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## News

## **EVA MILLETT** speaks to Dr lain Lennon, who has spent weeks working at the World Health Organisation field hospital in southern Gaza

A DERBY doctor has returned from war-torn Gaza with a first-hand account of the brutal conditions facing patients and frontline medics.

Dr Iain Lennon, an emergency medicine consultant at the Royal Derby Hospital, has spent weeks working at the World Health Organisation (WHO) field hospital in southern Gaza with UK-Med, a Manchester-based emergency medical charity.

Since January 2024, UK-Med has been operating two emergency field hospitals in Gaza, treating nearly half a million patients in response to the humanitarian crisis.

Dr Lennon, aged 53, has 25 years' experience working with the NHS and UK-Med. He has treated patients as part of the Rohingya emergency in Bangladesh in 2017, and the Covid-19 pandemic.

He described the experience in Gaza as unlike anything he had faced before, despite having been on previous deployments to the region.

Dr Lennon said: "Places I've been before tended to have something of a functioning medical system, but Gaza's medical system is very much hanging on by a thread now in terms of its own capacity. It's a very different environment to be in."

UK-Med's two field hospitals are among five still standing on the Gaza strip and a drop in the ocean needed to serve the 2.1 million population that remains, many of whom have been displaced many times over.

The UK-Med type 2 hospital, where Dr Lennon was based, treated hundreds of patients each day. UK-Med says a type 2 hospital offers primary health care.

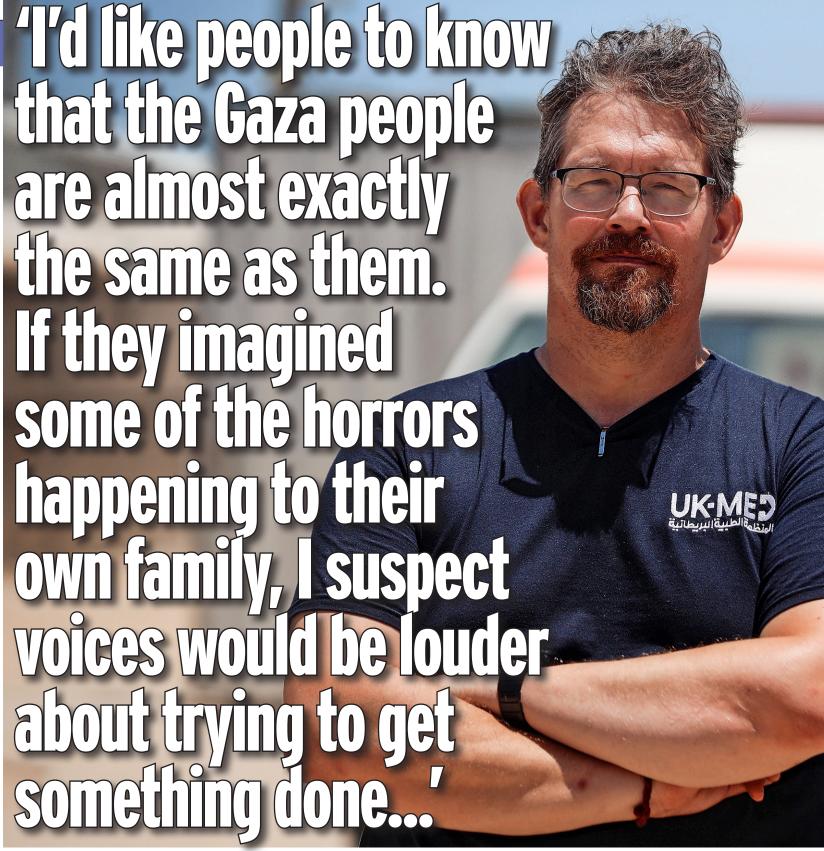
It normally accommodates up to 100 patient beds and offers services in emergency and trauma surgical care, obstetric and newborn care, nutrition, child protection, mental health, and services for women and girls who have experienced violence.

Dr Lennon said: "The vast majority of the patients who attend the UK-Med hospitals are coming seeking basically primary health care support. But on top of that, our emergency departments were seeing upwards of 120 patients a day.

'Our emergency department at the type 2 hospital at the UK Med Hospital is seeing 120 patients a day.

"That could be anything from people with, again, fairly normal medical conditions to somebody who had been shocked or who may have been injured in an explosion or may have sustained significant burns. All of these things happen.

"We tended to see the traumatic things where people had been injured in batches, so an event would happen nearby and then we would see a significant number of patients come from that event."



UK-Med staff were also supporting the emergency department of the Nasser Hospital complex in southern Gaza, where patients who were critically injured were transferred. Dr Lennon was in regular contact with the Nasser Hospital regarding capacity, and generally visited it two to three times a week.

The international team of medics he was with was based in a heavily secured "deconpound, meaning both Israeli and Palestinian authorities were informed of the hospital's location and had agreed not to target it.

The compound was based next to the type 2 hospital, meaning staff only had to walk through a door to get to work.

Despite the security measures, conditions remained precarious.

Access to basic supplies was a constant concern and was one of the main challenges faced by staff.

Dr Lennon said: "This is without a doubt the most extreme example I've seen of a lack of resources. The

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first time I was in Gaza we were short of things like paracetamol.

> 'There were where moments we nearly ran out of something. It was getting harder harder by the time I was leaving because there was little in the way of resupply."

Dr Lennon said that while the field hospital was generally well equipped, the rest of the Gaza Strip had almost no functioning infrastructure, making referrals and broader care difficult.

Mental health was also a growing concern for both patients and staff.

Dr Lennon said: "I was constantly amazed at how much they were still thing to make it a little better. able to function. They were coming to work in a hospital but at the same time they were living in a tent; their friends and family members were being injured and dying.

occasions, where somebody able to return to Gaza City. couldn't come to work because He said: "The population somebody else in their family had been injured or killed.

'Whereas I'm there on a limited deployment and I know that come the end of my month I'm going to be going home, and they have been mental health load will be on the there since this particular episode kicked off in October."

Despite the challenging conditions, Dr Lennon said international due to the severe lack of resources. staff made a strong effort to support one another and maintain morale.

He said: "The international team for UK Medicine are pretty good. We improving every day. The final aim is support each other, and on deployments we all recognise how difficult in their current environment, and the situation is. It's awful for the Pal- that may well be a tent. Those are the

awful. We say we're all doing some-

Dr Lennon said the toll on the population's mental health was clear to see. He described meeting patients who showed him videos of the ruins of their homes, filmed dur-"That's happened on a number of ing a brief ceasefire when they were

> He said: "The population is really quite damaged, unsurprisingly, by what's going on. Everybody has a story to tell, even if it's just not being able to access meat for six months. It's impossible to guess what sort of population."

Dr Lennon said even patients with injuries were taking weeks to heal

He said: "Some of these people have life-altering injuries and it's difficult to see even when they are to be able to get them back to cope estinian people and we recognise it's hardest ones, knowing you're mak-