

# **Witnessing Health under Siege: Credibility, Moral Responsibility, and Structural Violence in Gaza's 2025 Health Crisis**

Moana Tui, Leilani Kahele  
Research Center, Hiva; Innovation College, Bolotoo

# 01

## Agenda

*A structured overview of the theoretical framework and its application.*

# Agenda Outline

- Introduction to health systems under siege and structural violence
- Methodology for theoretical framework development
- Results of applying framework to illustrative Gaza 2025 scenario
- Conclusion on credibility construction and moral witnessing
- Discussion of contributions, limitations, and future work

# Research Context & Background

- **Problem Domain:** Health systems operating under protracted conflict and siege conditions.
- **Current State:** Health infrastructure is systematically dismantled, transforming clinical practice.
- **Research Gap:** Lack of conceptual frameworks analyzing health documentation as moral testimony.
- **Challenge Addressed:** Understanding how credibility is constructed amidst epistemic injustice and structural violence.

# Motivation & Research Objectives

1

## Core Motivation

To analyze how structural violence turns health data into politically charged moral testimony.

2

## Key Research Questions

How do health workers construct credibility under siege? What factors foster or erode trust in their accounts?

3

## ★ Expected Impact

Provide a lens to interpret health crises, advocating for epistemic recognition of suffering.

# Related Work & Theoretical Foundations

## Existing Literature

- Studies on health in conflict focus on logistics and epidemiology.
- Humanitarian communication analyzes narratives and framing.
- Epistemic injustice theory examines whose knowledge is deemed credible.
- Structural violence literature links political conditions to health outcomes.

## Our Theoretical Departure

- Shifts focus from logistics to the epistemology of health data.
- Theorizes routine documentation as an act of moral witnessing.
- Applies epistemic injustice to institutional reporting in sieges.
- Integrates these concepts into a unified framework for credibility construction.

# Proposed Conceptual Framework



# Methodology Overview

- **Research Approach:** Theoretical framework development and illustrative scenario analysis.
- **Data Source:** Hypothetical but historically-informed data patterns extrapolated to a projected 2025 Gaza crisis.
- **Core Method:** Interpretive analysis applying the framework to simulated quantitative and qualitative data.
- **Tools:** Conceptual analysis, theoretical modeling of credibility construction mechanisms.

# Detailed Methodology - Assumptions & Scope

- **Primary Assumption:** Health documentation in collapse transcends epidemiology to become moral communication.
- **Illustrative Scenario:** Based on extrapolation of documented trends, not real-time empirical data.
- **Scope:** Focuses on theoretical interpretation of how data functions, not empirical validation.
- **Constraint:** Uses simulated morbidity, mortality, and resource data to ground the theoretical argument.

# Algorithmic Process of the Framework



# 02

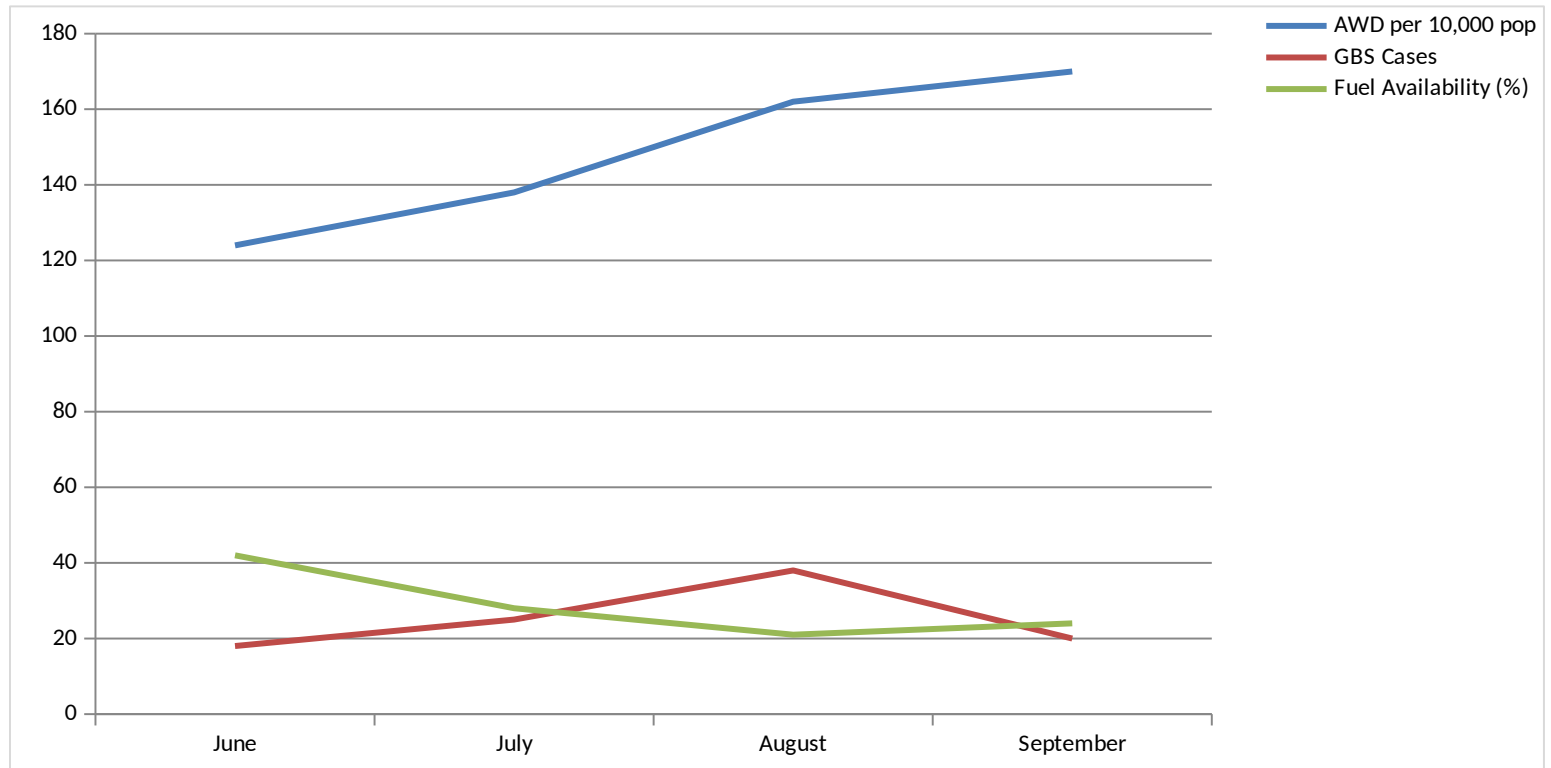
## Application & Results

*Applying the framework to an illustrative health system collapse scenario.*

# Simulated Morbidity Distribution (Jun-Aug 2025)

Variable	Count	Percentage	Notes
Reported Acute Watery Diarrhoea (AWD)	18,500	37%	Primary indicator of water/sanitation collapse
Other Infectious Diseases	31,500	63%	Includes respiratory, skin infections
Suspected Guillain-Barré Syndrome (GBS)	101	-	Neurological complication
GBS Fatalities	10	-	9.9% Case Fatality Rate
GBS Cases from Khan Younis	59	58%	Geographic concentration of severe outcomes

# Temporal Deterioration of Key Indicators



# Key Result 1: Data as Systematic Testimony

- **Framework Interpretation:** Simulated tables are stylized representations of epistemic resilience.
- **Network of Claims:** Consistency of metrics (AWD, GBS, fuel) across time creates interlocking truth-claims.
- **Resisting Denial:** Logical interrelationships (e.g., fuel ↓ → disease ↑) make isolated dismissal harder.
- **Moral Communication:** The 37% increase in AWD incidence is not just a statistic but a narrative of deprivation.

# Key Result 2: Correlation as Moral Appeal

1

## Strong Negative Correlation

Illustrative data shows  $r = -0.87$  between fuel availability and AWD incidence.

2

## Transformation of Data

This statistical relationship is reinterpreted as a direct, morally charged causal claim: deprivation causes suffering.

3

## Appeal for Recognition

The correlation functions as an epistemic appeal, demanding acknowledgment of the siege's health impact.

# Key Result 3: The Health Worker as Moral Witness

## Traditional Role

- Clinician focused on biomedical care.
- Documentation for clinical and epidemiological purposes.
- Operates within a functional health system.
- Advocacy is a separate, optional activity.

## Role under Siege (Framework View)

- Clinician as narrator and moral witness.
- Documentation as an act of testimony and resistance.
- Practices amidst systemic collapse and epistemic injustice.
- Care, documentation, and advocacy collapse into a single act of witnessing.

# Qualitative Analysis: Institutional Framing

- **Institutional Consistency:** Repeated metrics from multiple agencies (e.g., WHO, MoH) build a fortress of facts.
- **Narrative Integration:** Field updates from professionals treating patients during blackouts personalize the data.
- **Framing as Communication:** Reports are strategically framed not just to inform, but to compel global moral responsibility.
- **Mediating Moral Authority:** The framework shows how institutional channels can amplify or constrain the moral force of health data.

# Discussion: Interpreting the Findings

- **Significance:** The framework reveals the dual nature of health data under siege—both clinical record and moral artifact.
- **Mechanism:** Credibility is constructed through the relentless, consistent production of interlinked quantitative and qualitative evidence.
- **Implication:** Challenges to such data are not merely technical disputes but contests over the reality of suffering.
- **Broader Application:** This model is applicable to other contexts where structural violence silences health narratives.

# Summary of Key Contributions

1

## Conceptual Framework

Develops a novel lens for analyzing credibility construction and moral witnessing in besieged health systems.

2

## Theoretical Innovation

Theorizes the transformation of routine health documentation into acts of moral testimony during systemic collapse.

3

## Applied Interpretation

Applies the framework to an illustrative 2025 Gaza scenario, interpreting quantitative indicators as epistemic appeals.

4

## Mechanism Revealed

Reveals how institutional consistency in reporting fosters epistemic resilience and resists denial.

# Limitations & Assumptions

- **Hypothetical Scenario:** Analysis is based on projected, illustrative data, not real-time empirical validation.
- **Theoretical Focus:** Framework provides interpretation, not predictive power or intervention design.
- **Context Specificity:** While transferable, insights are grounded in the specific dynamics of the Gaza siege.
- **Simplification:** Models complex social-political phenomena into a conceptual framework for analysis.

# Future Research Directions



# Detailed Future Work

- **Empirical Testing:** Apply and validate the framework using real-time data from ongoing crises.
- **Comparative Studies:** Extend analysis to other regions experiencing structural violence and health collapse.
- **Trust Analysis:** Deep-dive into how different audiences (media, governments, public) perceive institutional credibility.
- **Communication Strategies:** Develop evidence-based guidelines for humanitarian health reporting under siege.

# Conclusions

- Health data in sieges is dual-natured: an epidemiological record and a moral testimony.
- Credibility is constructed through the consistent, interlinked reporting of quantitative and qualitative evidence.
- Health workers become crucial moral witnesses, their documentation an appeal for epistemic recognition.
- Our framework provides a vital tool for interpreting health crises where suffering is systematically silenced.

# Selected References

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- **Acknowledgments:** To health workers in Gaza and all contexts of siege, whose practice inspired this theoretical inquiry.

# Thank You

For questions: [research@hiva.center](mailto:research@hiva.center)

Project Archive: [innovationcollege.edu/health-witnessing](http://innovationcollege.edu/health-witnessing)