospital for more advanced care. After contacting them, they told us he urgently needed neurosurgery, but they didn’t have the capacity. So they transferred him to Nasser hospital.

At Nasser, we couldn’t track the patient [the child] anymore; the volume of casualties was overwhelming. There were so many wounded arriving at once. **He was extremely unstable. Given the severity of his injuries, we assume he didn’t survive.**

This first case deeply affected the team — because it was a child. After that, we saw many young men, 20 to 30 years old, with gunshot wounds. But this was just a child. According to his father, they were on their way to the distribution site when they were hit.”

MSF medical coordinator, July 2025

A mother whose 16-year-old son was treated for a gunshot wound in Al-Mawasi health centre told the medical coordinator that her son was the only male in their household able to make the journey to the GHF sites — the others were all elderly. **This pattern highlights the impossible choices families are forced to make — to send their children into lethal environments simply to access food, or for the whole family to stay hungry.** In other cases, teenage boys — restless and out of school for nearly two years — are drawn to the distribution sites by a desire to bring something home to their families, without fully grasping the extent of the danger.

The Israeli military's assertion that gunfire is only directed at suspects who pose a threat to troops is deeply implausible when 26 children under 15 have been shot, five of them young girls.²⁸ The level of violence is so extreme around GHF sites that UNICEF has issued a public warning urging parents not to send their children to the distribution sites.

Girls under 15 years old with gunshot wounds from distribution sites treated at MSF health centres (7 June – 24 July 2025)

Al-Attar health centre:

- 7 July 2025: 14-year-old girl with gunshot wound to the right foot
- 22 July 2025: 12-year-old girl with gunshot wound to the right thigh

Al-Mawasi health centre:

- 24 June 2025: eight-year-old girl with gunshot wound to the chest
- 2 July 2025: 13-year-old girl with gunshot wound to the chest
- 19 July 2025: 14-year-old girl with gunshot wound to the left side of the neck

28 'It's a Killing Field': IDF Soldiers Ordered to Shoot Deliberately at Unarmed Gazans Waiting for Humanitarian Aid' (Haaretz, 27 June 2025), available [here](#)



GAZA © NOUR ALSAQQA

Generalised violence at GHF distribution sites

A core principle of humanitarian aid is that it must be delivered in conditions of safety and dignity. The ethic of ‘do no harm’ requires that assistance — including food distributions — must not expose people to further harm. From the outset, humanitarians warned that forcing a starving population to rely on just four distribution sites — compared to the 400 that operated during the ceasefire — would significantly increase physical safety risks for Palestinians accessing aid. In practice, Palestinians who manage to reach the distribution sites face stampedes, suffocating crowd surges, violent looting, fights over aid and lethal “crowd control” measures.

Palestinians are funnelled through what have been described as metal “caged alleys” leading up to the distribution point. In these cramped enclosures, thousands jostle shoulder to shoulder, bracing for the sprint forward to reach the food. Many come away empty-handed.

Those who manage to secure some rations then face the risk of violent looting and theft of aid by other starving Palestinians. MSF’s medical team has been obliged to add a new acronym to our patient registry: “BBO” — Beaten By Others. This refers to individuals injured in violent scrambles for food — either in the crush of the crowd or by being beaten and robbed of their supplies immediately after receiving them. **People are quite literally being forced to fight for food to survive. Human dignity has been stripped to a bare minimum. This is dehumanisation by design.**

“I have four young children. I had no food, nothing at all — not even a piece of bread, no flour, nothing. They said there was an aid point by the sea. We said we’d go get something for the kids.

You find [at the GHF distribution site] what seems like two million people gathered around five pallets of food. **They tell you to enter, you go in, you grab what you can — maybe a can of fava beans, a can of hummus. Then a minute later, gunfire comes from every direction. Shells, gunfire — you can’t even hold onto your can of hummus.** You don’t know where the gunfire is coming from.

People were running over each other. You can’t imagine how people were all running. You don’t know who is with whom — everyone just wants to flee. I didn’t even realise I had been shot. While I was running, I collapsed to the ground. **Everyone is screaming. You can’t even tell what they’re screaming about.**

Whoever tells you it's aid — this is not aid. Are we supposed to go get food for the kids and die?"

Ahmed, 1 June 2025

Between 7 June and 24 July 2025, MSF received 196 patients with injuries classified as 'physical assault' resulting from chaotic scenes where a minimal number of aid boxes were placed on metal tables with no effective crowd control.²⁹ **Twenty-one per cent of those injured in crushes, stampedes and assaults were children (i.e. under 18 years old).**³⁰ **Among them was a five-year-old boy with head injuries brought to Al-Mawasi health centre.** One of MSF's health centres recently received the body of a woman **who appeared to have suffocated to death, most likely asphyxiated in a crowd crush as people rushed to grab meagre rations.** On the same day, 16 July 2025, Nasser hospital received approximately 20 Palestinians who reportedly died of asphyxiation in a crowd crush at the distribution sites. Many other people have sustained barbed-wire lacerations after being pushed into the fencing that surrounds the distribution areas — often during panic-driven crowd surges or stampedes triggered by gunfire from the contractors "securing" the site.

Even the "non-lethal" crowd control measures used by contractors at the distribution sites are violent and dehumanising. MSF's medical coordinator reported treating multiple patients with severely aggravated eyes after being sprayed at close range in the face with pepper spray. The nurse activity manager described one man who was "losing it" — he was in intense pain after being pepper-sprayed in the genital region. The close range at which this man had been sprayed indicated that the incident occurred while he was trapped in the fenced area.

What Israeli authorities and the GHF portray as "lifesaving relief" is instead the cause of violence, injury and trauma. The medical data is difficult to refute. **MSF's health centres, which happen to be located near the GHF sites, now place biweekly orders for body bags.**

29 The 196 cases of 'physical assault injuries' only includes cases resulting from the GHF distribution sites. This number does not include physical assault injuries which occurred in the context of violent lootings/theft of aid.

30 A total of 56 children were brought into MSF's two health centres with physical assault wounds linked to GHF distributions between 7 June and 24 July 2024. This included 27 children under the age of 15.

A medical response under strain

To cope with the influx of injured patients from the GHF distribution sites, MSF has been forced to expand its small emergency rooms in the health centres, including one bed specifically designated for deceased patients. MSF's medical team leader described feeling a sense of relief when GHF distributions were scheduled to occur during the day, rather than at night, when distributions sometimes occur — knowing that, in the daytime, it would be easier to mobilise additional medical staff to handle the predictable surge in casualties that would inevitably follow.

The already limited medical supplies in MSF's health centres have rapidly depleted. **At Al-Mawasi health centre, the number of wound dressings provided by the medical teams increased by 206 per cent in the four weeks following the opening of the GHF sites on 27 May, compared to the four weeks prior to their opening.** As explained by MSF's medical team leader, "even a 'green case' such as a bullet graze to the calf is a substantial injury," especially in a context where access to healthcare is limited and medical supplies are stretched thin. She recalled the surge in consumption of gauze, one of the most basic medical items:

"The pharmacist told me the amount of gauze we were using in just one week after the GHF sites opened was what we'd normally consume in an entire month."

MSF medical team leader, July 2025

Having stabilised patients with gunshot wounds, the next challenge facing medical teams is the lack of available ambulances to transfer the injured to secondary healthcare facilities — especially for the most severe cases who would not survive being transported in ordinary vehicles. The prolonged waiting times place immense strain on both patients' families and MSF medical teams, who are left fighting to keep their patients alive while waiting for emergency transport that may never arrive.

Even when an ambulance arrives, it is not always clear if a hospital can be found with the capacity to receive the patient, as hospitals in Gaza are already overwhelmed by mass casualty incidents. MSF's nurse activity manager described her dread when ambulance staff informed her that a 17-year-old patient with a gunshot wound whom they had managed to stabilise could not be transferred to Nasser hospital, which was dealing with a mass casualty incident and not accepting any new patients. The nearest field hospital, run by another international medical organisation, was also turning patients

away. As a last resort, the patient — suffering a gunshot wound with vascular compromise — was sent to a facility without vascular surgery capacity, simply because no other hospital could take him. Amid the chaos and collapse of the medical system, we do not know if he survived.

Gaza's entire healthcare system is buckling. Relentless bombardments — and now the violence at GHF distribution sites — send a constant stream of mangled and lifeless bodies to emergency rooms already pushed past their limits. Patients are brought to sleep-deprived medics who themselves have been displaced from their homes, are living in plastic shelters and are surviving on a single meal a day.

Conclusion

Humanitarian aid is an expression of our shared humanity. It exists to relieve suffering, protect life and uphold dignity — grounded in the simple, profound truth that every human life matters. In complex settings where humanitarians operate, there are minimum standards that guide how aid is delivered to those most in need. Any “aid distribution” that results in mass death, injury and trauma, repeatedly over more than two months, is a brutal mockery of the term ‘humanitarian’.

“Children shot in the chest while reaching for food. People crushed or suffocated in stampedes. Entire crowds gunned down at distribution points. In MSF's 54 years of operations, rarely have we seen such levels of systematised violence against an unarmed civilian population, while masquerading as ‘aid’. **The GHF distribution sites have morphed into a cruelty lab.**”

MSF general director Raquel Ayora

The injuries and deaths we have seen coming from GHF sites for more than two months are not one-off incidents related to issues around ‘crowd management’. This violence is systematic. **The 1,380 casualties received by MSF staff in our health centres are only a fraction of the total number of casualties from GHF distribution sites.** The medical data and patient testimonies documented here offer just a glimpse into the full scale of the violence. But that glimpse is damning. Children shot while reaching for food. People suffocating in stampedes. Civilians beaten, crushed and psychologically traumatised in the very place they seek relief. **Nowhere else**

in the world where MSF operates — including in the most volatile conflict zones — would this level of violence around an “aid distribution” site be tolerated.

The GHF system represents a further dehumanisation of Gazans — particularly of young Palestinian men — that is tolerated, and even facilitated, under the guise of providing humanitarian aid. The system is a deadly distraction — a smokescreen for the systematic starvation of Palestinians. But the images of emaciated children speak for themselves. Effective, impartial aid must be allowed into Gaza at scale and without delay.

The scale of carnage and violence has been personally harrowing for our teams. MSF’s medical coordinator — a highly experienced staff member who has worked in multiple conflict settings — described being deeply shaken by what she witnessed from the GHF distribution sites. Another international staff member, reflecting on her time working at one of MSF’s health centres in Rafah, questioned how she could ever return to “normal life” after such an experience. What we are witnessing in Gaza is transgressing the boundaries of comprehensible violence.

“I’ve worked in many war zones and violent conflicts with MSF, but I have never seen anything like this. I was prepared to treat war-wounded patients — injuries from explosions or shelling — but I was not prepared for this. **This has been one of the hardest experiences of my life: watching people severely injured or killed simply for trying to get food. None of us were prepared for that.**

What strikes me most is how desperate people must be. They know the risks. They know the killings are ongoing. And still they walk through an active conflict zone just for one packet of spaghetti and three bottles of oil. Can you imagine the level of desperation that drives someone to do that?

The violence we are seeing — it’s serious. Really, really serious. **People are being shot like animals. They’re not armed. They’re not soldiers. They’re civilians carrying plastic bags, hoping to bring home some flour or pasta. My question is: how high is the price they have to pay for one bag of food?”**

MSF medical coordinator, July 2025

This is not humanitarian aid. This is institutionalised violence inflicted on a starving population under the banner of “assistance”. The GHF distribution sites fall dangerously short of any recognised standard for safe and dignified humanitarian distributions. This must stop now.

Key asks

For more than two months, MSF has treated patients who were injured at GHF distribution sites and received the bodies of people killed there. Such outcomes would be utterly unacceptable to any humanitarian organisation, regardless of the complexity of the conflict. As MSF, what we have witnessed in our health facilities leads us to the conclusion that the GHF lacks the experience and professionalism to conduct safe, dignified and effective aid distributions. The gravity of the situation in Gaza — the near apocalyptic levels of hunger — do not leave room for “experimentation”. MSF therefore issues the following urgent calls:

To the Israeli authorities:

- **Immediately cease the GHF distribution mechanism**, which has proven to be deadly, degrading, dangerous and counterproductive.
- **Lift the siege and open all borders**. The Israeli authorities must open **all land border crossings** to allow for the rapid, safe and unhindered entry of both commercial goods and humanitarian aid, removing arbitrary ‘dual-use’ requirements.
- **Facilitate relief operations** by impartial and professional humanitarian agencies, allowing assistance to reach the most vulnerable people, wherever they are located in Gaza, as is required by an Occupying Power under international humanitarian law.
- **Ensure the entry of food into Gaza at sufficient scale and speed** — through both humanitarian and commercial channels — to confront the growing starvation. A massive scale-up of lifesaving supplies into Gaza will relieve the existing pressure on aid convoys.
- **Re-engage with the UN** to resume the delivery of lifesaving humanitarian assistance through pre-existing channels, including the proliferation of distribution points (recalling that approximately 400 distribution points existed during the ceasefire), along with the reopening of bakeries and door-to-door deliveries for people with specific needs, in order to reduce safety risks around aid distributions and ensure that people with specific needs are reached.
- **Improve the safety of humanitarian and medical staff** through ensuring effective humanitarian notification systems are in place to allow professional, impartial humanitarian agencies to undertake relief operations at scale.

To UN member states:

- **The US should immediately cease diplomatic and financial support** to the GHF, particularly in the light of serious allegations by a former US contractor who reports witnessing acts that may constitute war crimes committed by American personnel at the distribution sites.³¹
- **Refrain from funding the GHF distribution mechanism**, which has demonstrably failed to deliver safe, dignified and effective humanitarian aid to civilians.
- **Strongly denounce the violence at GHF sites** and call for the dismantlement of the GHF, which has proved incapable of safely meeting the needs of the civilian population in Gaza.
- **Exert all available diplomatic and political leverage** to pressure Israeli authorities to restore the UN-led humanitarian coordination system and lift the siege on Gaza in order to allow the necessary humanitarian supplies to enter at scale.
- **Demand that Israeli authorities take concrete measures** to enable humanitarian assistance to reach all civilians in need, wherever they are, and on a scale necessary to address the escalating humanitarian crisis, including acute food insecurity.
- **Call for an independent investigation** into the potential violations of Israeli domestic law and international criminal law which have occurred at GHF distribution sites, including the indiscriminate and targeted use of force against unarmed civilians.

See annex “GHF score card” below.

31 ‘I witnessed war crimes’ in Gaza, former worker at GHF aid site tells BBC’ (BBC News, 26 July 2025), available [here](#).

Annex

GHF score card on compliance with humanitarian standards

HUMANITARIAN STANDARD (SPHERE STANDARDS)

GHF COMPLIANCE WITH HUMANITARIAN STANDARDS

Targeted assistance

Humanitarian aid must identify and prioritise those most in need, based on the vulnerability criteria.

Failure — The GHF distributions are based on generalised public announcements via social media that the sites are open. There is no prior identification of people with specific needs, such as female-headed households, child-headed households, older people, and people with disabilities or chronic illnesses. Operating on a ‘first-come, first-served’ basis, supplies are effectively accessed by the fittest — by those able to walk long distances and physically fight for supplies — and not by those most in need.

Blanket food distributions could be a viable humanitarian tool if they were accessible to all vulnerable groups and sufficiently met the population’s needs. The quantity of food distributed via GHF is woefully insufficient and appears to bypass those most in need.

Safety and dignity

Humanitarian aid providers must ensure distribution sites are safe (especially for women, children, elderly persons and persons with disabilities).

Failure — ICRC has reported seeing 3,400 weapon-wounded patients and recorded more than 250 deaths (as of 12 July 2025) coming from GHF distribution sites in southern Gaza.³² This is in addition to the casualties received by MSF and other medical organisations. The GHF has clearly failed to ensure that food distributions occur in conditions of safety.

“Crowd control” mechanisms have utilised unacceptable levels of violence. MSF teams are treating patients with severe barbed-wire lacerations sustained from the fenced ‘circuits’, and received multiple patients who have been pepper-sprayed directly in the face, and even in the genital area. At least one woman has suffocated to death during a crowd crush at a distribution site.

Israeli authorities’ statements that only people “acting suspiciously”, or posing a direct threat, are shot is highly implausible, given the number of young children with gunshot wounds. In the first seven weeks after the GHF sites opened, MSF teams treated 71 children with gunshot injuries — 25 aged 0–14 and 46 aged 15–17. Cases treated by MSF teams included an eight-year-old girl shot in the chest, a 10-year-old boy with a gunshot wound to the head, and a 14-year-old girl with a gunshot wound to the head.

32 ICRC, post on X (Formerly known as ‘Twitter’), available [here](#).

Accessibility:

Humanitarian sites must be accessible/ensure aid is physically and logistically accessible (location, time, language).

Failure — Distributions are limited to just four sites (or fewer, as sites are often temporarily closed), all located in highly militarised zones. To access them, civilians must walk long distances — often up to 10 km. This is in contrast to the 400 distribution points under the UN-led coordination system during the ceasefire.

Many people undertake dangerous journeys through the night, hoping to arrive by morning to secure aid before it runs out. This exposes already vulnerable people to additional risk, exhaustion and potential violence (including the risk of aid being looted after distributions).

The vast majority of those who attempt to access the sites are young men. Following the first “all-women” distribution run by the GHF, MSF received at least one woman who had passed out from exhaustion after waiting at the site in temperatures of up to 34 degrees Celsius (94 Fahrenheit). Older people and people with disabilities and chronic illnesses are likely to face severe challenges accessing the sites.

Transparency:

Humanitarian actors must transparently inform communities about what is being distributed, why, when and how.

Failure — Information on site openings and closures is delivered in a haphazard and inconsistent manner, often disseminated informally through Telegram channels or other social media platforms. There are multiple reports of distribution sites being declared open, only to be shut down again within minutes — leaving civilians confused, vulnerable and at increased risk as they scramble to respond in real time to the evolving situation.

Monitoring and adjustment:

Humanitarian organisations must continuously evaluate if the distribution is working and adapt if needed.

Failure — While the Israeli military has publicly stated it would review incidents involving mass casualties, adjustments made to the GHF distribution system appear to be have inadequate and insufficient, as civilians continue to be killed and injured in and near the distribution sites.

Complaints and feedback systems:

Humanitarian agencies must establish workable complaints and feedback systems to allow affected people to raise concerns and get answers.

Failure — Widespread complaints about the violence, killings and injuries at the GHF sites have received no meaningful or substantiated response. While the Israeli military has stated it would review specific incidents, no transparent investigation or accountability process has been carried out to ensure non-repetition of deaths and injuries. Meanwhile, civilians attempting to access these sites have no mechanism to report or raise urgent safety concerns.
