health-care governance structures that prioritise accountability, ethical management, and equitable resource distribution. Institutional reforms are crucial to tackling corruption, ensuring fair resource allocation, and protecting health-care workers and facilities.³ Additionally, transparency in international aid distribution is key to prevent misuse and ensure aid reaches those most in need.²³

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Health service crisis in Lebanon: Hezbollah is the problem

We are concerned that the Correspondence by Firass Abiad and colleagues¹ on Israel's role in the sad plight of the Lebanese population is misleading. The authors make an unsubstantiated claim that the Israel Defense Forces targeted healthcare facilities. At the same time, they ignore the role of Hezbollah in initiating a sustained missile attack against Israel. Hezbollah has hidden its missile launchers among

Lebanon's long-suffering civilians² and caused the evacuation of more than 60 000 of Israel's population from the northern villages.³

Any balanced view of the conflict should have mentioned this issue. To suggest that Israel deliberately targeted health-care facilities does not bear signs of critical evaluation. On the contrary, the Israel Defense Forces abides by the rule to not target a hospital unless it is used to launch attacks, and only after due warning is unheeded.

The authors must know that over many years Hezbollah has brought the country to an economic crisis⁴ with its health service in collapse.⁵ Any impartial assessment would recognise Hezbollah's culpability, Lebanon's governance failures, and Israel's need to defend its citizens. It is unfortunate that authors from such an esteemed body as WHO have presented a view so lacking in neutrality and balance.

Today, the proud people of Lebanon should seize the chance to free themselves from Hezbollah and its accomplices and rebuild a society without the oppression of terrorism.

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Gene therapy: who should decide the Deaf community's future

A recent Editorial celebrates the discovery of new gene therapies for deafness.^{1,2}

The prospect of treating deafness has immense, existential significance to us, with substantial consequences for our linguistic minority community that has generations of rich cultural heritage.³ The British Deaf Association advocates for the rights of signing Deaf individuals and is recognised by the World Federation of the Deaf as the legitimate representative body for this community.

The Editorial states that "the promise of a so-called cure should not compromise societal investment in improving inclusion...such as funding sign language training". However, investment in these areas-both financial and resource based—remains elusive. Access to British Sign Language is recognised as a human rights issue; however, as highlighted by the UK Equality & Human Rights Commission there remains "no legal duty on local authorities to allocate and fund sign language lessons for parents of deaf children".4 Consequently, many hearing parents have missed out on appropriate language interventions that could support their deaf child's development and learning potential.

The focus should be on respecting the evidence, and our lived experiences, by providing all children with an appropriate language. Proposing gene therapies for deaf children risks overlooking the genuine enrichment that Deaf culture and language can offer to individuals, families, and society.⁵

We underscore the necessity of authentically inclusive approaches in genetics research, ensuring that the voices of those directly affected are valued and ask the providers of gene therapy services to reach out to the British Deaf Association.