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Palestinian and Israeli health professionals, let us work together!

Like Dana Moss and Ghada Majadle from Physicians for Human Rights Israel,¹ we sincerely wish for the good health of the people in the West Bank and Gaza Strip and we desire to help to pre-empt and resolve the very considerable health challenges that our neighbours face. Unfortunately, we believe that Moss and Majadle's analyses¹ and therefore their solutions, are completely off track and will not lead to any improvement in the Palestinian health situation.

With respect to the West Bank, the Oslo Accords state that health is under the aegis of the Palestinian Authority.² As such, it is only in cooperation with the Palestinian Authority that health professionals in Israel can provide assistance to people in the West Bank. Sadly, the Palestinian Authority has decided on a general policy wherein opposing steps, which are claimed to represent so-called normalisation with Israelis, override such cooperation by forbidding Palestinian health-care personnel from working with their Israeli colleagues. We all have Palestinian associates who have privately expressed an interest in working together, but are afraid to stand out.

As such, at least from a formal point of view, medical cooperation, which so many of us in Israel are more than ready to offer, is nearly completely out of the question. For example, on June 16, 2020, a baby from Gaza, whom Israel had agreed to transfer to a hospital in Tel Aviv, Israel, for urgent cardiac surgery, tragically died. The baby's death was a consequence of the Palestinian Authority's refusal to coordinate the hospital admission with Israeli officials. In fact, hundreds of patients from the West Bank and Gaza Strip who can receive health care equal to that received by Israelis are blocked from coming across the border by the Palestinian Authority.

The blockade of the Gaza Strip remains in place for one overriding reason. Israel is legitimately concerned that the territory's governing body, Hamas (considered by Israel as a terrorist entity and defined as such by the UK and the EU, among others), would creatively transform imports meant to build health-care facilities into rockets meant to kill Israelis. Despite Hamas treating Israel as an enemy worthy of destruction, the Israeli Government continues to supply much of Gaza's electricity and allows tons of food and humanitarian material over the border every day—an unprecedented act for one country towards an entity sworn to its destruction. As the previous Canadian ambassador to Israel said, we cannot think of another example quite like it anywhere in the world.³ As rightfully mentioned in the Correspondence by Moss and Majadle,¹ Egypt also enforces this blockade on Gaza because of the very same concerns.

The sad truth is that Hamas is a well armed terrorist organisation that has launched many thousands of lethal rockets into Israel during the past 10 years. As much as we wish otherwise, health-care professionals in Israel can do little to help the people in Gaza during the COVID-19 pandemic as long as Hamas remains the governing body. Holding the Israeli authorities responsible for this situation seems completely divorced from the reality in which we live. We in Israel are doing what we can to help our neighbours, a fact tangentially alluded to by Moss and Majadle. For example, according to the UN's special coordinator for the Middle East Peace Process, Nickolay Mladenov, in his briefing to the Security Council, "Despite growing political tensions, Palestinian and Israeli authorities have continued their notable coordination around efforts to limit the spread of the virus and are taking careful steps to reopen their economies and lift virus-related restrictions".⁴ He went on to say, "Following an agreement between the

Palestinian and Israeli authorities, over ten thousand Palestinian labourers crossed into Israel from the West Bank on 3 May. They are part of an estimated 40 000 who were granted permits to stay in Israel until the end of Ramadan. On 4 May, Israel approved new regulations obliging employers in Israel to provide medical insurance and appropriate accommodation for Palestinian workers".⁴ In his Note to Correspondents, Mr Mladenov praised Israel for "facilitat[ing] the entry of critical supplies and equipment into Gaza since the beginning of the crisis. Examples...include swabs for collection of samples and...laboratory supplies".

Implying, as Moss and Majadle do, that the "unique restrictions faced by the Palestinian health system" are caused by something malignant at worst, or, at best, an uncaring Israeli Government, is simply casuistry; this specious claim will do no one any good. To ensure that Palestinians benefit from health-care cooperation, Physicians for Human Rights Israel needs to turn to Hamas and the Palestinian Authority and demand that these leadership bodies facilitate, rather than block, access to health care.

In its third report on COVID-19,⁵ the UN Office for the Coordination of Humanitarian Affairs states that "Strong cooperation efforts between the GoP [Government of Palestine] and Israel in response to COVID-19 continue...Israeli authorities delivered to the West Bank and the Gaza Strip 2850 testing kits, 2000 gloves, 1000 masks, 100 litres of sanitizer and 200 protective suits, as well as coordinated entry of 10 000 testing kits through Ben Gurion airport". Furthermore, regarding the movement of goods into Gaza, the report states that "The movement of goods from Israel and Egypt has continued as previously, including the entry of restricted ('dual use') items via the Israeli-controlled Kerem Shalom Crossing...The Government of Israel has offered to expedite approvals for items needed in relation to COVID-19 response".⁵ In this vein, as we have

For more on **Hamas** see <https://hamas.ps/en/>

For more on the **UK definitions** see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901434/20200717_Proscription.pdf

For more on the **EU definitions** see <https://www.consilium.europa.eu/en/policies/fight-against-terrorism/terrorist-list>

For more on **his Note to Correspondents** see <https://www.un.org/sg/en/content/sg/note-correspondents/2020-03-27/note-correspondents-response-questions-regarding-the-work-of-special-coordinator-nickolay-mladenov-and-israeli-palestinian-cooperation-address-the-covid-19>

For more on the **baby's death** see <https://www.haaretz.com/middle-east-news/palestinians/.premium-gaza-infant-dies-after-surgery-delayed-due-to-cessation-of-coordination-with-israel-1.8942800>

previously urged our Palestinian medical colleagues, "Let us use our privileged position and gift as health professionals to establish productive discourse and interaction, with health and dignity as a bridge to peace, so that ultimately both peoples, Israelis and Palestinians, can live side by side, with the ultimate security that comes from abiding peace".⁶ Sadly, the Correspondence by Moss and Majadle¹ brings us no closer to this worthy goal.

We declare no competing interests.

Editorial note: the *Lancet* Group takes a neutral position with respect to territorial claims in published maps and institutional affiliations.

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**Orly Manor, Karl Skorecki,
A Mark Clarfield
orlyma@ekmd.huji.ac.il*

Braun School of Public Health, Hebrew University-Hadassah, Jerusalem 91120, Israel (OM); Azrieli Faculty of Medicine, Bar-Ilan University, Safed, Israel (KS); Department of Geriatrics, Ben-Gurion University of the Negev, Beersheba, Israel (AMC); and Department of Geriatrics, McGill University, Montreal, QC, Canada (AMC)

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- 6 Skorecki K, Clarfield AM. The Palestinian March: return to dialogue. *Lancet* 2018; **391**: 1993–95.