**Ladies and Gentlemen, Honorable Members of Parliament,**

Thank you for giving me the opportunity to address you today on an issue that is not only urgent but truly a matter of life and death for thousands: the medical evacuation of patients from Gaza.

Médecins Sans Frontières has been involved in medical evacuations for more than 20 years, including in the Middle East through our hospital in Amman. In most cases, it is in the best interest of patients to be treated as close to home as possible. In the case of Gaza, however, that is no longer always possible.

Please let me describe the situation that MSF observes daily through its regional medical evacuation project for Gaza, coordinated from Amman:

* The health infrastructure in the Gaza Strip has been almost completely destroyed. This has left Gaza’s health system in one of the most catastrophic states of collapse in modern history. While the Ministry of Health and aid organizations on the ground still provide some basic healthcare – including stabilization surgery, wound care, maternal and child health, and care for malnutrition – all more complex forms of care have become impossible.
* Over the past year, neighboring countries have taken on 97% of all medical evacuations. However, this willingness is unevenly distributed. Countries such as Egypt, the United Arab Emirates, Qatar, and Jordan have made significant contributions, while, for example, Saudi Arabia has not. Moreover, since August 2024, Qatar has stopped receiving patients altogether.
* The limitations in the region vary in nature. In some cases, political will has not materialized (for example, Saudi Arabia). In other cases, infrastructure and medical human resources have been stretched to the point where evacuations were halted (Qatar), or efforts have shifted towards providing less complex care for practical and cost-related reasons (Jordan), relying on organization to treat patients and trying creating space and turnover of patients by send them back to Gaza. In yet other cases, such as Egypt, evacuations depends on the crossing border which is closed since May 2024, and only opened during the ceasefire (Jan to March 2025), but patients face enormous difficulties because actual treatment is in a large majority of cases not being provided. The Emirates, for their part, have set a target of treating 3,000 patients and seem to be on track to achieve this.
* Even if these limitations were resolved today, the available capacity would still not be enough to treat the most critical patients. That is why we urgently need countries such as the Netherlands to step forward.
* These shortages of evacuation destinations in the region led the World Health Organization (WHO) to sound the alarm on August 7: the number of hospital beds available in the Middle East and Gulf region is vastly insufficient to provide the necessary, often life-saving care for patients on the waiting list. The waiting list is long (15,600 patients, including 3,800 children officially registered with the WHO), and now that Israel is more frequently granting patients permission to leave, the total number of available evacuation slots has become the greatest bottleneck.
* Between the summer of 2024 and the summer of 2025, 740 patients – including 139 children – have already died while waiting for medical evacuation. This is undoubtedly a significant underestimation. As the situation in Gaza continues to deteriorate, the waiting list will grow, and the risk of losing more patients will increase. There is therefore an urgent need to remove these bottlenecks. As Médecins Sans Frontières, we are losing patients right now, at this very moment.
* Médecins Sans Frontières calls on the Dutch government to pursue a combined approach of strengthening capacity in the region, offering diplomatic encouragement, and enabling medical evacuation to the Netherlands for complex care. In this way, Dutch engagement can be most effective in saving lives directly in the short term, and most sustainable in ensuring patient care outside Gaza in the longer term.

Allow me to emphasize several key principles:

1. Medical evacuation cannot be symbolic or one-off; it must be coordinated, sustained, and expanded.
2. Evacuation decisions must be based solely on medical urgency, not political considerations. Adults, as well as children, must be included.
3. Patients must be accompanied by family members or caregivers. No patient or relative should ever be forcibly returned to Gaza or to any unsafe place.
4. All states have a role to play in removing bureaucratic and political barriers that delay life-saving evacuation.
5. While evacuation saves lives, it cannot substitute for restoring Gaza’s health system. Attacks on healthcare infrastructure must stop, and long-term investment in hospitals, staff, and essential supplies must resume.