

29<sup>th</sup> January 2026

Rt Hon Yvette Cooper MP  
Secretary of State  
Foreign, Commonwealth and Development Office

Dear Foreign Secretary

As Chair of the Britain Palestine Project, I write to commend the United Kingdom for its decision to evacuate seriously ill and injured children from Gaza for specialist medical treatment. These evacuations have saved lives and reflect the UK's long-standing commitment to humanitarian principles and to the protection of civilians in armed conflict. It is precisely because this action is so welcome that I wish to draw your attention to a grave moral, legal, and humanitarian inconsistency that now urgently requires address.

On Monday 26<sup>th</sup> January 2026, the Government of Israel informed its High Court that it is maintaining its refusal to allow seriously ill patients from Gaza to access hospitals in the West Bank and East Jerusalem, despite this having been routine practice prior to 7 October. In its response to petitions filed by Israeli human rights organisations, the government argued that permitting such transfers carries "security risks," including the hypothetical possibility that gravely ill patients might be exploited to facilitate terrorist activity.

This position is deeply troubling. It amounts, in effect, to an acknowledgement that thousands of patients in Gaza have no realistic prospect of receiving appropriate treatment in the foreseeable future, while simultaneously denying them access to the nearest and most suitable hospitals—stitutions that are Palestinian, well-established, and historically integral to Gaza's healthcare referral system. As counsel for the petitioners has observed, this is not merely a harsh policy choice; it is, in practical terms, a death sentence for many innocent civilians. It is important to note that the Palestinian Authority's Minister of Health has formally declared the readiness of the Ministry and of hospitals in the West Bank and East Jerusalem to receive patients from Gaza immediately. All that is required is Israeli permission for patients to transit Israeli-controlled territory—a journey of little more than an hour by road.

The Israeli government has pointed out that some patients may be treated abroad, including in Europe and the Middle East. Yet this only underscores the incoherence of the current position. Patients are deemed sufficiently "safe" to travel thousands of miles to third countries, but are considered a security threat if they seek care a short distance away in East Jerusalem or the West Bank. For the vast majority of Gaza's patients—particularly children, the elderly, and those requiring sustained or specialised care—overseas evacuation is neither feasible nor appropriate. Any transit arrangement must, of course, cover both injured and chronically ill patients. Children in particular will require accompaniment by a close family member acting as a carer. When medical conditions permit, patients must also be allowed to return to Gaza. Too often, Gazans evacuated for treatment find themselves stranded outside, separated indefinitely from their homes and families.

From the perspective of international humanitarian law, the position is stark. An occupying power is obliged to ensure and facilitate access to medical care for the population under its effective control. A blanket refusal to permit internal medical transfers, justified by generalised and unsubstantiated security claims, sits uneasily with those obligations. When such a policy results in foreseeable and preventable deaths, it raises profound questions of legality as well as humanity.

The UK's own actions have already demonstrated moral clarity. By evacuating children from Gaza, the Government has implicitly recognised both the catastrophic collapse of Gaza's health system and the imperative to act where lives can be saved. By recognising the State of Palestine, the UK has also acknowledged the legal personality of that state, the rights of its citizens, and the duty of its institutions to care for them. That legal reality and humanitarian impulse are undermined if the international community simultaneously accepts a policy that blocks Palestinians from accessing their own medical institutions within the occupied territory of the State of Palestine.

I therefore urge the UK Government to raise this issue directly and firmly with the Government of Israel. Quiet diplomacy, if effective, is welcome—but clarity is essential. The restoration of medical transfers from Gaza to the West Bank and East Jerusalem would not constitute a political concession; it would be a minimum humanitarian corrective, consistent with international law and basic principles of medical ethics.

This refusal cannot be viewed in isolation. It forms part of a wider pattern of serious and persistent failures: the large-scale killing of civilians, the devastation of Gaza's civilian infrastructure, the obstruction of humanitarian relief, the erosion of protections for medical personnel and journalists, and the continued denial of Palestinian self-determination. There comes a point at which restraint by third states ceases to be prudence and becomes acquiescence. The UK must now consider whether this latest refusal—so unnecessary and so easily remedied—does not compel a change of policy, one that increases the cost of non-compliance and ensures that failure to prevent grave violations does not slide into complicity in crimes against humanity.

Yours sincerely,



Andrew Whitley  
Chair, Britain Palestine Project