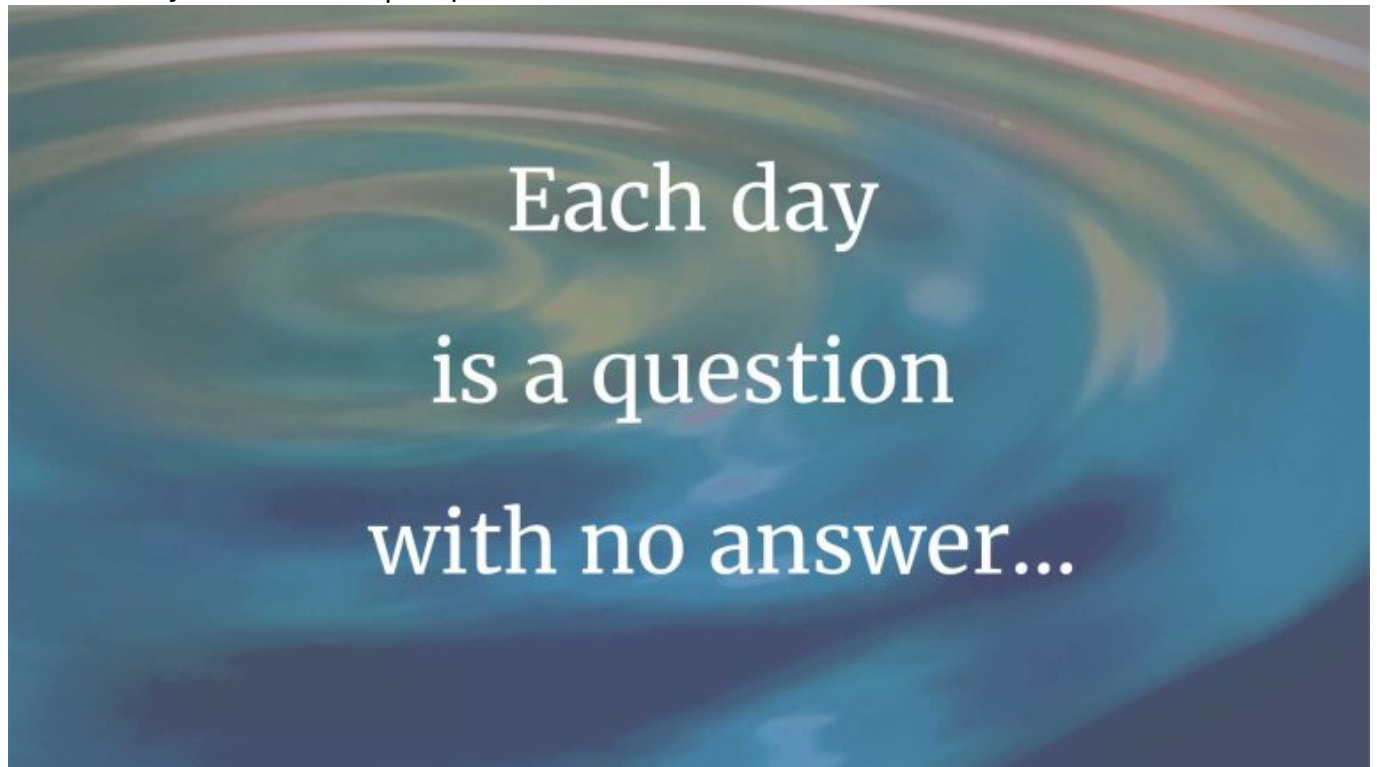


Dialyzing in a War Zone

Category: Stories

written by Saleh Jad | September 16, 2025



I was born and raised in the city of Hebron in the West Bank, the part of historic Palestine that is governed by the Palestinian Authority. I recently graduated from Hebron University School of Medicine, established in 2019. Here is a brief description of what it's been like to study medicine here over the past six years.

To many, the existence of a medical school in Hebron comes as a surprise. Yet, under the shadow of military occupation and adversity, our education continues—demanding, unyielding and intimately tied to the realities that shape our lives.

Growing up in Hebron, my life was filled with simple joys—playing football with friends in the streets and diving into computer games after school. I was always a dedicated student, but my early studies weren't shaped by a passion for medicine.

In high school, I began to think seriously about how I could leave a lasting impact on the world. Medicine emerged as the most meaningful way to do that. It wasn't just a profession—it was a promise of service, of using knowledge to heal, of standing for something bigger than myself.

As expected, medical school has been demanding, filled with long hours, relentless reading and intense pressure. And beyond the academic challenges, my experience has been shaped by the Israeli occupation.

From the very beginning, my classmates and I found our journey as students

marked by challenges. The construction of our university hospital was abruptly halted due to military restrictions. Although the land designated for the project is under the jurisdiction of the Palestinian Authority, construction has been prohibited, and it's not certain if the plan will ever proceed.

As a result, my classmates and I have had to travel through checkpoints to hospitals in distant cities for our clinical training. This constant travel has taken a heavy toll on our time, energy and limited financial means. During our neurology rotation, for instance, we had to travel to Ramallah, fifty kilometers from Hebron. Rather than make the time-consuming daily commute, many of us opted to rent apartments in Ramallah for the duration of the training period.

Even before the attack by Hamas on October 7, 2023, military checkpoints blocked the roads between cities. After October 7, things became even harder, with more checkpoints on the roads. Getting through these depends on the mood of the soldier in charge. Sometimes he only asks for ID cards; other times, he searches the car and driver—or he may even attack the people trying to pass through.

Severe staff shortages and dwindling resources are making it hard for hospitals to keep functioning. And patients and healthcare workers alike must live and work beneath a suffocating cloak of uncertainty and fear. Each day is a question with no answer; each journey to the hospital a risk.

The full impact of this uncertainty came home to me during my nephrology rotation during my sixth year at medical school. Talking with the patients, I quickly learned that, however difficult my situation might be, their hardships were even greater.

I first met Hamdan, an elderly man who'd been a nurse for over thirty years. His voice was steady, his demeanor gentle, but his eyes held memories of war and illness.

His kidneys failed after the Gaza War began, he told me.

"I was watching the war news on television—the children trapped under rubble, homes destroyed," he said. "Each image made my blood pressure rise...and eventually, my kidneys gave out."

His was more than a simple medical story. As he spoke, I struggled to connect my textbook knowledge with the reality before me: that long-term illness can stem as much from emotional pain as from physical causes.

"The war has turned life upside-down for all of us," Hamdan said, quietly but firmly. "It isn't just destroying buildings; it's destroying people's lives from the inside out."

He shared another painful memory. During one of the military invasions, his young son urgently needed treatment for his cancer. They set out for the hospital, but were stopped at a checkpoint and forced to turn back.

"I used to be a nurse," Hamdan said, his voice trembling. "I was the one helping people, giving them hope. But that day, I stood there helpless, watching my son in pain, and I couldn't do anything. I wasn't a nurse...I wasn't even a father who could protect his child."

His experience is not unique, I know. It reflects a broader landscape of fear and uncertainty, one that is full of formidable logistical challenges. With dialysis treatment centers located only in major cities, people in remote areas must deal with unsafe roads, expensive or unreliable transportation and checkpoint delays.

"It's very frustrating when you're already weak and sick, and someone with a gun tells you that you can't go to get the treatment that keeps you alive," one patient told me.

Due to drug shortages, another patient, Mahmoud, had gone for more than six months without his weekly injections of the hormone erythropoietin. To compensate, he needed repeated blood transfusions—difficult to arrange, and unsustainable in the long run.

"That shot gave me strength and stability," Mahmoud told me. "Without it, I feel like I'm slowly disappearing."

Most patients spoke of the emotional toll on their families.

"My kids worry about me, and my wife manages the house, cares for me and tries to make everything feel 'normal' for the children," said a man named Yafir. "Sometimes I feel guilty, like I'm a burden. I know it's not my fault, but it still weighs on me."

The sense of fear was constant, both for the patients and for my classmates and me. Every day I'd wonder, *Will we get turned back at the checkpoint on our way to the hospital? Will our patients survive the delays inflicted by the military occupation?* For all of us, uncertainty was a part of daily life.

As a medical student in Palestine, I learned that to treat a patient is to treat much more than disease. It means to listen with my full presence as patients tell me about their lives, perpetually disrupted by occupation, poverty and chronic emergency.

These encounters have shaped the kind of doctor I want to become: one who is sensitive to the unseen burdens that patients may carry; one who recognizes that healing extends far beyond prescriptions and procedures; one who knows that every patient has a story that transcends the clinical chart.