

Palestinian Human Rights and the Struggle for Racial Justice in the Medical School, UCLA

A report prepared by the UCLA Task Force on Anti-Palestinian, Anti-Arab and Anti-Muslim
Racism¹

January 31, 2025

Medical schools and hospitals across the U.S. have become places where no expression of support for Palestinians undergoing a genocidal assault from Israel is tolerated. Palestine Legal, an independent organization defending people who support Palestinian rights, reports the following: “The medical field also saw widespread suppression of political expression. Numerous physicians and medical residents reported being pulled off rotations or even fired outright for their social media posts supporting Palestine.”¹ This contrasts with widespread tolerance and even support for war victims in Ukraine for example.

At UCLA, students, residents and faculty in the David Geffen School of Medicine (DGSOM) who express support for Palestinian human rights, and who offer any criticism of Israel’s violation of them, face harassment from within and outside the medical school, a sustained suppression of speech and limitations on the academic freedom to teach about racial justice and health inequities. Their professional lives are seriously impacted by this repression and retaliation. They learn, teach and work in a climate of heightened racial hostility, lose professional opportunities, and find themselves unsupported and unprotected by the university when they are attacked by those working to suppress speech and curtail academic freedom on the matter of Palestinian human rights.

The report that follows documenting this repression is based on interviews with more than two dozen students, residents and faculty who approached the Task Force.² Although interviewees expressed tremendous concern that they would be further penalized if they become associated with this report, each offered their testimony out of a very strong sense that racial justice, including justice for Palestinians, is central to the core practice of medicine. The protection of interviewees is a central concern for the Task Force especially given that the practices of repression and retaliation we describe below have continued.³

From the interviews, we conclude:

1. At the David Geffen School of Medicine (DGSOM), there is a significant curtailment of academic freedom (as distinct from repression of speech). Curricula, both the course on Structural Racism and Health Equity (SRHE) and the course on Global Health, as well as

¹ Gaye Theresa Johnson, Robin D.G. Kelley, Saree Makdisi, Sherene H. Razack, Shannon Speed.

² At their request, we interviewed more than two dozen students, residents and faculty, in interviews lasting from one to two hours, and sometimes with follow-up interviews. Interviewees offered a detailed description of their experiences, provided screenshots and additional supporting materials to confirm their stories, and were provided with a transcript of the interview and invited to make corrections or to add supporting material.

³ In this regard we have elected to redact names even when the names of the individuals concerned are well-known in the hope that we can limit further harassment and discrimination.

general sessions on race and health inequities are selectively scrutinized and evaluated by the administration, with penalties instituted for discussion of Palestinian human rights. Penalties include the cancelation of classes and events, restrictions on curriculum content and pedagogy. In addition, there is a track record of administrative failure to uphold academic freedom by acquiescing in, rather than rebuffing, others' refusal to condemn those who engage in attacks on the health and racial equity curriculum.

These restrictions on what can be taught and how it can be taught have limited student opportunities to learn about the social and structural determinants of health more generally, and about Palestinian health specifically. DGSOM and UCLA administration have refused to protect the rights of instructors and speakers teaching in these educational fora and if anything seems to have demonstrated active complicity in harassment and discrimination. Significantly, in allowing this curtailment of academic freedom, DGSOM has been professionally and academically irresponsible and imperiled its own accreditation by restricting opportunities for its students to learn about race, class, local Los Angeles community health efforts, and broader health inequities. DGSOM has actively suppressed Global Health learning and scholarship on the social determinants of health.

2. Students, medical residents and faculty at the David Geffen School of Medicine (DGSOM) face an intense suppression of speech on issues of racial justice and of expressions of support for Palestinian human rights. The individuals we interviewed were accused of antisemitism (primarily understood by their attackers as criticism of Israel for genocide), and were targeted for online harassment by some faculty and fellow students and faced penalties that include the loss of professional opportunities, an intensified climate of racial hostility in their classrooms and in hospitals, and threats to their lives and livelihood.
3. DGSOM administration has consistently ignored incidents of racism against Palestinians, Arabs and Muslims, and those associated with them. By contrast, complaints of “antisemitism” –a term that has been distorted by a longstanding campaign to conflate it with criticism of Zionism -- have gone immediately to the highest levels of administration and have been weaponized to harm the accused professionally and personally. Often that weaponization has violated DGSOM and UCLA codes of conduct with no administrative repercussions or response.
4. In alleging and weaponizing “antisemitism” against critics of the Israeli state who have taken positions consistent with International Humanitarian Law and aligned with those of the United Nations, the International Court of Justice and the International Criminal Court, DGSOM faculty and students have repeatedly and flagrantly violated faculty and student codes of conduct, if not and potentially California law. The Task Force concludes that individual students, faculty and administrators who have engaged in the repression of speech on Palestine have violated ethical codes of conduct and violated the fiduciary relationship they possess to students and trainees with impunity.
5. The repression of speech and the infringement on academic freedom bear the hallmarks of an organized repression by a group of faculty and students, bolstered by non-university actors

and who can bring their activities to the attention of the media, the Regents, and ultimately to the United States Congress. Their campaign facilitates online harassment and damages reputations, not least that of the university itself, which has been harmed by the politicization of such complaints. Although it is reportedly only a small number of students and faculty consistently involved in repressing and penalizing speech, and limiting academic freedom, and creating a racially hostile environment, the activities of these individuals often quickly meet with institutional approval and support. Due process is seldom followed and administrative failures to protect students and faculty facing repression is evident in every instance.

6. The repression of speech on Palestinian human rights and the infringements on academic freedom are intimately connected to an ongoing and older set of practices opposing Diversity, Equity and Inclusion (DEI) initiatives, and racial justice measures more broadly, especially those measures aimed at redressing anti-Black racism. For example, Black female faculty have been consistently singled-out and faced personal and professional repercussions for their health equity pedagogy, even when they coteach this material with non-Black instructors.
7. The impact of this repression is significant, and is magnified by the conduct of administrators, especially the Dean and Vice Chancellor. At a time when so many are personally affected by the genocide in Gaza, losing friends and family, a time when the world is watching a genocide streamed in real time, students, and faculty expressing support for Palestinian human rights have endured a targeting that has endangered their mental health, limited their capacity to learn and exposed them to harassment and discrimination on a daily basis. Palestinian, Muslim, Arab and other racialized students and faculty, and notably in this latter group, Black students and faculty, bear the brunt of this discrimination. Palestinian faculty and students who have lost dozens of family members are unable to express their grief and don't hear any recognition of their losses from DGSOM. Indeed, the very opposite prevails: a silencing of speech on the war on Palestinians. Importantly, because online harassment features so prominently in the targeting and is both national and transnational in its reach, medical students, residents and faculty who support Palestinian human rights and who pursue racial justice face serious long-term career repercussions.

In the report that follows we offer examples of what is by all accounts an intense campaign bearing the hallmarks of a broad opposition to racial justice, retaliation against those who defend it, and the repression of anyone expressing concern and support for Palestinian human rights amidst the genocidal assault. We conclude with recommendations concerning the protection of speech and of academic freedom.

The report is organized into three parts:

- Part One: Curricula Interventions: Restricting Academic Freedom
- Part Two: Doxxing and the Repression of Speech on Palestinian Human Rights
- Part Three: Recommendations
- Conclusion: Closing reflections

Part One: Curricular Interventions: Restricting Academic Freedom

Health inequities are a well-documented issue in the United States. In particular, the literature on race and health inequities is extensive, and for some time medical schools have been challenged - by official accrediting bodies like the Liaison Committee on Medical Education (LCME), the American Academy of Medical Education (AAMC) and the American Medical Association-- to attend to this issue in the curriculum and in student and faculty composition. UCLA's attention to race and health inequities and specifically the campus racial climate, became the subject of formal concern in 2012 when racist actions targeting Dr. Christian Head, Professor of Medicine, highlighted the discrimination faced by faculty of color in the medical school. In 2013, the Moreno Committee, chaired by retired California Supreme Court Justice the Honorable Carlos Moreno, issued recommendations to address race discrimination at UCLA, developing a comprehensive approach to faculty equity, diversity and inclusion.⁴

Students who enrolled in the medical school in 2016 discovered that since the Moreno report, little progress had been made with respect to the racial climate and race justice equity at the medical school. Interviewees recounted their efforts to push for the inclusion of issues of racial justice and health equity in the curriculum and to address systemic racism in the health system. They noted, for example, that "UCLA has gotten away for a very long time with a student body that does not reflect greater Los Angeles," and has a very low percentage of Black students and faculty. As one student recalled, when they started in 2016, there was not a single mention of structural racism for the entire first year. A partnership with Charles Drew University, which dissolves as of 2025, consistently brought Black students to UCLA but the David Geffen medical school class remains very white.

Completing the vast over-representation of the white student and faculty body, there was and is a very limited discussion of structural racism and health inequity. If racial disparities were ever discussed, interviewees noted, the information was presented as decontextualized statistics, and the curriculum followed a long since outdated and discredited biological understanding of race with medical faculty frequently claiming that they knew little about race as a social determinant of health and did not feel comfortable teaching it. In 2017, while medical students were advocating for attention to three issues – holistic review and diversity in the admissions process, curricula on racial equity, and racial equity in the health system -- the Medical School changed admission criteria, making it more difficult for students of color to enter DGSOM. Subsequently, interviewees shared that in statistics obtained from the DGSOM Admissions Committee, between 2015 and 2018, the percentage of under-represented groups fell from 15% (with a high in 2016 of 28%) to 9% when, in an untransparent change, the new policy raised the MCAT scores and minimum GPA for admission.

In 2020, the murder of George Floyd by Minneapolis police led to widespread protests and the movement *Black Lives Matter* gained national importance. This became a flashpoint for changes

⁴ <https://equity.ucla.edu/news-and-events/final-report-of-the-moreno-recommendations-implementationcommittee/>

at the medical school and the discussion about a curriculum change with explicit attention paid to structural racism gathered momentum. Interviewees involved in this organizing noted that while they faced substantial administrative opposition to demands that called the UCLA Health system to account, and to demands that UCLA divest from the police, there was a small opening created by the 2020 protests for curricular change on structural racism, an opening, one interviewee noted, “that they were able to step through.”

Notwithstanding the impetus for change emerging out of the 2020 protests for racial justice, opposition to racial equity remained a constant, and, in the opinion of most interviewees, Black faculty continued to face harassment for their race equity efforts and were sometimes forced out. Although the issue of Palestinian rights emerged in this anti-DEI climate prior to October 7, 2023, when the Hamas raid on Israel resulted in the loss of hundreds of Israeli lives and accelerated the military assault on Gaza (there were several previous military assaults on Gaza, a total siege since 2007, and military occupation since 1967), the anti-DEI politics of some members of the medical school community continued and erupted spectacularly in the midst of the repression politics post October 7 against anyone speaking out on Palestinian human rights and criticizing Israel for its violation of those rights. It is remarkable how quickly DGSOM administration moved to announce their support for Israel (reaching out to students one day after October 7 to advise students that they could seek mental health support if they were affected by the October 7th event) and to shut down any opportunities for discussion of health issues affecting Palestinians. The Structural Racism and Health Equity (SRHE) course as well as any part of teaching and learning about health and race that occurs in other courses or in scheduled events became the first targets of repression. Repressing speech on Palestinian human rights and pressing for expanded discussions of antisemitism became the twin goals of a continuing anti-DEI politics.

Targeting the Structural Racism and Health Equity Course

In 2021, two years before the events of October 7, 2023, instructors associated with the Structural Racism and Health Equity course (SRHE) created in 2020 became the target of harassment by the Jewish Faculty Resilience Group (JFrg),⁵ a vigilante group that describes itself as dedicated to reporting instances of what it considers to be antisemitism at UCLA (which, as far as it is concerned, includes criticism of Zionist ideology and the policies of the Israeli state). This group⁶ is made up of several faculty members at the medical school --none of whom have any academic standing to address matters of racial discrimination -- whom interviewees report as having a significant influential role. Targeted people of color at the DGSOM describe

⁵ “The Jewish Faculty Resilience Group (JFrg) at UCLA is a community of faculty, postdoctoral researchers, and staff, both Jewish and non-Jewish, dedicated to supporting the Jewish community on campus. Our non-partisan organization embraces diverse political perspectives, united in our mission to strengthen the Jewish community, build allyship, and counter antisemitism at UCLA.

We believe in peace and coexistence, mourning the suffering and loss of innocent civilians, including both Israelis and Palestinians.” <https://www.jfrg.org>.

⁶ <https://www.jfrg.org/leadership>.

being subjected to online, and consequently very public harassment by JFrg, and often by non-UCLA parties including the group *Do No Harm*, a group that describes itself as “a national association of medical professionals combating the attack on our healthcare system from woke activists” and “protecting healthcare from the disastrous consequences of identity politics.”⁷

Both *JFrg* and *Do No Harm* can draw on conservative media sites such as the *Washington Free Beacon*, the *Daily Mail*, the *Daily Wire*, *Fox News* and the *Washington Examiner*. As other reports on the suppression of speech on Palestine have documented, the strategy of mediatized spectacles adopted by *JFrg* and outside organizations is one that is adopted by the Israeli government working with supporters outside of Israel who are then “coached to create social media campaigns which employ deceptive messages in relation to the state’s policies and actions against Palestinians.”⁸ As we show below, this coordinated repression, involving university and non-university actors is evident in the attacks on the curriculum and underpins the charge that the curriculum is antisemitic.

In the Fall of 2021, one of the first people to be targeted by *JFrg*, a Black faculty member, gave a lecture on “Race, Racism, and Power” in which, as she relates, she shared a slide “that discussed the social constructs of race and how race was fluid in regard to socio political and economic power.” Discussing how specific groups such as the Irish, Italians and Jews have both dissociated from and been associated with whiteness,⁹ the instructor received anonymous feedback that Jews were not a race, a comment to which she responded in the following lecture by clarifying that Judaism was a religion but the construct of race has been used in defining and treating Jewish people (notably in the Holocaust when Jews were in fact targeted as a race). Her statements were mischaracterized and circulated online as evidence of antisemitism. The mischaracterized incident has a long and seemingly permanent shelf life on the internet. In February of 2024, an unauthorized video clip discussing the clarifying statement on race and Judaism, was used in an Israeli newsreel and posted on a social media site. The shortened video clip was taken from the UCLA medical student online portal without the instructor’s consent. In the newsreel, the DGSOM student who recorded the clip and a *JFrg* faculty member falsely accuse the instructor of making hateful antisemitic statements. The video clip was then provided to individuals unaffiliated with UCLA who used it to engage in online harassment of the instructor.

⁷ <https://donoharmmedicine.org>. Wikipedia reports: “**Do No Harm** is a United States medical and policy advocacy group. The group opposes gender-affirming care for minors and diversity, equity and inclusion efforts in medicine and medical education, including race-conscious medical school admissions and other identity-based considerations regarding health care decision-making. Do No Harm lobbies state legislatures to ban gender-affirming care for youth. It argues that efforts to recruit a more diverse group of medical practitioners will result in lower standards of care, and that diversity training within the health care system places politics ahead of care.” [https://en.wikipedia.org/wiki/Do_No_Harm_\(organization\)](https://en.wikipedia.org/wiki/Do_No_Harm_(organization)).

⁸ Independent Jewish Voices Canada, “Unveiling the Chilly Climate: The Suppression of Speech on Palestine in Canada, a report prepared by Sheryl Nestel, Ph.D and Rowan Gaudet, June 2022, p. 15.

⁹ There is a well-established field of scholarly inquiry devoted to the study of whiteness. See, for example, Noel Ignatiev, *How the Irish Became White* (New York: Routledge, 2008); Karen Brodtkin, *How Jews Became White and what that Says about Race in America* (New Brunswick: Rutgers University Press, 1998).

In a similar incident in 2021 in the Structural Racism and Health Equity (SRHE) course, two cartoons used in a lecture discussing the pharmaceutical and health insurance industries' influence on the U.S. healthcare system were deemed antisemitic. As interviewees recounted, "the cartoons depicted pharmaceutical executives doing surgery on the patient and kind of extracting dollars from the patient's body." A student in the class reported to a faculty mentor that the cartoons played on anti-Jewish tropes, presumably about rich Jews.¹⁰ And in a third incident, a guest lecturer in the class during a February 2022 lecture was accused of being antisemitic because he stated that the policies of the former Los Angeles sheriff, Sherman Block, during the period 1982- 1998 were racist and violated the constitutional rights of mainly black/brown Los Angeles citizens. During this guest lecture, an interviewee related, "Unbeknownst to us all [as it was never stated during the lecture by the speaker or raised by students in the audience], the sheriff whom the guest lecturer critiqued was of Jewish descent." In an anonymous complaint sent by a student to DGSOM academic leadership, the guest speaker was accused of being antisemitic for criticizing a sheriff who happens to be Jewish, and the writer of the complaint threatened to boycott future SRHE sessions if the speaker was brought back to speak." The allegations of antisemitism "felt like a reach," one instructor commented, since Sherman Block was a sheriff during the Rodney King uprising and the guest speaker "was highlighting all the mismanagement, corruption, different ways in which this sheriff enabled a culture of impunity." His Jewishness was irrelevant.

A pattern emerges from such incidents. Complaints that seem obviously untenable garner administrative attention (in contrast to the lack of administrative response to well-documented complaints about racism). Following anonymous complaints, targeted individuals face online harassment and the complaint triggers an internal administrative response where instructors are called upon to address issues of alleged "antisemitism" in the SHRE curriculum. For example, in 2023, SRHE instructors were called upon to answer charges of "antisemitism" from two departmental chairs who had no prior oversight of the curriculum. These processes entail a specific and personal targeting of the instructors, who are accused by *JFrg* faculty of not being competent to teach the course. Although instructors of the SRHE course are regularly indicted, several of our interviewees emphasized that that the faculty member who is a Black woman has faced the most intense harassment and scrutiny from the administration as well as from harassers both internal to and external to the medical school.

Condemnation of the SRHE course and instructors reached a new height in January of 2024, travelling nationally and internationally, when an organized mediatized spectacle erupted over the issue of racial caucusing sessions in the SRHE course (an evidence-based pedagogical method used at various institutions where students separate into small groups based on their self-ascribed identity to have conversations about race and medicine¹¹). The mediatized spectacle

¹⁰ Cartoon images can be found here:

<https://www.google.com/imgres?q=health%20care%20european%20style%20vs%20american%20style&imgurl=https%3A%2F%2Fi0.wp.com%2Fotherwords.org%2Fwp-content%2Fuploads%2F2013%2F08%2Fhealth-care-american-vs-european-style-cartoon.jpg&imgrefurl=https%3A%2F%2Fhenryk>

¹¹ Lewis, L., Cribb Fabersunne, C., Iacopetti, C. L., Negussie-Retta, G., McBride, D., Irving, P., & Marbin, J. (2023), "Racial affinity group caucusing in medical education—A key supplement to antiracism curricula", *New England Journal of Medicine*, 388(17), 1542-1545.

reveals the kind of infrastructure, the “scaffolding and platforms” in the words of one interviewee, that exists to repress speech and limit academic freedom on issues of racial equity and subsequently on Palestinian human rights and Israeli violation of those rights. A medical student’s post¹² of the class survey (intended to instruct students on how they may participate in the racial caucusing exercise) on Reddit, an American social news aggregation and forum social network¹³ inspired a thread of posts condemning the SRHE course. The group *Do No Harm* filed a letter of complaint with the San Francisco Civil Rights Office accusing UCLA of violating Title VI of the Civil Rights Act of 1964 on the basis that the course engaged in segregating students by race. Several news organizations, including the *Wall Street Journal*,¹⁴ *Fox News* and the *Daily Wire* soon joined in the condemnation and their interventions served to intensify comments on Twitter about the course’s supposed antisemitism, comments that specifically targeted the course’s Black faculty. Soon thereafter, the SRHE class was canceled (and later described as ‘paused’) by Dean Steve Dubinett, without first consulting the course instructors, and after an “anonymous” faculty member contacted Dean Dubinett to protest the class session and inform the Dean about the anonymous medical student Reddit post criticizing the SRHE class content/small group exercises on racial caucusing. This seems to be an instance of selective administrative overreach into areas of instructional competence.

The targeting of the SRHE course continued. In February of 2024, a UCLA trip of 30 medical students and faculty to Israel, intended, as participating faculty member Nir Hoffmann put it, to fight back against systemic “antisemitism” on campus in the wake of campus protests of Israel’s assault on Gaza, also referred to the racial caucusing exercise. On March 1st, 2024, Ben Shapiro (editor of the *Daily Wire*) posted on Twitter that “the UCLA DGSOM SRHE course was antiwhite, anti-American.” Shapiro obtained emails, documents regarding the SRHE class from the outside group Do No Harm. Shapiro has since been invited to give talks at the medical school despite referring to General Colin Powell as an “affirmative action” case¹⁵ and insisting that homosexuality should remain classified as mental illness in the DSM.¹⁶

The orchestrated and very public attack on the SRHE course continued in March of 2024 when in a SRHE session on the health consequences and experiences of unhoused communities in Los Angeles, the session’s guest speaker became the target of a harassment that intensified to the point of credible death threats directed against the speaker. The guest speaker, an unhoused person of color and the activist in residence for the Luskin Institute on Equality and Democracy, performed a land acknowledgment that ended with the phrase “Free Palestine,” connecting the assault on Gaza to the lack of a home and housing here in the United States and calling for the freedom of all people around the world. In a familiar pattern, one student illegally recorded the session, continuing to do so despite being asked by a staff member to stop because the speaker had not given permission to be recorded. Other students witnessed the illegal recording later

¹² https://www.reddit.com/r/medicalschooll/comments/18yu0gt/med_school_splits_us_into_white_vs_black_am_i/

¹³ <https://www.reddit.com>

¹⁴ <https://www.wsj.com/articles/ucla-school-of-medicine-antiracism-course-do-no-harm-office-of-civil-rights-8143c3ae>

¹⁵ <https://x.com/benshapiro/status/261440479063842816?lang=en>.

¹⁶ <https://patriotpost.us/opinion/5023-liberals-take-over-your-brain-2010-02-17>.

emailed the instructors to share what they had observed and to condemn the student's recording of the speaker. The illegal recording was shared with a student well known by all the interviewees for her anti-Palestinian efforts, who then shared it with *JFrg*, mischaracterizing and disparaging the speaker's request to share prayers and intentions for Mother Earth. Members of *JFrg* responded that the class was "cult-like indoctrination" and announced their intention to write to the Dean and to the Faculty Executive Committee condemning the SHRE course. Harassment of SHRE instructors followed with the course's Black faculty member once again receiving the lion's share of attention online. At a meeting of California Regents on May 10, 2024, *JFrg* members shared false statements about the course and the instructor and promoted an extremist and conservative anti-DEI political agenda.¹⁷

It did not take long for the condemnation of the SRHE class once again to be taken up in right wing media, in which the instructor was characterized as pro Hamas,¹⁸ and to inspire considerable online harassment of both the guest speaker and the faculty of SRHE. UCLA's Luskin Institute on Democracy and Inequality was forced to cancel subsequent events with the guest speaker when it could not guarantee her physical safety in the wake of credible threats on their life. The Black SRHE faculty member reported to all deans that she faced intense harassment as a result of the online discussions of the course and did not feel psychologically or physically safe. She also filed two internal complaints. Notably, it was after the SRHE session where the speaker said "Free Palestine" that SRHE was prohibited from inviting guest speakers.

There continues to be discussion about the merits of the SRHE course, which accounts for only 30 hours of curricular time, now reduced in 2024-2025 to 24 hours. While a large section of the student body advocates for its importance, they face opposition from faculty who maintain that SRHE instructors are not appropriately vetted and that Jewish students experience discomfort in the course. Notably, a task force on curricular issues was formed, in part, as a response to a Title IX complaint filed by *Jfrg* about the SRHE course. The course remains "paused."

Targeting the Health Equity Hub

Students who pushed for a power analysis of race and persisted in their efforts to address racial health inequities, racist admission criteria and the racially hostile climate in the medical school, met roadblocks from the start. When they pushed to have a protected space for students of color, for example, initially named as a multicultural center, they were told that the name was too political and exclusionary. In 2017 the students were permitted to have a Health Equity Hub, "a student-run space for collective action and community-building towards the eradication of all forms of oppression both within and outside of UCLA."¹⁹ The Hub has taken on such topics as

¹⁷ <https://www.jfrg.org/advocacy-letters-videos/1-min-videos-of-faculty-speeches-at-uc-regents>.

¹⁸ <https://freebeacon.com/campus/ucla-med-school-requires-students-to-attend-lecture-where-speaker-demands-prayer-for-mama-earth-leads-chants-of-free-palestine/>; <https://www.dailymail.co.uk/news/article-13269831/UCLAMed-School-bizarre-lecture-pro-Hamas-activist-prayer.html>; <https://nypost.com/2024/04/04/us-news/ucla-made-med-students-attend-lecture-given-by-hamas-supporter/>; <https://freebeacon.com/campus/pedagogical-malpractice-inside-ucla-medical-schools-mandatory-health-equity-class/>

¹⁹ <https://www.facebook.com/healthequityhub/>

modern day eugenics across women's prisons, undocumented immigrants rights, law enforcement violence against communities of color, and the impact of the pandemic in Black, Latinx and Indigenous communities. It has called upon the UCLA Health system and L.A County leadership to respond to the health crisis in these communities and the Hub has supported medical practitioners who faced penalties for their anti-racist activism.

Since October 7, students affiliated with the Hub report new institutional limits on the Hub's autonomy as a student-run space. One example of the increased monitoring is a sudden institutional effort in November 2024 to remove all artwork and posters from the space, acknowledged by administration to be in response to a vague complaint that items on display made future users of the Hub "uncomfortable" and also in response to what the administration claimed, falsely, were the mandates of UCLA's new Time, Place, and Manner policies. These items ranged from posters stating the Hub's values, fliers of past talks and workshops held in the hub, artistic displays of Jewish home remedies for viral infections, and a few pieces of art related to Palestinian freedom. Students were not privy to the nature of the complaint and were locked out of Hub space during, and for several days after, the administration's raid of the space's artwork. Students' future ability to practice any form of political expression in the Hub remains uncertain, and the administration's actions convey a repudiation of concern about the racially hostile environment that the Hub was meant to ameliorate and which its dismantling amplifies.

Failure to protect faculty from attacks

Reportedly, UCLA hired an outside group to investigate the SRHE session on the structural determinants of unhoused communities' health. The targeted Black faculty member held several meetings via Zoom with UCLA administrative officials including DGSOM Dean Steven Dubinett, Executive, Vice Chancellor and Provost Darnell Hunt, and Mitchell Chang, Associate Vice Chancellor of EDI, John Mazziotta, Vice Chancellor of Health Sciences and CEO of UCLA Health, and Erika Chau, Assistant Vice Chancellor of Academic Affairs and Personnel.

These multiple upper administration meetings have not yielded much in stopping the harassment and in protecting the SRHE course and its instructors from attacks. No one party to the illegal recordings has been publicly disciplined and no official announcements have been made about the protection of academic freedom. On the contrary, the SHRE course was "paused," the use of guest speakers (community advocates, non-profit institution workers, or clinicians otherwise) within the SRHE course is paused, student spaces are surveilled, and complaints about Palestinian solidarity are acted upon immediately, resulting in further constraints on academic freedom. Of note, SRHE is the only curricular course at DGSOM where this freeze on guest speakers is being put into effect by medical school administration.

We quote at length here a portion of our interview with the targeted faculty member to illustrate UCLA's administrative response and its impact on targeted faculty:

"UCLA DGSOM leadership has not prevented the harming (public doxxing) of UCLA female physicians of color by this internal UCLA group (JFRG) members and outside media outlets, (Washington Free Beacon, Daily Mail, New York Post, Fox news, Daily Wire, City Journal, etc.) and has made no substantial efforts in restoring our names. While DGSOM has defended the

institution, no efforts have been made by UCLA and the UCLA DGSOM communication team to defend the names of the individual female faculty of color that were defamed. This includes no statements internally within the UCLA School of Medicine or external public statements. UCLA DGSOM continues to maintain a toxic, discriminatory and psychologically unsafe work environment. Since being doxxed multiple times, I have received harassing emails on my UCLA email which has made me concerned for my physical safety and caused emotional distress in my professional and personal life. A few of my primary care patients approached me about the online articles and referenced the false claim of me being antisemitic. I am concerned that this defamation has also prevented me from obtaining job promotions both within the UCLA Health system, DGSOM, and outside of the institution.

In addition, I have concerns about the relationship between the group JFRG at UCLA, the outside conservative racist group Do No Harm, and the news site Washington Free Beacon (who has published a significant percentage of the racist, defaming stories). Dr. Stanley Goldfarb- Do No Harm Chairman, Michael Goldfarb- chairman of Washington Free Beacon and son of Stanley Goldfarb.²⁰

The JFRG group has continued to harm and defame both myself and other faculty, residents, medical students of color with no consequences or disciplinary actions. The actions of JFRG have also led to defamation and harassment/threatening of our past community guest lecturers for the SRHE course ...Furthermore, the academic credibility of community speakers (many of whom are people of color) has been questioned and framed as invalid by UCLA DGSOM leadership. UCLA DGSOM leadership has failed to speak out in support of our guest lecturers or provide some form of repair of the harms these guest speakers have been subjected to in the media. As a result of lack of support and DGSOM leadership providing inadequate protections for our guest speakers, the SRHE team decided to temporarily suspend having guest lecturers in May of 2024. Our SRHE Housing Rights session scheduled for 4/10/2024 was canceled due to physical safety concerns. Lastly, academic freedom continues to be infringed upon by UCLA DGSOM leadership. Dean Dubinett and Vice Chancellor Mazziotta decided to temporarily suspend (“pause”) the SRHE course until further review which was relayed to me during a phone conversation with Dean Dubinett on April 16, 2024. A few days later, Dean Dubinett was informed by the UCLA Academic Senate and DGSOM Faculty Executive Committee (FEC) that only the FEC could suspend or cancel courses. The DGSOM FEC voted (11-2) to continue the SRHE course on 5/1/24.

It is important to note that other Black faculty and staff have also been publicly harassed in the media and by the organization *Do No Harm* for their efforts at racial health justice.²¹ DGSOM has contributed internally to these campaigns by restricting teaching on race and health

²⁰ <https://www.statnews.com/2022/10/17/uptodate-racism-problem-stanley-goldfarb/>

²¹ <https://www.city-journal.org/article/dei-meets-plagiarism-at-ucla>; <https://freebeacon.com/campus/a-failed-medical-school-how-racial-preferences-supposedly-outlawed-in-california-have-persisted-at-ucla/>; <https://freebeacon.com/campus/ucla-medical-school-denies-whistleblower-allegations-claims-students-admitted-based-on-merit/>

disparities. For example, in April of 2024, DGSOM cancelled a scheduled lecture on the racial underpinnings of the opioid crisis on the basis that the lecture proposed to link the crisis to “whiteness.” The lecture was then renamed and limited to in-person attendance only.²²

Mobilizing Additional Oversight

In the wake of the attacks on their pedagogical strategy of racial caucusing when instructors of the SRHE course found themselves in a media and administrative storm, there was little space to defend their pedagogical decision that it was important to have students discuss their positionality when examining racial justice issues. Significantly, interviewees note that the attacks serve “to mobilize additional oversight over curricular activities” and mischaracterizations of the course continue to be uncorrected by the administration. Instructors continue to be harassed, suffer damage to their reputations and find themselves having to engage in self-censorship or endure even more of a curtailment on what they can teach and how. Most of all, as interviewees made clear, the attacks effectively “cut critical conversations,” and “convey that it is not necessary to engage with the community,” an effect that is consolidated when the medical school prohibits guest speakers from the SRHE course and cancels sessions. In this most direct of infringements on academic freedom, the attacks result in the curriculum being stripped of critical content on race and health inequities and of any mention even in passing of Palestine.

Cancelling sessions on Palestinian health

The deliberate targeting of the SRHE course as “antisemitic,” and the processes that trigger the targeting, namely, one or two medical students secretly recording or complaining, in alliance with *JFrg* and in collaboration with *Do No Harm* and with right wing media, are in evidence elsewhere in the medical school curriculum and result in a similar curtailment of academic freedom. For example, on November 6, 2023, the students enrolled in an elective global health seminar received an email from administration announcing that an opt-in scheduled session on Palestinian access to health care, and the entire health, human rights, and advocacy session the scheduled session was situated within (including break-out discussions on other human rights topics beyond Palestine), would not take place. Ironically, according to the email, the session on Palestinian health was “postponed” rather than cancelled outright because the medical community “is in deep pain from the humanitarian crisis in the Middle East.” Administrators also communicated that they were worried about the safety of instructors in the course.

Instructors teaching about global health inequities find that their syllabi and course content are subject to interference to “the third degree,” as one instructor put it. For example, following complaints, administrators urgently examined an instructor’s syllabus and course content for its coverage of settler colonialism, focusing on an Indigenous author whose assigned reading briefly mentions connections between North American settler colonialism and Israeli settler colonialism. The dean’s office also found fault with another specific author on the syllabus, thus intervening in the curriculum to an unprecedented extent.

²² <https://www.thecollegefix.com/ucla-med-school-cancels-lecturing-blaming-whiteness-for-opioid-crisis/>

The DEI response

Issues of racial justice and health equity are transformed into issues of diversity, equity and inclusion. Cancelled sessions related to global health disparities, for example, are replaced by sessions announced as “fostering constructive dialogue” on general topics. This abandonment of critical discussion of the social and structural determinants of health, an important part of medical education, devolves into a framing of the key issue as one of diversity, equity and inclusion. When diversity replaces attention to racial justice, the door is open for a decontextualized and de-historicized approach to learning. Significantly, generalized initiatives under the rubric of *Diversity, Equity and Inclusion*, for example a session held on “Compassion and Empathy in Medicine” easily serve to recenter discussion on Israeli suffering and to foster an environment in which Palestinians were labeled as “terrorists” and Palestinian, Arab and Muslim students were harassed.

Students told us that such mandatory sessions, apparently involving a diversity of speakers, instead provided an opportunity for pro-Israel speakers to speak of Palestinians in negative ways and to insist that criticism of Israel amounted to antisemitism. In one instance, a faculty speaker described Palestinians as terrorists and when confronted with students’ objections demanded to know the identity of a single student who objected, and subsequently engaged in an aggressive confrontation with the student after the event. In the interviews, students noted that their efforts to bring such incidents to the attention of DEI personnel often went nowhere with students being simply advised to stay clear of aggressive faculty and being told that the encounters they experienced as Muslims, Arabs and Palestinian were “not a real issue,” a striking contrast to DGSOM’s solicitude toward tendentious claims of antisemitism. When students expressed their fears of retaliation, they were simply dismissed.

The repression of speech and the limitations placed on academic freedom have tested the limits of diversity, equity and inclusion strategies. A politics of neutrality (neither side will be condemned) and “two side-ism” (where the discomfort some Jewish students suffer from hearing criticism of Israel is equated to the suffering of Palestinians who are enduring a genocide), has the impact of repressing speech on Palestinian human rights and fostering the targeting of students. While DEI is the target of right wing and anti-Palestinian forces, it has now aroused suspicion from those who are targeted by those same forces. The JEDI office, an interviewee commented, is “not empowered to effectively respond to someone (who) is causing major damage to the environment,” someone, that is, who is dedicated to repressing speech on Palestine. DEI has become, in the words of one interviewee, “an enforcement mechanism” for repression.

The requirement to focus on antisemitism

Instructors are also confronted by the administration over complaints that the curriculum does not adequately center “Jewish life” (despite coverage in multiple curricular threads including SRHE about medicine and the Holocaust). They are also invited to focus more intensely on antisemitism. In response, SRHE instructors explain that the course objective is to further a structural analysis instead of one based on identity but they are nonetheless “being asked to make

things more politically neutral... even questioning usage of the word oppression.” Experiencing the administrative response above as replacing structural critique with a focus on antisemitism, interviewees believed that “a white supremacist agenda masquerading as Zionism” accompanied the intensified focus on antisemitism. Racialized interviewees described the experience of hearing, in mandatory sessions, that racism against Jews was “the primary racism” and that nothing was said of the dehumanization of Black people and Palestinians. Students concluded that their education was focusing on the specific political agenda of Zionism, at the expense of serious attention to racism directed at Black and Brown populations. They described sessions even before 2023 where an open anti-Palestinian animus prevailed. For example, a clinical instructor for a mandatory preclinical session on medical professionalism showed the class screenshots of physicians listed on the website Canary Mission, a website dedicated to targeting and defaming critics of Israel and those who advocate for Palestinian rights,²³ and described those profiled and harassed on the site as examples of a lack of professionalism.

The Medical Incident Reporting Form

The Medical Incident Reporting Form (MIRF) is one reporting mechanism that has been misused and through which critical conversations about race equity and Palestinian human rights are suppressed, and the classroom becomes a place of unrestricted harassment against anyone expressing support for Palestinian human rights. As one of the interviewees ruefully put it, since October 7, MIRF has become a verb. Interviewees discussed that the MIRF system has been “weaponized,” paving a path for the few students and faculty dedicated to repressing speech on Palestine and whose complaints are given immediate attention. A student was even reported for antisemitism because she shared in a class chat an incident of anti-Muslim racism that occurred in her childhood. Intellectual acts, such as recommending books on the history of Palestine, or discussing the International Court of Justice’s interim orders on genocide in Gaza, trigger complaints recorded on a MIRF. One student reported that they were cautioned by their mentors that their comments on Palestine could have a major impact on their standing in the program since his teachers had learned that their actions were being discussed at the upper levels of administration as instances of antisemitism.

Another interviewee described that he was reported by a physician who was not even in the classroom, for the act of simply making a classroom announcement about a vigil to be held for medical personnel killed in Gaza. When told of some of the details of the complaint the student heard an account of what happened that was “completely falsified” and which is contradicted by the recording the student made of his own words. The complaint “made me out to be an extremist that was berating my cohort for not supporting Palestine,” he noted. Unable to see the actual details of the complaint, the student still does not know if his own account of the incident is put on record and whether there could be further repercussions. Noting that his complaint was not directly handled by the dean of students but by a faculty member unaffiliated with that office, the student worried that he could not trace the official response to the complaint made against

²³ See https://mesana.org/pdf/Exposing_Canary_Mission.pdf

him and that the complaint would circulate to other faculty who had control over evaluations that could directly harm him.

The circle of administrators who were privy to complaints about students alleged “antisemitism” widened. In January 2024, several months after the initial filing of the complaints, the UCLA Dean of Students notified students that the UCLA office had received communications from DGSOM about the classroom incident. One student related that he was invited to discuss the matter. Discussing this email with his own Dean of Students (on the telephone and not in writing), the student was told that DGSOM would take care of it and that he would not have to respond to the UCLA Dean of Students. The Task Force heard from several other students who had the same story to tell about a MIRF complaint that led to UCLA’s Dean of Students office but was ultimately dealt with in the same informal way by DGSOM. All interviewees shared the sentiment of one interviewee who concluded of his experience with the MIRF process: *They need to definitely hammer down the MIRF process. If there's a procedure, the procedure needs to be followed every time. If that procedure is not followed, it needs to be documented, and a report needs to be made. I need to be notified if this procedure did not happen correctly because I'm under disciplinary action...I should not be penalized, or my future should not be jeopardized for that.*

A hostile environment

Black students and students of color describe the medical school environment as “hostile and isolating.” There is a great deal of fear, several interviewees said. Students experienced the one-sided pro-Israel messages coming from administration, the hateful messages coming from classmates, and retaliation against upperclassmen as “pretty harrowing.” Anticipating retaliation and harassment, they try to move their clerkships away from sites known to be racially hostile, depriving them of educational and professional opportunities. Black students report an increase in anti-Black racism. For many interviewees, since October 7th the classroom itself has become a place where students do not trust each other and friendships become broken, an outcome of the unrestricted harassment of those in support of Palestinian human rights. Some students attempted to organize a healing circle but felt that “there was not much of a desire to heal” on the part of non-racialized students. “The curriculum went from being one of my biggest sources of joy to being the biggest source of stress,” a student commented. Interviewees felt great concern for Black and Arab students who are subjected to attacks and wondered how they could shield their fellow students from attacks. “I guess the feelings that I had that [were] that the administrators were just cruel,” an interviewee shared; “I lost a lot of innocence.” Some students and medical residents stopped participating in Diversity, Equity and Inclusion events amidst fears that the medical school would not adequately protect them from retaliation, and that DEI has become a shield for obscuring the repression of speech about Palestine. Noting that faculty known to be hostile to Palestinians were sometimes part of JEDI events, several students were skeptical that DEI efforts were useful. Interviewees who shared their concerns with JEDI administrators were dismayed when those administrators said at a formal JEDI dinner event that they had no idea anything punitive was happening to those who spoke about the genocide.

The power that faculty can exercise over medical students is sobering. “People have power over you that can literally prevent you from becoming a doctor,” more than one interviewee told the Task Force. From negative evaluations on clerkships to preventing a student from obtaining residency positions, to the capacity of online harassers to invade their personal lives, students told of having to check if their professors were among those who had signed the letter calling for punitive actions against those in support of Palestinian solidarity rights. The Task Force was told of specific incidents on the wards where an anti-Arab, anti-Palestinian and anti-Muslim racism prevailed and of the failure of the medical school to protect students and residents. We describe below one such incident that has now culminated in a lawsuit filed against UCLA.

Students are profoundly affected by the climate of repression and administrative collusion with those seeking to repress speech on Palestinian human rights. “I don’t know who to trust,” students told us; “what people can say can have such a big sway over your career.” Explaining that the medical school favored comments and summaries from supervisors and deans at the end of clerkships, many interviewees emphasized, in the words of one interviewee, that “you don’t want bad things to go in there at all.” Fear over their future was accompanied by a profound sense of betrayal. “I’ll never forget that they didn’t reach out to us. We’re all students, we’re all their students as well,” an interviewee commented, noting that the administration very seldom spoke to students about their concerns about racism. As they commented about their efforts to bring incidents of racism and violence to the attention of administrators, “this isn’t a matter of, you know, a disgruntled student disagreeing with your content. This is threats of violence and harassment and a sustained pattern of administration not even acknowledging ...what had been going on at that point since January...or even just to check on our wellbeing.”

Students, medical residents and faculty expressed their dismay that curricular spaces where racial justice and health could be discussed without fear of harassment are disappearing. Students and faculty engaged in anti-racist work and in protecting Palestinian human rights are deeply worried that their racial justice efforts will be completely shut down. “The winds have changed,” an interviewee reflected. The medical administration acquiesced to racist demands so quickly, without due regard to the students and faculty who have been harmed: “I think that to me is the most frightening thing, is these kind of neutral folks that people at least would rely on for, for example, a letter [of recommendation] are folks that you can’t rely on; it’s like you can’t unsee that. I will not be able to recover. I can never recover.” As one interviewee who has lost family members in Gaza asked, “what are the mental health effects of being silenced, of being isolated, of not being able to share how your story of loss weighs on you?”

Part Two: Doxxing and the Repression of Speech on Palestinian Human Rights

Dox//däks/ verb; gerund or present participle: doxxing search for and publish private or identifying information about (a particular individual) on the internet, typically with malicious intent. Hackers and online vigilantes routinely dox both public and private figures.²⁴

²⁴ <https://languages.oup.com/google-dictionary-en/>

“I’m scared of what if I get doxxed, does my family get doxxed? My sister also does work like this. Does this also come for her.” Interviewee

“You dox someone specifically to harm them. Otherwise, you don’t dox them. Doxing is specifically to harm.” Interviewee

Doxxing, defined as searching for and publishing private or identifying information about a particular individual on the internet, “typically with malicious intent,” is described as “unethical online behavior, oftentimes being related to revenge, humiliation and other aggressive motivations” and “a novel online harassment behavior involving the exposure of personal information in public forums, often with the intention of inducing fear in the victim.”²⁵

Organized doxxing

Here is an example of an actual incident of doxxing in the David Geffen School of Medicine. Two psychiatry residents who are Arab women organize an optional lunchtime talk in collaboration with the Justice, Equity, Diversity and Inclusion (JEDI) and Community and Global Psychiatry offices on the pathologization of various forms of resistance in marginalized communities. These optional talks are common in the department and the topic is highly relevant to their field of medicine and is consistent with the Justice, Diversity and Inclusion (JEDI) talks in the department.²⁶ The organizers proceed through all the appropriate avenues even sending their slides to faculty advisors for feedback. On the day of the talk there is an unusual number of attendees, in person and on zoom, from multiple departments. Lunchtime talks do not usually attract more than a handful of people and they are generally intended for attendees in the psychiatry department. The talk, which deals with how psychiatry has pathologized resistance from Black people, from women and from minority sexualities, is apparently successful, with many residents communicating that they found it valuable. Speakers discussed community building, how to cultivate safe spaces and how to recognize the connection between mental health and liberation. The talk is not specific to Palestinians, but the topic comes up in salient ways.

Five hours after the talk, without the permission of the two speakers, slides, along with the names of the two speakers, are posted on the Instagram site *Physicians Against Antisemitism*. The post alleges that the speakers are promoting the view that self-immolation is a valid form of protest, a phrase that will soon circulate widely. Self-immolation came up in the talk in the context of the Vietnam war, the Arab Spring, and in the case of Aaron Bushnell. Bushnell was a U.S. soldier

²⁵ <https://www.sciencedirect.com/science/article/pii/S0191886923003550?via%3Dihub>

²⁶ See, for example, <https://heinonline.org/HOL/LandingPage?handle=hein.journals/illlr117&div=45&id=&page=;> Leviste, E. N. P. (2023). When pedagogies pathologize: theorizing and critiquing the therapeutic turn in education. *International Journal of Qualitative Studies in Education*, 37(2), 413–425. <https://doi.org/10.1080/09518398.2023.2203099>

who self-immolated in front of the Israeli embassy in Washington in protest of the killing of Palestinians in Gaza.²⁷ Attendees at the lunchtime talk had secretly recorded and uploaded it to the website of the *Jewish Faculty Resilience Group (JFrg)*. *JFrg* sends a second letter sent to Higher Administration (Darnell Hunt, then EVC and now interim Chancellor) and to the Chancellor in advance of the talk alerting him to its “antisemitic” content. Since only the speakers’ Arabic names and the general subject matter of the talk had been made public to the psychiatry department, there is a reasonable possibility that the speakers were targeted in advance because of their racial identity and their assumed solidarity with Palestinians. A second letter (still posted on the website) is sent after the talk making the claim that the two speakers were indoctrinating medical residents with antisemitic rhetoric and that they offered unacceptable critiques of the position (supportive of Israel) taken by the American Psychiatric Association on Israel’s assault on Gaza. Doxxing began shortly after the posting of the speakers’ names on the Instagram of *Physicians against antisemitism* and the *JFrg* website. Tweets proliferated calling the speakers terrorists and suicide bombers, classic racist tropes. Personal information about the speakers and their photos were published online including addresses and threats are made to their person.

On April 3, at a regular meeting, the Faculty Executive Committee, which is elected to represent the faculty, discusses the secret recording of the talk.²⁸ The faculty member who secretly recorded the talk admits that she has done so and vigorously defends her actions as necessary because the talk “was about libel against Jews and the one Jewish state” and amounts to antisemitism and indoctrination. Denouncing that words including genocide and Apartheid were used in the talk, another faculty member in support of her explains that the slide about Aaron Bushnell’s self-immolation included Bushnell’s own statement that he did so because of genocide and colonization. The talk, she added, made a Jewish member who attended the talk feel “terrified and silenced.” Their perceptions of antisemitism should be the number one priority, these two speakers concluded, and not the fact that the recording was illegally made and distributed. Warning that “doxxing can trigger violence,” other participants in the FEC meeting make clear that the illegal recording and posting was a violation of the rights of the trainees who had delivered the talk.

Although *JFrg* agreed to take down the recording of the talk, the screenshots of it continue to circulate online to this day. The faculty member who made the recording pledged to stop any doxxing that might have occurred. The matter does not end there, however. Notwithstanding the pledge to stop doxxing and to engage in dialogue, members of the *JFrg* meet with the University of California Regents a few days later to discuss the two trainees who had organized the talk, without using their names but describing the talk as “grotesque.” (Regents’ meetings are public

²⁷ <https://www.theguardian.com/commentisfree/2024/mar/02/aaron-bushnell-death-washington-gaza>

²⁸ The Faculty Executive Committee is “the elected representative body of the Faculty of the School of Medicine. It functions as an arm of the Academic Senate and has specific responsibilities for the design and conduct of the academic program of courses and curriculum within the Medical School.” <https://medschool.ucla.edu/faculty-and-staff/faculty-resources/faculty-executive-committee>.

events and are recorded.) As is often the case with doxxing, and arguably its chief objective, right wing media become involved and their articles in turn facilitate more doxxing. The *Washington Free Beacon* repeats the claim that two psychiatry residents endorsed self-immolation as a valid form of protest. Significantly, the newspaper possesses the leaked recording of the talk. Their article is soon followed by a similar article in *The Daily Mail* which also includes the photo and name of the residents. Over twenty websites re-post this article. The university did absolutely nothing to intervene, failing to protect the residents against a racially hostile work environment that DGSOM faculty had instigated.

From Twitter to Websites, the Regents and the U.S. Congress

Harassment of the two speakers greatly intensified when, on May 23, 2024, Chancellor Gene Block is called to testify to the House of Representatives Committee on Education about alleged antisemitism on the UCLA campus.²⁹ The House Committee on Education had previously sent to the Chancellor a report on antisemitism at the UCLA campus, erroneously detailing several incidents they described as antisemitic. We note, in particular, the incident described in our last report where a Jewish student filmed himself allegedly being denied entry to the encampment and making the claim that Jewish students were blocked from reaching their classes. Although it was proven (and shared with Chancellor Block and EVCP Darnell Hunt) that no student, Jewish or otherwise, was ever blocked from reaching their classes, and although the deliberately contrived nature of the claim was obvious, the incident, highlighted by the House Committee on Education, circulates to this day as evidence of “antisemitism” on the UCLA campus.

The incident in the psychiatry department, and one of the two speakers, is explicitly named in the Committee on Education report. To find that one can go from a lunchtime talk, to being widely profiled online, and ultimately to end up in a report of the House of Representatives Education Committee, is to experience intense harassment. It is to be permanently in the public eye and to face innumerable professional and private penalties including the threat to one’s life and the loss of professional opportunities.

Most interviewees shared the view expressed succinctly by a faculty interviewee:

There have been communications across the country saying anyone who's problematic on your campus, add their names to this list. We will not hire them. So this affects medical students trying to get residency positions. This affects residents trying to get fellowship positions. This affects fellows trying to get faculty positions. This affects faculty going up for promotion. People are biased. These lists are not a secret. There's a reason for doxing. And in our field, our trainees will now have fewer opportunities professionally because so many institutions may be limiting their acceptance of students to those who are not on this (doxxing) list and even those who are not on the list completely unjustly. So that is in addition to reputational harm. Because when

²⁹ https://edworkforce.house.gov/uploadedfiles/ucla_final.pdf

those students or future physicians are Googled by future patients, they're going to find their name on some list.

It is permanent. Anything on the internet is permanent. And so there's permanent reputational harm, permanent harm in terms of future safety for those lunatics out there who want to go and cause physical, psychological, whatever harm, make threats to folks who are on this list when they don't know the half of the story. So the harm is multidimensional, so many different levels.

Failure to respond to complaints from targeted individuals

The two event organizers/speakers communicated the sequence of events and their fears to administrators and asked how the faculty members in question could be held to account. Although lower-level administrators meet with the two residents, the response from those higher up is simply to inform the residents that they could refer the matter to the Office of Public Safety and to file a police report. It is suggested that the matter could also be referred to the Office of Discrimination and Prevention and that the two residents who were doxed could file a Mistreatment Incident Reporting Form or MIRF (discussed above). Although multiple medical residents subsequently filed MIRFS against the faculty member who made the secret recording and who circulated it, the interviewees we spoke to have not to date received any communication of the outcome and do not know if there are any official consequences for the secret recording of the talk. In two instances, medical residents did file a claim in the Discrimination Office who closed the case by noting that the incidents described did not fall within their purview. Some residents who submitted MIRFS about the faculty member who illegally distributed the slides and the recording were told that the incidents were being reviewed by the Committee on Learning Environment Oversight (CLEO) and would eventually be referred to the appropriate office as mandated by policy. No subsequent communication from or about CLEO was received. The contrast to the direct, rapid, and forceful intervention by top administrators into SRHE speaks volumes.

The Impact of Doxxing

Medical students and residents at DGSOM relate the following: Families and friends were intensely stressed especially when they saw death threats in tweets that were re-tweeted by some members of JFRG. Those who were doxxed were worried about the targeting of people they lived with, both in terms of physical threats and professional opportunities. They had trouble sleeping. Although many residents and students experienced racism daily, all said that doxxing introduced an intense level of fear not known before. In the words of one interviewee, “So it's one thing to be heckled in the street and to watch the media villainize you and your people your entire life. It's an entirely different thing to be likened to terrorism or barbarism or whatever they say, and to be told that you are engaging in medical malpractice and telling your patients to kill themselves and that you're an anti-Semite solely because of the cloth on your head and the fact that you believe that people shouldn't be bombed into oblivion.” An interviewee shared that “there is still a fear of what else they will do...Especially at UCLA, I'm always waiting for the other shoe to drop. I'm waiting for my attending [physician] to get an email, or my program director to get an email about me. I'm waiting for *JFrg* to do something else to me.”

Doxxing led medical residents and students to curtail their social media activities despite their need to communicate with their own communities of origin about the unfolding genocide in Gaza. They became extremely apprehensive about any online activity: “I remember going through my Instagram and my social media and scrubbing everyone I didn't know and everyone who I had not confirmed was an ally of the Palestinian cause because I was terrified of being doxed again. I basically stopped using my Instagram altogether. I was generally very vocal on there because I do have some people on there who aren't Arab, who aren't Muslim, who I think it's important for them to stay up to date with what's happening. They continued, “That's what they want. It's really difficult to admit because that's what they want. They want to scare you and they want to stop your activism.”

Heightened Racism

Doxxing also produced heightened racism in the medical environment: *“There are clinics where I walk in and I feel small and less than and not worthy of life and safety in the same way that they are because they have signed documents saying essentially that people like me are not worthy of life and safety and advocacy the way they are. So depending on the day you catch me, I'm either doing pretty okay, or I'm riddled with anxiety and waiting for the other shoe to drop. I'm waiting for someone to take me into a room and tell me that they don't like that I'm wearing a watermelon badge because I've had that on since last year to make some kind of comment about Muslims or to make some comments about the protesters or the encampment.”*

Day to day racism grew significantly more intense against Palestinian, Arab or Muslim (and Muslim looking) residents and students. When statements, including by UC and UCLA leadership were signed in support of Israel and there was no corresponding acknowledgment of Palestinian lives lost, residents, students and faculty experienced the silencing intensely and were moved to express their concerns on their private Instagram accounts. Notwithstanding the privacy of their accounts, an individual made screenshot of the posts and sent them to program directors and other leaders who then cautioned the student to be careful on social media. The student felt compelled to change the locks on her door and to take added precautions.

Medical residents had to consider whether they could successfully work at clinics if their fellow doctors read social media posts about them. Patients also exhibited racism after reading the narratives circulated in the media and in social media. As one resident described, *“On my last rotation of my second year, I had a parent say that they did not want me working with their child because they saw the article and they did not feel comfortable with someone like me “promoting what I promoted”, working with their kid.”* There is always a fear that patients will google residents and refuse to work with the doxed residents. Importantly, residents also shared that while they had to fear the opinions of the attending physicians who held power over them as trainees, they also enjoyed strong support from some of their colleagues, but that support was expressed interpersonally, again for fear of reprisal, and never enjoyed the broad, public and national expression of *JFrg* speech. Meanwhile, the DGSOM and UCLA administration were silent, failing in their obligations to prevent or remediate racially hostile learning and work

environments, including those created by colleagues, co-workers, or patients. Even if they chose not to speak about individual cases, they easily could have circulated communications about community norms and expectations, among other things. It is not asking much for administrators to affirm that DGSOM community members should not dox one another, reports threats against colleagues and trainees, and the like.

The racialized repression of speech on the wards

The environment created by the above events contributes to increased everyday racism in hospitals as well as a surveillance and disciplining of any resident who shows support for Palestinian human rights. Medical personnel are not permitted to wear buttons that indicate solidarity with Palestinians and opposition to anti-Palestinian, anti-Muslim, and anti-Arab racism at UCLA. No other political buttons have been banned, e.g. Black Lives Matter buttons or buttons supporting abortion rights or gender affirming care. The department of Anesthesiology of UCLA Health has even sponsored humanitarian missions to Ukraine, for example, a country that is also under military attack.³⁰ Interviewees report that they were told that it was against hospital rules to wear buttons expressing support for Palestine. Attending physicians, who supervise medical residents, report wearers of the buttons and inform them that the buttons make some people feel unsafe. They were further informed that “higher ups” would be watching their behavior, and they were warned in no uncertain terms that their careers would be affected if they defied the rules on button wearing supporting Palestinians. Button wearers who showed that they were distressed by the rule were advised to get therapy and were referred to the Behavioral Wellness Center. As one interviewee remarked ruefully, “genocide doesn’t get any better with therapy.” In one instance a button wearer was advised that they could file an anonymous report that she had been discriminated against based on political belief. This practice is in clear violation of antidiscrimination and labor law, including laws which prohibit retaliation against those who express opposition to discrimination or against those who act in solidarity to protest workplace policies. The National Labor Relations Board recently ruled against an employer for suppressing display of BLM insignia, drawing on a long line of caselaw protecting workplace buttons, case law specifically about pins at work.³¹ That the DGSOM allows such openly discriminatory and illegal behavior to continue is a clear indication of the anti-Palestinian racism that pervades the institution and the impunity with which they exercise it.

Clinical faculty reported to the Task Force that in their experience they were experiencing the worst level of hatred aimed at Muslims, Arabs and anyone in solidarity with Palestine on the wards. They commented that the American Medical Association has yet to issue any statement of concern for the high level of Palestinian deaths and that there had been a coordinated effort to shut down a ceasefire resolution by Zionist physicians making openly racist remarks. The group *Physicians Against Antisemitism* is very active and there is a continuing threat that anyone in support of Palestinian human rights will be reported for “antisemitic” behavior. Connecting the

³⁰ <https://www.uclahealth.org/departments/anes/two-humanitarian-missions-ukraine>.

³¹ <https://theconversation.com/employees-have-a-right-to-express-support-for-black-lives-matter-while-theyre-on-the-job-according-to-a-historic-labor-board-decision-224496>.

national picture to UCLA, interviewees noted that UCLA physicians were among the speakers at the counter-protest of the encampment, speaking in support of Israel's assault on Gaza. In contrast, they were asked to take down their own letter calling for a ceasefire in Gaza. All statements by clinical faculty are now vetted by administration and those deemed "political" are taken down from the faculty website.

UCLA physicians who work in an L.A. County hospital site are heavily restricted in what they can say about Gaza and Palestine. As interviewees told the Task Force, while they can have invited speakers who speak about the Holocaust, they are not permitted to have speakers who are physicians who have worked in Gaza. It was in part because they experience the hospital environment as so deeply hostile to anyone in support of Palestinian human rights that these interviewees were very concerned about preserving their anonymity. They were clearly terrified of professional retaliation for participating in this report, and not only for themselves but also for their patients. For instance, one physician expressed her concern that if her colleagues knew her position on these issues, they would not come when her patient urgently needed an anesthesiologist or other medical intervention.

The difficulties of pursuing accountability

Those who have been harassed online because of faculty actions have found it difficult to pursue accountability. As one interviewee observed, "the harm of doxxing and how that unfolds, fully reveals the complicity of the institution." Victims wrote to deans about the actions of specific faculty who secretly recorded students and circulated the recordings online, leading to considerable online threats. They provided evidence of the threats and harassment and spelled out the impact of doxxing on their professional lives and on them personally. More than 77 residents, students and faculty signed a letter complaining of the harassment and doxxing and asking that wrongdoers face the consequences of their actions. Residents were referred to various offices and administrators who occasionally expressed concern but as far as we can ascertain, no one has faced consequences of any kind, and online harassment has continued.

The medical students, residents and faculty who signed a collective complaint about faculty participating in doxxing were clear about what they felt was necessary given the tremendous harm of faculty actions. (We have removed names although the offending parties are well-known and are on the official record about their positions.):

"we urge UCLA Psychiatry and DGSOM to act in accordance with UCLA's Principles of Community and demand the following:

- Dr. xx immediately takes down the non-consensual recording of the talk.
- Dr. xx immediately removes all content referencing the lunch talk on the JFRg website as well as the *JFRg* Twitter/X account, including all original posts, replies, and retweets.
- Dr. xx immediately requests that the *Physicians Against Antisemitism* Instagram account remove the two Instagram posts endangering the safety of both our residents as well as medical students.
- Ensure protections against workplace retaliation towards our trainees as well as the CGP, JEDI, and Ethics residents and faculty advisors.

- Remediate and remove Dr. xx from Volunteer Clinical Faculty and protect trainees so that she no longer serves as their supervisor at xx Clinic.
- Send clear and consistent communication to all DGSOM and Department of Psychiatry faculty that intimidation, threats, illegal recording and doxxing of faculty, staff, trainees, and medical students will not be tolerated in our institutions.
- Program and fellowship directors should send communication to all residents and fellows about protections of academic freedom, and consequences of doxxing and harassment of trainees.

Based on our interviews, we are struck by the medical school's failure to respond appropriately to the online harassment and doxxing instigated by its own faculty. Although secret recordings contravene the law and the academic code of conduct, this practice has not led to official censure. It is of course difficult to control the pathways of online harassment, and it is likely that those who made the secret recordings and who appeal to authorities to censure speech related to Palestine will disclaim any responsibility for the ensuing threats and professional penalties that result from their actions. Censorship, penalties and threats are, however, the intended outcome of secret recordings and their distributions. Moreover, the administration has a duty to prevent online harassment from migrating (back) into UCLA's educational and workplace environment as it repeatedly has.

Importantly, as one interviewee put it, what sets the ground on which doxxing takes place is the medical school's ongoing refusal to value Palestinian lives and to fail to censure those who equate support for Palestine with antisemitism and support for terrorism. Signatories to the collective letter protesting the doxxing shared their sentiments about the administration's response: *"I am disgusted at the lack of accountability of those in power within UCLA Psychiatry; Targeting residents and sharing ideas that are incongruent with reality, [These are] actions fueled by hatred for a Palestinian people and those who support them; Tens of thousands of people are dying and with the current status quo, UCLA physicians are allowed to target and genuinely endanger the lives of residents. It's entirely unacceptable. We need to protect the vulnerable amongst us, not put them on blast for more hatred to be shared in their direction."*

Failure to respond to doxxing instigated by students

After October 7, 2023, DGSOM classrooms became places where students in support of Palestinian human rights could expect to be reported by a fellow student to administration for engaging in antisemitic conduct and could expect to be targeted on social media. They could expect little support from administration concerning the harm they suffer as a result of these actions. On the contrary, the targeted students were themselves called to account for their actions in expressing support for Palestinian human rights while those engaging in illegal conduct (such as sharing private student group chats online) were not.

Student interviewees spoke of a small group of well-connected students, and of one student, who is closely connected to JFrg faculty, and who has consistently played a key role in doxxing and with impunity. They noted that such students operated before October 7 and were in the habit of notifying administrators whenever they considered that "political education" regarding racial

inequities and racism was going on. When, however, many students at the medical school reacted in horror at the loss of life in Gaza and took to social media to express their fears for Gazans, online and internal harassment began in earnest. Information circulating in the medical school often contained egregious lies about Palestinians. Attempts to correct misinformation or to respond to racist attacks left students intensely vulnerable to being reported and harassed.

In a typical incident, in October a student comments on their private social media page about the racism directed at Brown and Arab men in times of war, a post that is then retweeted by a group dedicated to online harassment of critics of Israel which then shares that she is a student at DGSOM and should be kicked out. Threats and racist comments follow online and over 200,000 people view the retweet and over 400 people comment on it. The post is tagged to the DGSOM Instagram. In February, months after the initial post, the student receives a message on LinkedIn from a clinical professor from another institution warning her “I’m going to report you to your school. Good luck finding a job now.” When the student reaches out to DGSOM administration, they are told that they are not in violation of the student conduct code. Without her knowledge, a DGSOM committee considered the allegations and dismissed them. She is advised to get rid of her social media accounts and told that she could file a police report.

Racism and racial discrimination

Students are most vulnerable when they apply for medical residencies, a necessary step in their qualification as doctors. They are beholden to their professors in clinical rotations for a positive evaluation and unable to easily challenge any negative evaluations, particularly when evaluations are couched in vague language that would nevertheless alert a potential employer about the student’s deficiencies.

On July 5, 2024, the Greater Los Angeles Area office of the council on American-Islamic relations (CAIR-LA) filed a federal civil rights complaint with the U.S. Department of Education against DGSOM for allegedly violating Title VI of the Civil Rights Act of 1964.³² CAIR-LA reports the following:

CAIR-LA has called for an investigation into DGSOM’s treatment of its client, a Muslim Palestinian American medical student, who experienced multiple incidents of discrimination based on race, national origin, and religion during a pediatrics clerkship at the Ronald Regan UCLA Medical Center in the fall of 2023.

The complaint alleged discrimination by the student’s superiors and clerkship co-chairs including derogatory and racist comments, discriminatory conduct, and an attempt to prohibit the student from performing his religious obligations. The complaint also alleged that after reporting the mistreatment, the student faced punitive and retaliatory measures, including deliberate negative evaluations and a failing grade in his pediatrics clerkship.

In its complaint, CAIR-LA has called for the following:

³² https://www.cair.com/press_releases/cair-la-files-title-vi-complaint-against-ucla-medical-school-for-discrimination-targeting-muslim-palestinian-american-med-student/.

1. *Open a full investigation into the potential Title VI violations committed against CAIRLA's client.*
2. *Ensure proper disciplinary action is taken against the UCLA Medical Center supervisors and co-chairs.*
3. *Implement proper training focusing on medical ethics, particularly when dealing with patients from varied backgrounds, religions, races, and national origins.*

Interviewees described what they see as key features of the above case that correspond to their own knowledge of and experience with DGSOM's response to racism. When a medical student encounters racism from a fellow physician, the normal practice is to bring the incident to the attention of the chairs of the specialty and file a Mistreatment form. But filing this form – meant in theory to protect them—in fact renders the student vulnerable to retaliation from the Chair, typically in the form of a negative evaluation. Inaction on the part of the Chair then leads to further racism from staff and other residents. The associate dean for Student Affairs weighs in, not to discuss the racism but instead to discuss the poor evaluation. The student then appeals to the dean of students and receives no assurances that it is safe to continue to his next rotation. He has had racist interactions with medical faculty that go unaddressed, and he has been targeted in hate crimes on campus. Inaction on the part of UCLA soon turns to an active condemnation of the student by the administration based on accusations connected to his Palestinian solidarity activism. DGSOM then pursues the expulsion of the student from the program.

The most striking aspect of all the incidents described by interviewees was how incidents of anti-Palestinian or anti-Muslim racism are not only ignored, but also weaponized against the victims, but in contrast how quickly complaints made by a few select individuals about perceived antisemitism, or about Palestine solidarity activism reach the upper levels of administration. Administrators seldom inform or meet with targeted Muslim, Arab or Palestinian individuals and instead move quickly to censure them with little evidence of due process. There is little transparency about complaints' processes. Individuals who clearly breach codes of conduct and break laws, engage in racism, record classmates secretly, and then facilitate doxing online, meet with no institutional sanction even when these practices are admitted and proven. Instead, the Task Force was told that those who are targeted and harassed on social media are instructed by their deans to exercise caution and are even called to account for their social media activity, *while their harassers at DGSOM are not called to account.* Through inaction, or worse, moving to penalize students on other bases, for instance their participation in the encampment, DGSOM clearly communicates the institution's priorities. These actions have a considerable chilling effect on speech, as all our interviewees confirmed. They also can have a significant impact on student careers. When, for example professors, who have considerable influence over recommendations for scholarships and residencies, ask their Arab students if they or their partners are Palestinian, the fear is that the answer can have a negative impact in the future.

Interviewees report how shocked they were that “deans would stand up in front of the entire class and discuss the pain of Israel” without a single word about Palestinian loss of life and their human rights. They were also shocked that they received no support from their institution when targeted. As one interviewee concluded, echoing the comments of many others, *“I wish more protection on students who have the views of being pro-Palestinian. I feel like when a lot of us*

were doxxed, especially my classmate, there was no one to turn to. The school had no resources whatsoever in helping their student who had their face, their information out there and was getting tagged in all these residency programs about false accusations. So there's that, just hoping there. And just like for us, ..., being able to teach our curriculum [on structural racism] without pushback is one of our biggest goals, too. We've had so much, so much, especially after October 7th, pushback of our curriculum of any lecture, not even like pro-Palestinian content. It was just any lecture on white supremacy and faculty like DGOSM is not supporting us. And that's really unfortunate. And Dr. Dubinett is actually actively trying to get us shut down. So for just as a medical school, I wish that we could have more protections, more legalities or proceedings in place. Like if this happens, where can we turn to? Do we have resources to turn to, especially if we get attacked by folks who claim that we're anti-Semitic?"

Part Three: Recommendations

UCLA DGSOM administration is colluding with specific faculty to deny the freedom to teach and learn about a genocide that is being live streamed for all the world to see. UCLA DGSOM administration is insisting on uncritical views of Israel and penalizing speech that opens intellectual inquiry into the Israeli state's well-documented abuse of Palestinian human rights. Medical students, residents and faculty who encounter anti-Palestinian, Anti-Arab and Anti Muslim racism, and who face penalties for refusing to be silent about the Israeli state's war on Palestinians, experience intolerable conflict as medical practitioners between their personal and professional values of human life and the demand that their institution makes that speaking and teaching about Palestinian human rights in this time of genocide will not be tolerated.

In this report we have chronicled the cancelling of classes and events, the restriction of curriculum content and pedagogy, and the refusal to condemn those who engage in attacks on instructors and students, and who engage in violations of the faculty and student code of conduct, and of the law itself. Students and faculty who are accused of antisemitism, defined broadly as any criticism of Israel, are targeted for online harassment. They lose professional opportunities and are likely to do so long into the future given the life of harassment online. They encounter increased racial hostility from fellow students, faculty, and in hospitals. It is evident to us that Palestinians, Muslims and non-Black DGSOM personnel face repression to a greater extent than other groups although Jewish and white students expressing support for Palestinian human rights do not escape scrutiny and censorship.

Repression is organized and bolstered by university and non-university actors who can harness right wing media and to promote their agendas to the broader public, the Regents, and ultimately the U.S. Congress. The power that such individuals possess who engage in limiting academic freedom and who repress speech on racial inequities and on Israel's abuse of Palestinian human rights is formidable. As scholars have long noted, such individuals and groups function as a vigilante force.³³ Very key to this power is institutional approval and support for these activities. DGSOM has failed to protect its students and faculty who are harassed and doxxed with the

³³ See, for example, Ian Lustick, *Paradigm Lost: From Two-State Solution to One-State Reality*. University of Pennsylvania Press, 2019, p.67

active participation of other faculty and students. Through a tolerance for racist practices and racial harassment, and through tepid strategies for dialogue that serve only to foster an environment where racism can persist, DGSOM has seriously limited academic freedom and engaged in or condoned the repression of speech on Palestinian human rights, and fostered a racially hostile educational and workplace environment. It has tolerated known discrimination. The result is that basic rights are under threat and UCLA DGSOM is now (as it has been in the past, as documented in the Moreno report) an unsafe academic and professional environment for Palestinian, Arab, and Black professors, residents, and students, and by extension their patients.

DGSOM students and faculty who have faced this intense repression do not enjoy the protection of their institution. Interviewees offer the following concluding thoughts about the repression of speech and the limits on academic freedom at DGSOM:

Doxxing needs to have consequences... There need to be consequences to anybody who broke any rules and policies. And we need to have transparency about that... We need to show our community that we are going to hold those folks accountable who don't abide by those principles.

Ability to get jobs. That's the direct harm.

The underlying problem behind all of this is the definition of antisemitism. That's the underlying problem behind everything, everything that's happened on our campus since October 7th. They [The International Holocaust Remembrance Alliance] equate everything Israel with everything Jewish. And so if you're anti-Israel, you're anti-Jewish, you're anti-Semite, you're a bad person, bye-bye. That's as simple as it is for them.

I just think there needs to be a massive education campaign and that that voice [Palestinian] can't be silenced. Because we are silenced on this campus. Stop silencing us. See us as equal.

Have a Palestine Studies Center where our med school faculty can come and teach healthcare, access to healthcare, when you have an apartheid system. And we can tell the stories and use the data and the literature that we have, you know, on the health side. So make it something that would be open to all students and faculty to be able to teach courses in a safe place.

The Task Force recommends the following:

1. With respect to academic freedom, Academic senate rules already prohibit administrators from restricting curricular content and interfering with pedagogy. Nevertheless, DGSOM has repeatedly limited the academic freedom to engage in discussions about race equity, and specifically, to give attention to Palestinian human rights. They have done so with no attention to long-established UCLA policy and with impunity. They have failed to protect instructors and guest speakers of the Structural Racism and Health Equity course (among others) and the Global Public Health curriculum, and eroded the critical foundations of SHRE by imposing limits on guest speakers and thus on the capacity of the course to engage in a community-centered pedagogy that is recommended as best practice within

medical education literature and policy. DGSOM has dealt a serious blow to critical scholarship on race, health equity, and on Palestine and their actions have limited the learning and professional opportunities of its students and faculty. UCLA's senior administration must hold DGSOM to account for these infractions and limits on academic freedom. Additionally, the Academic Senate should have the opportunity to deliberate about these egregious overreaches by DGSOM administration that violate shared governance.

2. With respect to the repression of speech, the medical students, residents and faculty who signed a collective complaint against a faculty member who secretly recorded and circulated talks that then facilitated doxxing, were clear about what they felt was necessary to implement given the tremendous harm of faculty actions. Their proposals include: prohibition and removal of non-consensual recordings, and requiring the faculty member to remove her references to the lunch talk in question, requiring *JFrig* to take down material related to the illegal recording. Further, the group demands protections against workplace retaliation with faculty and physicians engaging in racist and retaliatory conduct disciplined. Finally, the group proposed that DGSOM and all departments send clear and consistent communication to all DGSOM that intimidation, threats, illegal recording and doxxing of faculty, staff, trainees, and medical students will not be tolerated in our institutions.

The Task Force endorses these proposals with respect to all illegal recordings and sharing of confidential curricular content and personal information. We emphasize that faculty and students must be held accountable when their actions contravene codes of conduct and the law and proper disciplinary action must be taken against anyone engaging in racist conduct. Although it is difficult to hold wrongdoers accountable under California Penal Code § 653.2 PC, where anyone intentionally using an electronic communication device to cause another person to fear for their safety or that of their immediate family can be charged with a misdemeanor, we note that those who engage in secret recordings and who share unauthorized materials do so for the purpose of doxxing. Their behavior contravenes academic codes of conduct and they should be held accountable. Additionally, UCLA administration should clearly communicate to the DGSOM community that doxxing, recording without consent, reposting threats of harm, and related activities are unprofessional and unacceptable.

3. With respect to creating a climate in which voices in support of Palestinian human rights can be heard without penalty, and where curricular attention to global health learning and health inequities can be addressed, the Task Force concludes that DGSOM's conduct makes a mockery of UCLA's oft-professed commitment to 'inclusive excellence.'" In view of the intense suppression of the Palestine narrative, and in this time of an ongoing genocide, the suppression of knowledge about the relentless Israeli assault on Palestinian people, demand a proactive approach to creating an equitable and just environment.

The silencing of the Palestinian narrative by an organized group of faculty should be met with a deliberate effort to create intellectual space for Palestinian voices. This includes

the hiring of experts on Palestinian health inequities. It must also be countered by sustained efforts to keep learning on racial justice and responding structurally to health inequities as a key part of the curriculum. This, too, requires the hiring of instructors who are specialists in the area of racial disparities and health outcomes. Deliberate and sustained attention to these issues should not be confused with DEI initiatives about dialogue across difference since these initiatives have simply served to mute criticism of Israel for its human rights abuses and to generate further sanctions against Palestinians, Arabs and Muslims and all those who express their solidarity with Palestine.

4. With respect to definitions of antisemitism that deem criticism of Israel to be per force antisemitism, in view of the tremendous damage to academic freedom created by the IHRA definition of antisemitism in suppressing speech on Palestinian human rights, we strongly urge UCLA to adopt the Jerusalem Declaration on Antisemitism, a declaration adopted by over 400 of the world's most respected Holocaust and Jewish Studies scholars and which honors the Palestinian demand for justice and maintains that it is not antisemitic to criticize or oppose Zionism, to offer criticism of the Israel state or to call for an end to an Apartheid state and the creation of a democratic state for Israelis and Palestinians.³⁴
5. With respect to anti-Palestinian, anti-Arab and anti-Muslim racism, outside groups have seriously interfered in university affairs, groups who promote a definition of antisemitism as criticism of Israel, and, simultaneously, who oppose race equity initiatives, as this report has demonstrated. We note that DGSOM faculty have worked collaboratively with such groups and with associated media to target instructors and students who support Palestinian human rights and to restrict academic freedom. These collaborations are marked by an intense racism towards Palestinians, Muslims, Arabs and Black and other racialized faculty. DGSOM has not only ignored instances of racism directed at students and faculty but contributed to the targeting of racialized groups. Whether this is acquiescence to racists or active participation in racist actions, or whether it derives from administration's fear of losing donor support, as our interviewees have alleged, DGSOM administrators reflect a profound anti-Palestinian racism. In view of the intensity of the suppression of academic freedom and speech, only a transparent set of processes for addressing complaints of racism against Palestinians, Muslims and Arabs, and a clear, publicized institutional commitment to investigating such complaints in this time of a genocide will do.
6. With respect to the hostile work environment created by anti-Palestinian, anti-Arab and anti-Muslim supervisory actors, including blatant violations of labor law, the Task Force calls on UCLA to investigate and condemn these violations and to protect those who have been discriminated against for their acts of solidarity with Palestine. Protection must include a monitoring of the evaluations and recommendations concerning targeted individuals and a disciplining of faculty who demonstrate bias towards targeted individuals.

³⁴ <https://jerusalemdeclaration.org>

7. Considering the egregious and rising levels of anti-Palestinian, anti-Arab and anti-Muslim racism at DGSOM, the Task Force recommends a high-level investigation of DGSOM in the form of a committee along the lines of the Moreno report to investigate, monitor and assess anti-Palestinian, anti-Arab and anti-Muslim racism and to implement recommendations that meaningfully protect those who are targeted. Simultaneously, the committee must ensure that DGSOM has a sustained commitment to a curriculum that addresses structural racism and health inequities, and that faculty composition and the student body reflect the diversity of the communities that surround it.

Part Four: Closing Reflections

The year-long ongoing genocide of Palestinians has resulted in the loss of 42,000 to 180,000 lives. One third of this number are children,³⁵ babies, infants and children under 18, children revealed to have been shot in the head by snipers, severely malnourished, severely injured and unable to have medical treatment due to the lack of soap and medicines. Working amidst the many hospitals bombed, schools and universities destroyed, and large residential areas laid waste, American physicians have testified to Israel's deliberate restriction of food and humanitarian aid, a near universal displacement of the population, and a near total destruction of the health care system. These events have profoundly affected the students, residents and faculty of DGSOM as medical practitioners and have prompted many of them to engage in a defense of Palestinian human rights.

As we detailed in our last report, “We, at UCLA, have experienced first-hand what it takes to ignore or deny the genocidal violence that Israel has unleashed against Palestinians through the mendacious narrative that Jews are everywhere imperiled by Palestinians and those in solidarity with them. While Jews, like racialized peoples everywhere are never free from the scourge of antisemitism, and the genocide in Gaza may well contribute to an increased antisemitism, college campuses are islands of protest against a genocide. We state that, at a time when all of our attention should be directed at the genocide in Gaza, the mendacious narrative of campus as a place that is unsafe for Jewish students is deployed to delegitimize protest against state violence against Palestinians and hence to obscure or underplay the ongoing genocide in which we are all complicit because our taxes finance it, the companies in which our university invests profit from it, and our government provides the bombs to keep it going.”³⁶

The narrative that the campus is awash in antisemitism has fueled a campaign to declare anyone speaking about the genocidal violence as antisemitic, a campaign that benefits from the wide circulation of the definition of antisemitism promoted by the International Holocaust

³⁵ <https://www.nytimes.com/2024/08/17/world/middleeast/there-is-no-childhood-ingaza.html#:~:text=The%20children%20of%20Gaza%20have,more%20children%20have%20been%20orphaned..https://www.nytimes.com/interactive/2024/10/09/opinion/gaza-doctor-interviews.html>

³⁶ Second report of UCLA Task Force on Anti-Arab and Anti-Muslim racism <https://uclaracismtaskforce.com/>.

Remembrance League (IHRA) that all criticism of Israel is antisemitism. This definition has won support in the U.S. House of Representatives.³⁷ However, the adverse impact of the IHRA definition of antisemitism has been documented in many quarters, nationally and internationally³⁸ and whose state enforcement a federal court recently found unconstitutional and therefore illegal. Analysts note that the definition serves to shield Israel from accusations of genocidal violence. The accusation of antisemitism based on criticism of Israel “is undercutting academic freedom and the rights of lawful speech of students and staff, and causing harm to the reputations and careers of those accused.”³⁹ As the United District Court Central District of California concluded, dismissing a law suit by The Concerned Jewish Parents and Teachers of Los Angeles (an unincorporated association comprised of Jewish, Zionist Los Angeles teachers and parents) of a proposed Ethnic Studies Curriculum, “It would be of great concern for the educational project and for academic freedom if every offended party could sue every time they did not like a curriculum or the way it was taught...”⁴⁰ It is important to note that in the United States, “Title VI of the Civil Rights Act bars schools receiving federal funding from creating or permitting a “hostile environment’ for students on the basis of race or national origin – and mandates that colleges found to have violated the statute must come to an agreement with the federal government to change policies or risk being stripped of their funding.”⁴¹ As *Jewish Currents* reports, lawsuits from Israel advocates for Title VI violations have successfully chilled speech and become a tool of repression as administrators move to shut down classes and events.⁴²

The repression of speech and limitations on academic freedom which we describe in this report are not restricted to UCLA. Universities across the country have become places where protests against the genocide are suppressed with students and faculty facing penalties for speaking out. University administration’s opposition to students protesting genocide has intensified, as we detail in our first two reports.⁴³ Seven faculty associations in the UC system who filed an unfair labor practice charge against the UCs, report that “there has been a systematic attack on faculty, staff and students who have chosen to be vocal about the war in Gaza.”⁴⁴ For example, two faculty members at UCSF faced intense pushback for speaking out about the health consequences resulting from the destruction of hospitals and other infrastructure in Gaza. Noting

³⁷ In 2019, former President Donald Trump signed an executive order requiring federal agencies including the Department of Education to make use of the IHRA definition.

<https://trumpwhitehouse.archives.gov/presidentialactions/executive-order-combating-anti-semitism/>

³⁸ <https://res.cloudinary.com/elsc/images/v1694507437/Freedom-of-Speech-and-Academic-Freedom-in-UKHigher-Education-BRISMES-ELSC/Freedom-of-Speech-and-Academic-Freedom-in-UK-Higher-Education-BRISMESELSC.pdf?i=AA>.

³⁹ Neve Gordon (22 Mar 2024): Antisemitism and Zionism: The Internal Operations of the IHRA Definition, *Middle East Critique*, DOI: 10.1080/19436149.2024.2330821. Link: <https://doi.org/10.1080/19436149.2024.2330821>.

⁴⁰ United States District Court Central District of California v. Concerned Jewish Parents And Teachers of Los Angeles et al., Case 2:22-cv-03243-FMO-E. Document 145 #:3163. Filed 11/30/24.

<https://storage.courtlistener.com/recap/gov.uscourts.cacd.852015/gov.uscourts.cacd.852015.145.0.pdf>

⁴¹ *Ibid.*

⁴² <https://jewishcurrents.org/civil-rights-law-pro-palestine-speech-israel-trump>.

⁴³ <https://uclaracismtaskforce.com/>

⁴⁴ <https://www.kqed.org/news/12005478/university-of-california-is-accused-of-trying-to-silence-faculty-speechabout-war-in-gaza>.

that this falls within the purview of health-related academic discussion at the university, Jess Ghannam, chair of the UCSF's faculty association noted that the UCs are unlawfully discriminating against their employees, investigating and instituting disciplinary proceedings against faculty who venture to teach about Palestine.⁴⁵ Rupa Marya, a Professor of Medicine at the University of California, San Francisco (UCSF), suspended from her faculty position because of her support for the liberation of Palestinians, notes that her suspension began as a targeted harassment campaign instituted by powerful donors working in collaboration with university administration, California State senator Scott Wiener (who has worked to dismantle California's Ethnic Studies public school curriculum), and through online doxxing (online harassment) organizations.⁴⁶ As several scholars have detailed, university repression of speech critical of Israel is a national phenomenon.⁴⁷ From colleges investigated by the federal Education Department in response to reports by conservative and Zionist legal advisory groups to independent reviews of antisemitism on campus that omit important information and that nonetheless get wide coverage, and to faculty warned not to engage in criticism of Israel, campus repression of speech has had the support of politicians and receives favorable coverage in the media. This pattern of organized repression and institutional and political support for it is repeated at the UCLA medical school.

Dog whistle politics, doxxing, the repression of speech on Palestinian human rights and the denial of academic freedom in medical schools and elsewhere are "eerily similar" across the nation.⁴⁸ These attacks on supporters of Palestinian human rights and on critics of Israeli policy have been a part of a Far-Right assault on medical schools aimed at eradicating diversity, equity and inclusion.⁴⁹ As we maintain throughout this report, attacks on supporters of Palestinian human rights are inextricably linked to this broader, national campaign to suppress race equity initiatives.

We end this report with a salute to the medical students, residents and professors who came forward to testify to the repression they face despite the risks they take in doing so. It is not surprising that medical students, residents and faculty should feel compelled to express concern for Palestinian human rights. Relating their distress at hearing (and seeing) hospitals bombed, medical personnel killed and learning of the extreme conditions of military assaults under which Palestinians and now Lebanese live, all the interviewees expressed the painful contradictions they faced between the values they hold about medicine and racial justice and the experience of hearing the violence in Gaza denied by colleagues and by medical administration and being harassed and penalized for speaking out. All interviewees stressed that the very essence of becoming a doctor entailed a responsibility to preserve life, a value betrayed by fellow students,

⁴⁵ <https://theintercept.com/2024/11/19/ucsf-medical-palestine-speech/>.

⁴⁶ Rupa Marya, "To Voice the Unspeakable" <https://rupamarya.substack.com/p/to-voice-the-unspeakable>.

⁴⁷ See, for example, https://truthout.org/articles/academics-have-a-responsibility-to-speak-out-against-palestinerepression/?utm_source=flipboard&utm_content=Truthout/magazine/News+of+the+day.

⁴⁸ Marya, <https://rupamarya.substack.com/p/to-voice-the-unspeakable>.

⁴⁹ <https://www.latimes.com/business/story/2024-05-30/is-ucla-a-failed-medical-school-debunking-a-dumb-rightwing-meme>. <https://twailr.com/a-tale-of-two-cities-and-universities-comparative-reflections-on-the-repression-of-palestine-solidarity/>.

key faculty, and the administration who worked to silence speech on the war on Palestinians. When the curriculum itself came under attack for its racial justice components, interviewees reiterated their belief that it is essential for a doctor to understand the social determinants of health, including, and especially, the impact on populations of mass killing and war.

Students and faculty we interviewed all came to UCLA with a strong belief in social justice. They came to medicine with a dedication to serving underserved communities and were intensely impacted when they encountered an organized opposition to racial justice issues in the curriculum and elsewhere. Jewish interviewees, encountering opposition no less than others, faced what they described as “co-opted Jewishness” where Jewish identity was tied to Zionism and to an unqualified support for Israel. The values they held dearly as Jews and as medical practitioners, values related to the sanctity of life, conflicted with the repression of voices on Palestine in the name of Jewish identity. Jewish students who asked to meet with the dean about this conflict between their own values and those of *JFrg* were simply ignored. Others, particularly anyone with connections to the Middle East, told us of the pain of having to grieve silently and to realize that they could be disciplined for simply wanting to talk about their losses. It felt, one noted, “that there was no way to move forward as a medical student at that time.” Even sources such as *Doctors Without Borders* could not be discussed without penalty.

The claim that Jews faced widespread antisemitism in the form of criticism of Israel for genocide remains yoked to a more widespread anti-DEI position and to anti Black racism. In contradiction to the students’ daily realities at DGSOM, the attending physicians, professors and administrators who complained about the limited attention to “Jewish life” and of escalating antisemitism, and who maintained that discussions about antisemitism must take precedence over all other racial justice content, were often faculty who held power over them and who could and did play a significant role in denying them professional opportunities. Racial hostility, in tandem with surveillance and harassment, also came from the few students who had the ear of faculty and administration. We conclude that DGSOM administration is significantly implicated in the repression of speech and the denial of academic freedom and must bear the responsibility for the harm done to students and faculty in the past year who have expressed a commitment to antiracist learning and to Palestinian human rights.

Signed:

Gaye Theresa Johnson

Robin D.G. Kelley

Saree Makdisi

Sherene H. Razack

Shannon Speed