



THE INSTITUTE FOR THE UNDERSTANDING OF ANTI-PALESTINIAN RACISM

Anti-Palestinian Racism Survey Healthcare Provider Data Report 2024: Submission to the UN Special Rapporteur on the Right to Health

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Disclosures

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INSTITUTE FOR THE UNDERSTANDING OF ANTI-PALESTINIAN RACISM

Submission to the UN Special Rapporteur on the Right to Health: Healthcare Providers as Key Protectors of the Right to Health

The Institute for the Understanding of Anti-Palestinian Racism (IUAPR) welcomes the opportunity to provide input to the United Nations Special Rapporteur on the Right to Health ahead of their upcoming report to the Human Rights Council on healthcare providers as key protectors of the right to health. This submission draws on IUAPR's research findings on the experiences and impacts of anti-Palestinian racism among healthcare providers in the United States. It highlights some critical challenges faced by healthcare providers advocating for Palestinian rights and the negative effects on their mental and physical well-being. The submission concludes with recommendations to ensure healthcare providers can fulfill their roles as human rights defenders without fear of reprisal or harm.

ABOUT:

The Institute for the Understanding of Anti-Palestinian Racism (IUAPR) consists of researchers, physicians, psychologists, lawyers, anti-racist educators and communication experts who are committed to empirically researching, educating and advocating on the impact of anti-Palestinian racism on individuals and communities across all sectors of society.

IUAPR's mission is to end racism against Palestinians and their allies including advocates for Palestinian rights and freedom.

OVERVIEW:

This report summarizes additional findings on healthcare providers from a national survey¹ investigating anti-Palestinian racism conducted in the United States (US) from March 1st through April 3rd, 2024. The survey was conducted with approval of the UCSF Institutional Review Board (IRB).

Anti-Palestinian racism is a form of racism that “silences, excludes, erases, stereotypes, defames, or dehumanizes Palestinians or their narratives.”²

¹ Rimawi L, Biskup T, McMahon E, Ghannam J, “Anti-Palestinian Racism Survey Preliminary Report 2024,” [Anti-Palestinian Racism Research Group](#), April 2024.

² Majid D. “Anti-Palestinian Racism: Naming, Framing, and Manifestations.” [Arab Canadian Lawyers Association](#), April 2022.

This survey was designed in consultation with the Arab Canadian Lawyers Association and based on the description of anti-Palestinian racism in their seminal report: “Anti-Palestinian Racism: Naming, Framing and Manifestations.”³

The survey was developed to assess the prevalence and impacts of anti-Palestinian racism on both Palestinians and non-Palestinians.

“Anti-Palestinian Racism is experienced by Palestinians, those perceived to be Palestinian or inherently pro-Palestinian, and non-Palestinians who express support for Palestinian rights. Anti-Palestinian racism usually targets those who publicly speak in support of Palestinian rights or share Palestinian narratives or openly criticize the state of Israel for their treatment of Palestinians.”⁴

The primary research questions included: 1. What is the prevalence of anti-Palestinian racism in a general population of people in the United States? 2. What is the prevalence of anti-Palestinian racism experienced by both Palestinians and non-Palestinians? 3. What is the prevalence of fear, feelings of isolation, and/or other negative health effects potentially due to anti-Palestinian racism?

An important part of this study is the contextualization of anti-Palestinian racism in its expansion beyond the core target population. Through our work as pediatricians, educators, and psychologists, we realized that anti-Palestinian racism was impacting both Palestinians and non-Palestinians. However, since anti-Palestinian racism is under-recognized and under-studied, many people were unaware of what they were experiencing and felt isolated. We hypothesized that anti-Palestinian racism is impacting a larger number of people than was previously understood, with potentially significant negative health effects. This is the first national study we are aware of designed to investigate this concept.

A 5-minute, voluntary national survey was developed based on information from the “Anti-Palestinian Racism: Naming, Framing and Manifestations” report, consultation with the Arab Canadian Lawyers Association, and consultation with pediatricians and other physicians, anti-racist and communication experts, educators, students, and community members. The survey was approved by the UCSF IRB prior to implementation. Surveys were conducted online, distributed via email to multiple social media lists, physician groups, and other online lists.

³ Ibid

⁴ Ibid

KEY FINDINGS:

Over 1200 respondents completed the survey. The majority of respondents identified as non-Palestinian (72.5%). Most respondents identified as women (61.0%) and non-Muslim (57.9%). The sample was comprised of a diverse age range: 18-24 years (9.4%), 25-34 (28.6%), 35-44 (29.6%), 45-54 (17.8%), 55-64 (8.0%), 65-74 (5.2%), and 75+ (1.5%). In addition, 31.7% of respondents identified as LGBTQ+.

An initial finding of the survey is that 64.6% of respondents experienced anti-Palestinian racism either directly or online. This theme also emerged in a separate survey item in which 63.4% of respondents reported experiencing silencing, exclusion, harassment, physical threat or harm, or defamation while advocating for Gaza and/or Palestinian human rights. In addition, the findings also revealed that 73.5% of respondents felt alone or isolated in their concern about Palestinian human rights and 87.9% of respondents had witnessed others experiencing anti-Palestinian racism either directly or online. Anti-Palestinian racism negatively impacts the people experiencing it and the data suggests that the racist behavior is widespread. In addition, 55.3% of respondents were afraid to speak out about what is happening to Palestinians in Gaza or for Palestinian human rights in general.

As health professionals, we were especially concerned about the impact of anti-Palestinian racism on respondents' physical and emotional health. Our data reflect existing knowledge about the negative health consequences of racism. The vast majority (82.4%) reported experiencing harm to mental or physical health at least once or twice due to experiencing or witnessing anti-Palestinian racism, with 71.2% reporting health impacts at least some of the time and 38.3% reporting health impacts most or all of the time.

This submission focuses on the results from our survey regarding healthcare provider data, which comprised 387 respondents out of the 1227 respondents for the study. Healthcare providers were defined as physicians, nurses, habilitative/rehab therapists (occupational therapists, speech language pathologists, physical therapists), medical technicians (included pharmacists), and mental health professionals.

HEALTHCARE PROVIDER DATA KEY FINDINGS:

Regarding the impact of anti-Palestinian racism on healthcare providers, 52% reported experiencing silencing, exclusion, harassment, physical threat or harm, or defamation while advocating for Gaza and/or Palestinian human rights (Appendix 1).

The study also revealed that 80% of healthcare providers had witnessed others experiencing anti-Palestinian racism either directly or online (Appendix 2) and 54% of healthcare providers reported experiencing anti-Palestinian racism personally (Appendix 3). In addition, 50% of healthcare providers were afraid to speak out about what is happening to Palestinians in Gaza

and/or Palestinian human rights while 69% felt alone or isolated in their concern about Palestinian human rights (Appendix 4 and 5).

Reaffirming previous findings, the data highlights the detrimental effects of anti-Palestinian racism on the physical and emotional wellbeing of healthcare providers. Mental health effects included: fear, anxiety, self doubt, low self esteem, depression, hypervigilance, insecurity, alienation, difficulty concentrating, and more. Physical health effects included: insomnia, headaches, body pain, back pain, loss of appetite, fatigue, nausea. The majority (74%) reported experiencing harm to mental or physical health at least once or twice due to experiencing or witnessing anti-Palestinian racism, including 29% reporting health impacts some of the time and 33% reporting health impacts most or all of the time (Appendix 6).

Strikingly, 73% of healthcare providers reported having witnessed or experienced anti-Palestinian racism on social media including email. Other concerning findings include: 42% of healthcare providers witnessed or experienced anti-Palestinian racism from colleagues at work and 27% from supervisors who have the ability to hire or fire them. Additionally, 28% reported witnessing or experiencing anti-Palestinian racism in a healthcare setting from other healthcare staff and 18% from patients or their families, highlighting the systemic and interpersonal challenges faced by these healthcare providers within their own environments (Table 1).

Table 1: Healthcare Providers Experience or Witness anti-Palestinian racism in Various Settings

Setting	Frequency
On social media, including email	73%
In the news	58%
In a public space	45%
From colleagues at work	42%
From friends	32%
In school or other academic setting from teachers, faculty, or administrators	23%
From someone in a supervisory role at work who has the ability to hire or fire you	27%
In school or other academic setting from students	16%
From family members	17%
As a healthcare provider in a healthcare setting from other healthcare staff	28%
As a healthcare provider in a healthcare setting from patients or their families	18%
As a patient in a healthcare setting from doctors, nurses, or other staff	6%
Other	3%
Not applicable	3%

*Note N = 387. Respondents were able to select more than one setting where they experienced anti-Palestinian racism.

CONCLUSION:

Taken together, our findings suggest that anti-Palestinian racism impacts a higher percentage of healthcare providers than previously expected, is prevalent in healthcare settings, is having a deleterious impact on healthcare providers health and wellness, and is resulting in increased levels of isolation, fear, and intimidation. We believe these findings suggest that anti-Palestinian racism is a pervasive phenomenon, affecting healthcare providers of diverse backgrounds, and deserves special attention to combat the negative impacts on healthcare provider health and wellbeing.

The data underscores the significance of the findings and the urgent need to address the negative impact of anti-Palestinian racism on healthcare providers. The potential for serious adverse health outcomes among these professionals is a matter of concern. Anti-Palestinian racism occurs at all levels of society, online, and in public spaces, with healthcare providers potentially encountering discrimination, harassment, and threats from colleagues, supervisors, patients, their families, and other professions.

It is imperative that institutions and relevant stakeholders take immediate action to address this issue and protect the mental and physical health of healthcare providers. By doing so, they can ensure that these essential workers can carry out their critical roles without fear of reprisal or harm. Addressing anti-Palestinian racism is crucial for maintaining a healthy, inclusive and equitable anti-racist environment within the healthcare sector and beyond.

RECOMMENDATIONS:

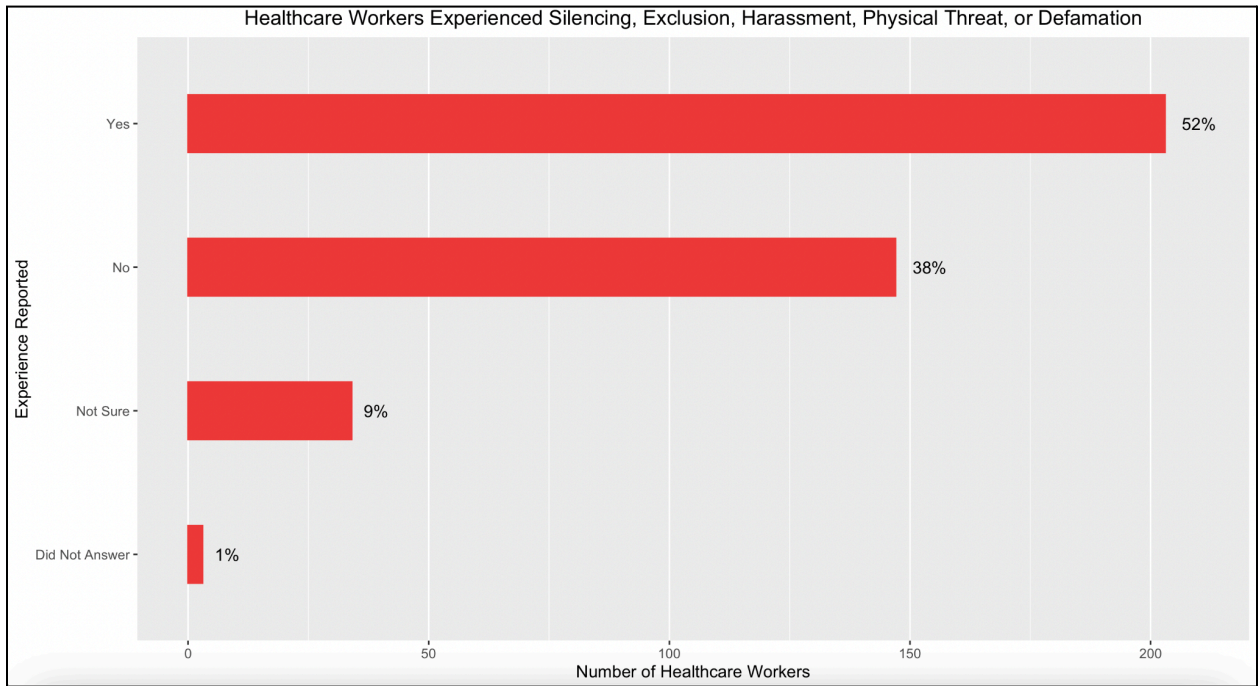
Anti-Palestinian racism must be addressed immediately by administrators, policy and law makers, healthcare institutions, government officials, and organizations where healthcare providers may be affected. We urge that States and their engaged partners:

- Explicitly name anti-Palestinian racism as an area of concern when formulating policies preventing harassment within healthcare institutions, medical schools and other training institutions. Recognize that anti-Palestinian racism affects not only Palestinians but also, the majority of those affected are non-Palestinian allies who come from diverse backgrounds.
- Establish robust support systems for individuals who have witnessed and experienced anti-Palestinian racism or other systemic biases. Ensure that they have access to adequate resources that would help address the mental and physical health effects of racism.
- Empower healthcare professionals and trainees through comprehensive anti-racism training with anti-Palestinian racism as part of its critical components. Training should equip our professionals with the knowledge to identify and strategies to address racism – ultimately to uphold compassionate and inclusive practices.

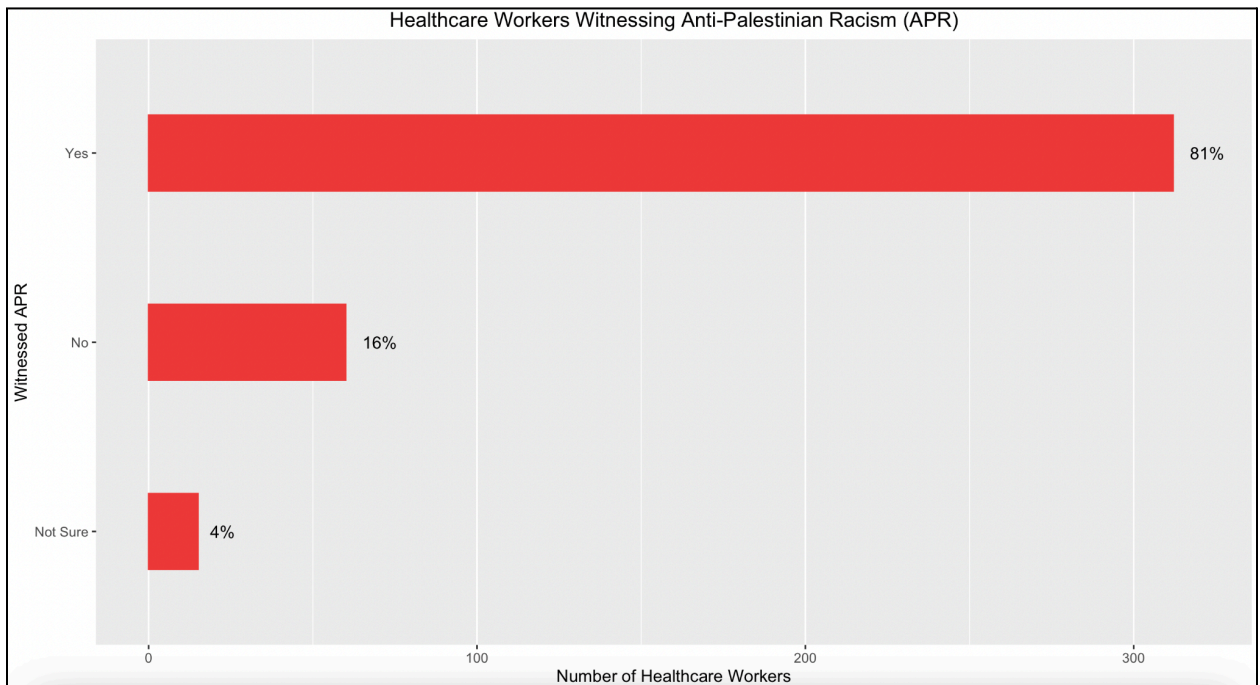
- Encourage professional and medical organizations to engage in advocacy against anti-Palestinian racism, acknowledging its detrimental effects to healthcare providers and its subsequent impact to patient care and delivery. Develop accountability measures for individuals who are perpetuating racism within the organizations.
- Implement Title VI of the US Civil Rights Act of 1964 and investigate claims of anti-Palestinian racism without bias to ensure accountability for discrimination or denial of civil rights. Build alliances with advocacy groups, organizations, legislative bodies and the like to combat anti-Palestinian racism and other forms of racism – ensuring that civil liberties that allow for free speech and debate on difficult topics are protected.
- Support more research and allocate dedicated funding to further understand anti-Palestinian racism, raise awareness, educate institutions, and provide training on identifying and combating this phenomenon and the accompanying harms both in the US and globally.
- Implement fair and equal application of US law, which would stop military aid and arms funneling to any foreign government with genocidal policies or human rights violations.

To learn more about anti-Palestinian racism, please visit <https://antipalestinianracism.org>

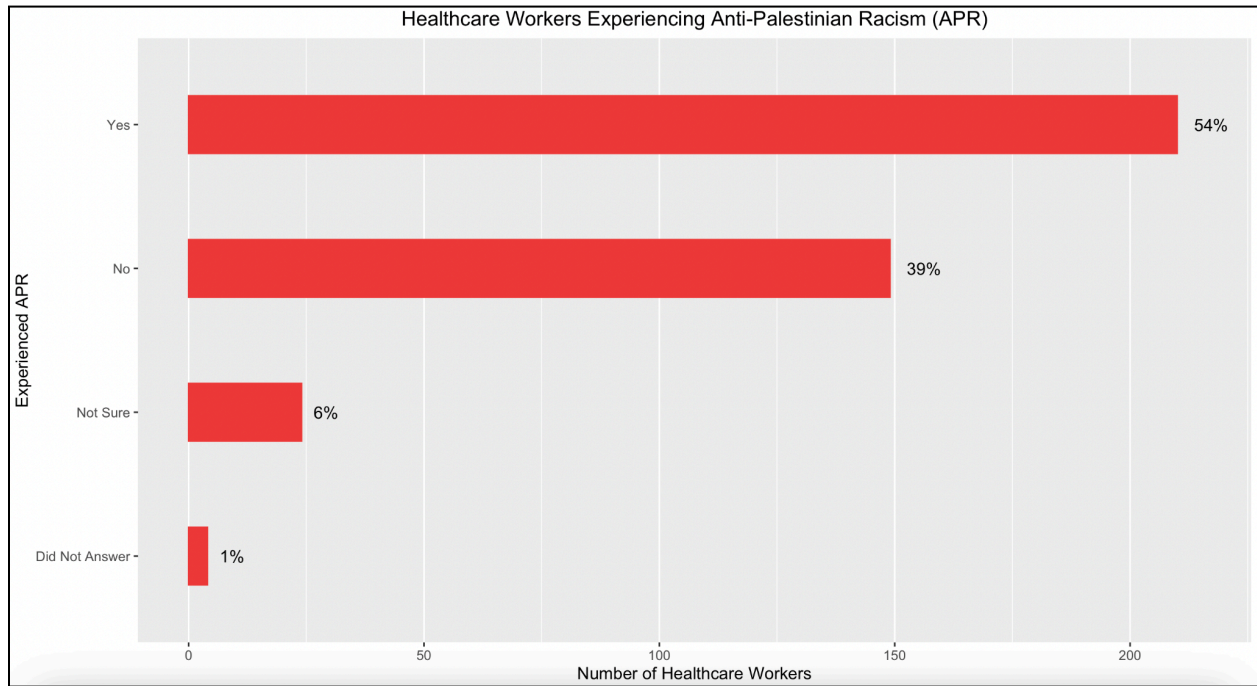
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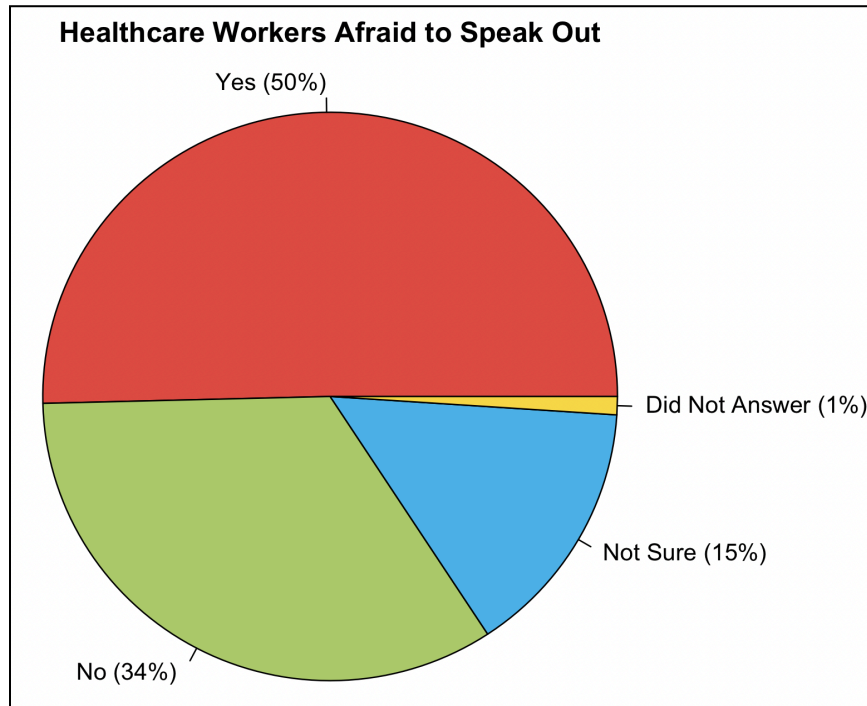
Appendix 2:



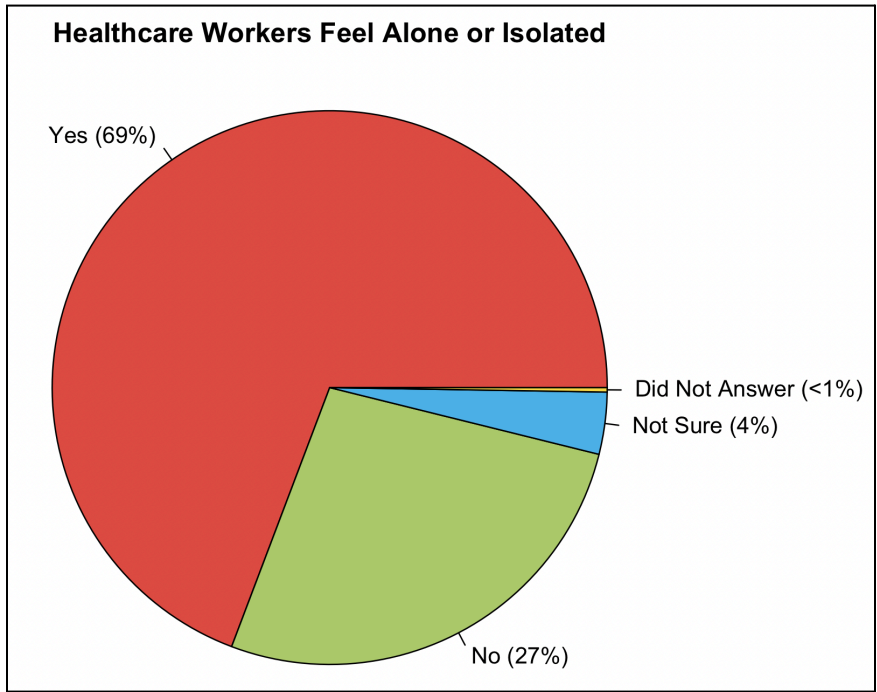
Appendix 3:



Appendix 4:



Appendix 5:



Appendix 6:

