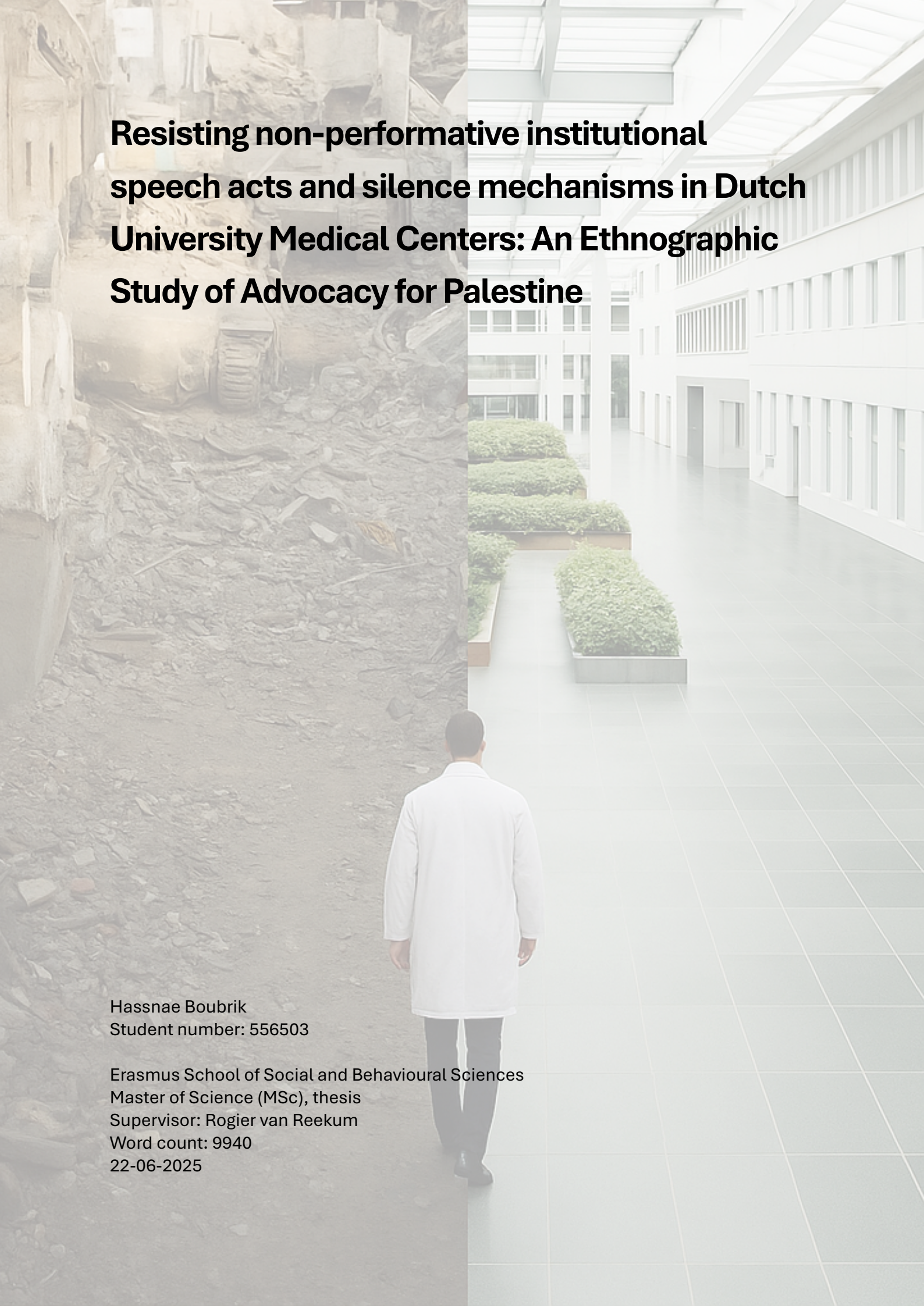
Resisting non-performative institutional speech acts and silence mechanisms in Dutch University Medical Centers: An Ethnographic Study of Advocacy for Palestine



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Abstract

This thesis investigates how health workers at Dutch university medical centers (UMCs) resist non-performative institutional speech acts and silence mechanisms as an intertwined mechanism of suppression of speech. The Erasmus Medical Workers Palestine Advocates-Team (EMPA-T) group forms the front line of this resistance in one the UMCs. The silence mechanisms show a concept of multilayered application and use of silence (Menezes & Mendes, 2023; Freire, 2011) and Sara Ahmed's concept of non-performativity (2006, 2012), investigates how institutions use speech acts as symbolic gestures that successfully obstruct meaningful action. According to ethnographic fieldwork done between April and May 2025, employees are unable to publicly show solidarity with Palestine is a result of fear, professional risk, and reputational concerns.

The research illustrates how EMPA-T members strategically navigate these constraints by forming internal networks, mobilizing informal community spaces, and directly confronting institutional complicity through counterstatements (letters and comments) and statements during vigils. The thesis argues that Diversity & Inclusion (D&I) policies function not as genuine instruments of equity but as administrative tools reinforcing complicit silence, selectively amplifying depoliticized differences while excluding Palestine from institutional discourse.

Findings highlight three main dynamics: first, how individual fear and organizational discipline produce multilayered silencing effects; second, the institutional use of non-performative declarations to obscure inaction, particularly contrasting responses to Ukraine, Iran, and Sudan versus Palestine; and third, how administrative infrastructures, including hierarchical communication and D&I initiatives, maintain a carefully managed silence around politically contentious issues. Ultimately, this research underscores the interconnectedness of silence and non-performativity as strategic institutional practices, and documents how healthcare workers actively challenge these structures to redefine institutional accountability and ethical responsibility toward Palestine.

Keywords: non-performativity, silence, Palestine, resistance

Inhoudsopgave

1. Introduction

1.1. Opening vignette

In the afternoon of April 24th, the day after EMPA-T's third strategy meeting, I sat at home, working on my thesis and transcribing fieldnotes. At some point, I opened the hospital intranet. I do not remember what I was looking for. What I do remember is the moment another blog from the Board of Directors appeared on my screen: "Working together in diversity amidst geopolitical restlessness." I didn't even have to open the blog to know it would (indirectly) address EMPA-T's ongoing resistance against the academic hospital's complicity in the genocide of the Palestinian people.

The timing, just one day after our internal discussions on fear, visibility, and strategy, felt too aligned to ignore. More than that, the content of the blog felt disconnected from the urgency we were witnessing. Just the day before, at least 59 Palestinians had been killed in Gaza in a new wave of Israeli bombardments (Al Jazeera, 2025). The genocide was ongoing. Images of children being pulled from rubble and entire families erased circulated as we were reading words from our own institution that chose neutrality instead of grief, professionalism instead of protest.

Within minutes of sharing the blog with the EMPA-T group, a wave of reactions followed: emotional, urgent, and immediate. For the next two hours, we were collectively writing, responding, and mobilizing.

Some messages were filled with rage. "This place shows day after day that they really have no respect for human rights," one member wrote. Another described the statement as "squeezing the last bit of our endurance and suffocating our souls while working in such a place… the audacity of this letter today while we just saw how kids were being torn in half and blown away to rooftops from the bombardments." Others recognized the blog not only as silence, but as a strategic act of exclusion. One wrote, "It is not just about not speaking out. This is a disciplinary warning. They are defining what we are not allowed to say."

1.2. Research focus and conceptual framework

This thesis researches how health workers in Dutch university medical centers (UMC) resist mechanisms of silence and non-performative institutional speech acts in the context of the genocide in Gaza. I have chosen this vignette from my fieldwork, because it clearly shows the resistance of the group workers in the UMC of Rotterdam calling themselves Erasmus Medical Workers Palestine Advocates – Team (EMPA-T). For me, as a member and researcher of EMPA-T, it also clearly shows the tension between what is said and what is actually done.

1.3. Analytical approach: Non-performative institutional speech acts and silence mechanisms

To analyze this tension, I bring together two key conceptual tools. First, I use Sara Ahmed's (2006, 2012) concept of non-performativity to analyze how institutional declarations fail to produce action, and in fact, may serve to prevent action. Second, I draw on silence as a multilayered mechanism (Menezes & Mendes, 2023; Freire, 2011). While silence and non-performativity are in theory opposite concepts (speech vs absence of speech), this research looks at how both of these

concepts reinforce eachother: silence makes room for non-performative speech, while non-performativity masks silence with a veneer of legitimacy.

1.4. Institutional context during the research period

The context in which the research was performed is different from the one in which this research was written. It is important to outline the context in which this research emerged. Twenty months after the latest escalation of Israeli military assault on Gaza, a genocide unfolding live before our eyes, the university (connected to the UMC) has decided to freeze its ties with three Israeli universities proven to be complicit in ongoing apartheid, settler colonialism and genocide (The Executive Board, 2025). However, this decision did not come out of nowhere. For the past twenty months, students and scholars have consistently resisted this complicity. However, the Dutch academic institute would always react along the same lines. In an open letter published, by the rectors of all 15 Dutch universities on June 7th 2024, this stance was written clearly: "We will never sever ties with an entire country under any circumstances. We would only consider this if the central government (Rijksoverheid) explicitly requires or advises us to do so, as was the case with Russia" (De Nederlandse Universiteiten, 2024). The silence is being upheld under the guise of academic freedom and neutrality.

To break this silence of many academic institutions, numerous voices, including those from the Dutch healthcare sector, have come together to declare a moral obligation to speak out and act against attacks on the Palestinian healthcare infrastructure and the individuals who work in them. As both a medical student and a healthcare worker, I have witnessed the formation of these advocacy efforts firsthand within Dutch UMCs, aiming to address the genocide in Gaza and the extreme Israeli violence affecting and killing Palestinian healthcare workers. In January 2024, Erasmus Medical Workers Palestine Advocates – Team (EMPA-T), was founded, joining other organizations like 'Doctors for Gaza' (founded October 2023) and 'Dutch Scholars for Palestine' to create a space for Palestinian solidarity and call for action upon their Board of Directors.

1.5. The genocide in Gaza and the destruction of healthcare

It is also important to understand the context in which this resistance has emerged. Since October 7th 2023 the most gruesome and inhumane images were coming from Gaza. As of April 15th, 2025, the World Health Organization (WHO) reported that Israel's military assault on Gaza had killed over 1400 health workers since October 2023 (OCHA, 2025). There were also over 1500 strikes blocking health care delivery in Gaza and the West Bank (WHO, n.d.), causing damage to 33 of 36 hospitals in Gaza and leaving 21 partially functional. Apart from these direct attacks, through Israel's bombs and bullets, the Palestinian population in Gaza is also denied access to electricity, water, food, and medicines to patients, making Israel and its prime-minister Benjamin Netanyahu guilty to crime of extermination, acts of genocide and crimes against humanity (International Criminal Court, 2024, Jafarnia, 2024). The systemic and targeted attacks on healthcare workers and facilities (like hospitals and ambulances), are one of the many war crimes that Israel is executing. On May 14th, 2025, a Dutch paper published an article with the title 'Seven renowned scientists almost unanimous: Israel is committing genocide in Gaza', which came as a long-overdue recognition for many in the Netherlands and globally (van Laarhoven et al., 2025).

It is absolutely not my intent to frame these attacks on the Palestinians as having started on October 7th, 2023, the day that the Islamic Resistance Movement, Hamas, attacked Israel, killing

1200 Israeli's and taking 250 hostages (OCHA, 2025). These attacks of both the Palestinian resistance as the Israeli military must be seen in the context of a 77-year occupation and oppression of the Palestinian people living in an apartheid state (Khalidi, 2020). As Walter Rodney, a Guyanese historian and political activist, said: "We were told that violence in itself is evil and that, whatever the cause, it is unjustified morally. By what standard of morality can the violence used by a slave to break his chains be considered the same as the violence of a slave master?"

1.6. Historical precedents in Dutch medical solidarity with Palestine

Medical engagement with Palestine like these has had a long and contested history in the Netherlands. Since the early 2000s, Dutch healthcare professionals have raised concerns about the collapse of Palestinian healthcare under Israeli occupation, often encountering accusations of bias, politicization, or professional risk (NRC, 2002; NU.nl, 2003; Medisch Contact, 2006). Initiatives such as *Stop de Bezetting*, founded by nurse Gretta Duisenberg, and the outspoken activism of surgeon Dr. Tariq Shadid, made visible the tension between professional ethics and institutional neutrality. These actors argued that care is not politically neutral when access to it is obstructed.

Medisch Contact, the country's leading medical journal, became a site of recurring contestation. Articles documenting Israeli violations of medical neutrality (Van Leeuwen, 2001) and letters of solidarity with Gaza (De Wijs, 2002; Medisch Contact, 2009) were frequently followed by rebuttals accusing them of undermining professional objectivity. While some physicians insisted that medical ethics demand action when care is denied, others warned against politicizing medicine. This dynamic continued internationally, as seen in *The Lancet*'s 2009 letters of solidarity and the fierce backlash they provoked (Abdou et al., 2009; Worth et al., 2009).

Over two decades, the response to Palestine within the Dutch medical field has followed a recurring pattern: critique is expressed, then disciplined. Neutrality, once imagined as a protective stance, has come to function as a boundary that restricts who may speak and on whose behalf. This unresolved tension continues to shape the possibilities for solidarity today.

This research emerges from a deep sense of urgency and responsibility. From my position, I have witnessed not only the deliberate destruction of the Palestinian healthcare system, but also the silence and suppression within my own institution. Hospitals and universities claim to stand for ethical principles, like justice and nonmaleficence, yet they turn away when these very principles are violated so clearly. This thesis does not approach Palestine as just one issue among many. It centers Palestine because the 77-year long struggle for full Palestinian liberation lays bare the mechanisms through which institutions maintain complicity, through silence mechanisms, and non-performative declarations of these ethical principles. The Palestinian struggle is not isolated. It reflects broader movements for decolonization, anti-racism, anti-Islamophobia, anti-xenophobia, and against capitalist exploitation. I write not from a place of detachment, but from within that struggle, in solidarity, and with the hope that naming these dynamics can help dismantle the structures that allow and reinforce silence in times of injustice.

2. Theoretical framework

This research draws on two key conceptual tools to understand how Dutch UMCs respond to healthcare workers' calls for justice in Palestine: non-performative institutional speech acts (Ahmed, 2006; 2012) and mechanisms of silence (Freire, 2011; Menezes & Mendes, 2023).

2.1. Non-performative institutional speech acts

This thesis builds on the concept of non-performativity (Ahmed, 2006, 2012) to examine institutional speech acts of Dutch UMCs that claim to do something (e.g., oppose racism, promote equality) but in fact do not enact the change they name when it comes to Palestine. The act of saying becomes a substitute for action: institutions act as if their declarations have already achieved their stated goals. Importantly, non-performatives can function in multiple, layered ways: 1) They conceal institutional inaction through the appearance of commitment. 2) They enable institutional actors to say diversity while not doing diversity. 3) They produce documents and protocols that replace transformation with proceduralism. 4) They are sometimes used strategically by practitioners as leverage, referring back to these empty commitments to hold others accountable, even as institutions resist actual change. Thus, non-performative speech acts maintain the status quo while producing the appearance of progress. They allow institutions to perform commitment rather than enact it.

2.2. Mechanisms of silence

Silence is not a neutral absence but an active presence. It shapes institutional life just as much as speech does. In this research, silence is approached as a set of mechanisms that regulate what can be said, who is allowed to speak, and how knowledge is produced and received. Drawing on Freire (2011), Kurzon (1998), Ephratt (2008), and Menezes and Mendes (2023), the typology below outlines four overlapping but distinct forms: founding silence, silencing, complicit silence, and the unsaid and ideological forgetting.

2.2.1. Founding silence (also called Common, Eloquent, or Intransitive Silence)

This form of silence is voluntarily chosen and can carry intentional meaning. It is not imposed by an external force, but exercised by the speaker themselves. Linguist Michal Ephratt (2008) calls this "eloquent silence" and describes it as a meaningful act. For instance, a speaker may remain silent to express disagreement, refusal, or grief. In some cases, silence becomes a form of attentiveness, choosing not to speak in order to make space for others.

Kurzon (1998) draws attention to the grammatical parallel: in language, the absence of a marker (such as the plural "s") often conveys meaning. Similarly, in institutions, silence may appear passive but can serve as a deliberate stance. A person may not speak in a staff meeting about Gaza not because they have nothing to say, but because speaking would place them at risk. This silence may be loaded with disapproval, pain, or critique.

In healthcare settings, founding silence can also appear in the form of moral hesitation. When health workers refuse to comment publicly on certain issues, it may not mean agreement with institutional policy. It can signal discomfort, solidarity, or a refusal to play along with institutional neutrality.

2.2.2. Silencing (also called Transitive Silence or the Politics of Silence)

Silencing refers to externally imposed suppression of speech. It occurs when individuals or institutions actively prevent others from speaking or limit what can be said. Paulo Freire (2011) refers to this as the "politics of silence," a form of oppression where dominant voices define what counts as legitimate discourse.

In institutional contexts, silencing can take many forms. These include: 1) Formal restrictions, such as banning political slogans in emails or public statements 2) Administrative pressure, like discouraging staff from attending or organizing vigils. 3) Social punishment, where speaking out leads to professional isolation or reputational damage. 4) Rule-making that appears neutral but targets specific forms of speech

Menezes and Mendes (2023) describe how silencing has operated in Brazil through the myth of racial democracy. This myth denies the existence of racism and delegitimizes those who speak about it. A similar mechanism operates in Dutch UMCs when neutrality is framed as a professional duty, while speaking about Gaza is marked as "political" or "divisive."

Silencing is not only about blocking speech in the moment. It produces long-term effects, shaping what future speech is possible. Once someone has been silenced, others take note and adjust their own behavior.

2.2.3. Complicit silence

Complicit silence is a failure to act or speak in the face of injustice. It is not directly imposed by others but is maintained through institutional culture, fear, and normalization. This form of silence often operates at the interpersonal level, when a colleague hears something discriminatory but says nothing. It can also occur at the organizational level, when leadership chooses not to respond to a humanitarian crisis.

Menezes and Mendes (2023) show how complicit silence is deeply embedded in national and institutional cultures. In their Brazilian case, the failure to talk about race begins in early childhood and continues through adult life, producing a population that avoids acknowledging inequality. In Dutch UMCs, the avoidance of Palestine can be understood similarly, as something unspoken by default, until a group like EMPA-T breaks that silence.

Complicit silence is often justified through professional values such as objectivity, neutrality, or nonpartisanship. But in practice, it reinforces existing power structures. Choosing not to speak about Gaza while having spoken about Ukraine or Iran is not neutral, it is selective silence.

2.2.4. The Unsaid and Ideological Forgetting

This final mechanism focuses on what is left out of discourse, and how forgetting is structured by ideology. It draws on the work of French discourse analyst Michel Pêcheux, as interpreted by Menezes and Mendes (2023). They describe two forms:

- Enunciative forgetting refers to the belief that speech is self-contained, spoken only by the speaker, without acknowledging the social conditions that shape it.
- Ideological forgetting refers to the refusal to see that discourse is shaped by power. It treats language as neutral, detached from history, politics, or race.

These forms of forgetting work together to create the illusion of neutrality. They make it seem as if some issues (like Gaza) are too "controversial" for professional settings, while others (like Ukraine) are safe to speak about. The result is not only silence but a reshaping of what is speakable at all.

This forgetting is often most visible when it is broken. For example, when a health worker mentions Gaza in a hospital newsletter or meeting, the sharp reaction shows that something taboo has been touched. The "unsaid" becomes loud, precisely because it violates the unspoken consensus.

Pêcheux's insight is that what is not said is just as important as what is said. Every institutional statement contains traces of silencing, which can be analyzed by attending to its omissions, hesitations, and strategic vagueness.

2.3. The application on the fieldwork

At first glance, non-performative speech and silence may seem opposed, one involves speech without action, the other a refusal or inability to speak. But in the institutional context of Dutch university medical centers, this research shows how they reinforce one another.

Non-performative statements often mask silence. A declaration of inclusion can be used to deflect attention from voices that are not being heard. At the same time, silence makes non-performative speech appear effective, because there is no challenge or response that exposes the gap between words and actions.

In this way, institutions can declare their values while simultaneously blocking expression. For example, hospital leadership may issue statements about "standing for humanity" or "respecting all sides," while discouraging or disciplining staff who speak publicly about the genocide in Gaza. These statements are then treated as proof that the institution is fair and inclusive, even as they erase political content and restrict dissent.

In the case of Palestine, healthcare workers face both non-performative speech and silence mechanisms. They are told the institution is inclusive, but are warned not to politicize their professional role. They are exposed to diversity statements, while witnessing the lack of institutional response to mass death and destruction.

This research follows how these workers navigate this tension. It analyzes how they expose the gap between what is said and what is done, and how they resist both silence and non-performativity. Through collective organizing, informal networks, and strategic acts of speech, these healthcare workers challenge the boundaries of what can be said, and push for a different understanding of institutional responsibility.

3. Research design

This research is an ethnographic study on how health workers advocating for Palestine organize themselves around silence mechanisms and non-performatives within Dutch University Medical Centers (UMCs). Given the institutional resistance to Palestinian advocacy, this study seeks to understand the strategies, challenges, and power dynamics shaping these efforts.

I apply militant ethnography, which is a type of ethnography that aims to keep the researcher from acting as an outsider to the group (Juris, 2007). I consequently joined the activists for the research's fieldwork. Ethnography is particularly suited for this research because it allows for an in-depth, situated understanding of how institutional power operates through everyday interactions, policies, and narratives. By embedding myself in the spaces where advocacy takes place, I aim to capture the lived realities, tensions, and contradictions within UMCs regarding Palestinian advocacy.

For this ethnographic study, events organized by a group of employees, calling themselves EMPA-T, were analyzed over a period of two months (April and May 2025). In these two months events like vigils, lectures, community gatherings and certain talks (behind the scenes) were organized. These observations were mostly taking place digitally throughout the organizing and physically when the events took place. The study included participant observation over a period of three weeks, six semi-structured interviews, and document analysis of letters and texts sent in the past nineteen months.

Furthermore, the goal of the study is to gain a deeper understanding of the health workers advocating for Palestine and their work, rather than solving a problem. This type of study is a part of a legacy of clearly political and emancipatory research methods.

The research took mostly place in the UMC in Rotterdam. There are eight UMCs in the Netherlands, each integrating a medical faculty and an academic hospital. The UMC in its current form is a relatively new healthcare institution in the Netherlands. The first UMC was established in 1983 in Amsterdam. Academic hospitals are governed by the supervisory board and the board of directors.[1] The chairperson and members of the supervisory board of public-law academic hospitals are appointed, suspended, and dismissed by the Minister of Education, Culture, and Science.[2] The core tasks of the UMC include: conducting scientific research, caring for patients with complex care needs, academic education, (further) training of medical professionals and valorization of knowledge by translating it into social applications. In 2023, the UMCs together published 18,832 scientific articles. This is 39% of all scientific publications in the Netherlands (data from WoS, Clarivate Analytics, extraction CWTS, processing Rathenau Institute) (Rathenau Instituut, 2025).

This research is deeply informed by my positionality as both an advocate, a student (who was part of the faculty council, having an even more engaged role) and worker. I am one of the health workers and students involved in Palestinian advocacy within a Dutch UMC, granting me direct access to internal communications, organizing networks, and key moments of institutional pushback. My insider status allows for a nuanced understanding of the struggles and strategies of advocates, making this research possible in ways that external observation would not permit.

At the same time, I am a woman of color with a Moroccan background and a visibly Muslim identity, which positions me within broader racialized and gendered power structures in Dutch academic and healthcare settings. My experiences navigating institutional spaces shaped by Islamophobia, racialization, and selective inclusivity influence how I perceive and analyze silence

[1] Artikel 12.3 Wet op het hoger onderwijs en wetenschappelijk onderzoek
[2] Artikel 12.4 Wet op het hoger onderwijs en wetenschappelijk onderzoek

mechanisms and advocacy struggles. These dynamics are not just observed but lived, allowing for a reflexive and critically engaged ethnography.

Following feminist and decolonial traditions of research (Hill Collins, 1990; Haraway, 1988), I acknowledge that my positionality influences both my access and the interpretations I make. My presence in the field is not neutral; rather, it is shaped by my political and personal stakes in the advocacy work itself. This study, therefore, is not only about observing resistance but also about critically reflecting on the conditions that make resistance necessary in the first place.

4. Results

4.1 Fear and mechanisms of silence

In this chapter, I trace how fear circulates in different circles of the UMC, shaping who speaks, who doesn't, and why. I begin with the April 23rd strategy meeting, where members of EMPA-T gathered to reflect on the previous months and recalibrate our strategy to reach the end-goal: cutting ties with Israeli (complicit) institutions.

> On a rainy evening on the 23rd of April 2025, we gathered at the home of one of the comrades for a strategy meeting. This would be the third strategy meeting, since EMPA-T was officially founded in February 2024. The atmosphere was warm and grounded. Before starting, we shared a meal prepared mostly by the comrade hosting us. This informal care work, repeated across our meetings, continues to be a vital element in building mutual trust and community resilience. We sat in a loose circle, facing a whiteboard and sipping tea, while some members joined online. The physical setup, with people sitting close together with tea, fostered a sense of intimacy and collective focus.
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> Once the meeting began, the conversation quickly moved toward our current core concern: how to mobilize 'the silent majority' within the UMC. We were talking about mapping what departments have many people supporting our goal. However, one participant said: "It's still not entirely clear who your ally is on your ward." Which was a sentence that resonated visibly with many in the room. There was a clear tension between the desire to push harder as a collective and the reality that many colleagues are afraid to be more visible as individuals. The group concluded that more people must join the movement of EMPA-T to be able to put more pressure on the board to break ties with Israeli institutions.

This comment of allyship on the ward displays one of the silence mechanisms discussed in the theoretical framework, intransitive silence. Workers may support Palestine and/or condemn the institution's complicity privately or in safe spaces like the spaces EMPA-T creates but feel unable to speak publicly or in professional settings, like the ward. Their silence is intentional, but not out of apathy, rather out of self-protection in an environment that discourages talking about Palestine.

This kind of fear to speak out is not new when it comes to Palestine and is defined as 'the chilling effect' (IJV Canada, 2022). This fieldwork does not show why people are afraid, however literature describes different tactics used to suppress speech on Palestine. People are afraid to seem antisemitic, a supporter of terrorism or lose their professional positions for example. The effects of the 'chilly climate' are articulated and felt clearly: "The devastating impact of the chilly climate

on advocates for Palestinian human rights gives us legitimate cause to worry about freedom of expression and dissent and about the growing toxicity of discourse around Palestine…"

Thus, this individual caution and self-censorship does not emerge in a vacuum. It is partly a result of a broader institutional atmosphere that has silenced explicit expressions of solidarity. In this same meeting it became clear EMPA-T is not allowed to use hospital facilities to organize activities in solidarity with Palestine. Even the use of a classroom for informative lectures or a communal gathering is not allowed. The UMC states that it "cannot take sides" in this conflict, because it must be an open and safe space for everyone, especially for patients. They [the board of directors] articulate this stance as a 'neutral' one. However, this stance does not function as a passive absence of position but as transitive silencing mechanism. Drawing from Orlandi (2011) and Freire (2011), this reflects a "politics of silence," where speech and actions in support of Palestinian health rights are actively bracketed as too "political" for the space within the hospital. In this sense, silencing is enacted through discursive norms that discourage naming oppression.

The so-called neutrality of the UMC's, can also be analyzed as a form of complicit silence. The silence of the institute's board of directors benefits the dominant Western narrative, rendering racialized injustice unspeakable. The institution withholds moral clarity by framing the genocide as a symmetrical conflict, rather than one between the oppressed (the Palestinians) and the oppressor (the Zionist entity). This form of silence will be further discussed in a later part of the fieldwork.

> Several strategies were proposed to address a sense of isolation resulting from this fear to speak out. There was a suggestion to set up a buddy system so that employees who feel alone know they are not the only ones in the same position. But also, to get more wards involved instead of just individuals, this is also a protection of the individuals by creating more collectives. Another idea was to cluster departments or themes through Whatsapp groups to ease communication and build cohesion. The need to inventory which departments are active and which remain silent came up, alongside a proposal to shift our outreach toward non-medical groups who are often overlooked, including logistical, administrative, and facilities staff.
>
> There was also a proposal for more high-impact, low-effort activities like weekly mental health walks. Some emphasized that we should revisit our strategy towards department heads now that public opinion is shifting. The conversation turned briefly toward our recent commemorative events. One member warned that we risk losing attention through repetition. The suggestion followed that more visible and possibly confrontational actions might be necessary to re-engage our base and the broader hospital public. Yet this energy was not shared by all. When the idea of joining a Fasting Vigil was brought up, the room became divided. Some saw it as meaningful and urgent. Others hesitated, worried it could backfire by further alienating hesitant colleagues.
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> A closely linked part of the discussion focused on the academic boycott. One person noted that for many staff members, the current framing feels like shaming the hospital, which has become a barrier to wider support. There was a strong push to change course and move from a top-down approach, which has shown little effect, to a more bottom-up strategy grounded in workplace networks and alliances. Many people, it was observed,

> react with horror to what is happening but then immediately follow it with the sentence, "But we cannot do anything." This feeling of powerlessness has become a recurring block.
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> To counter this feeling of powerlessness, several tactical ideas were floated: informative flyers, information stands near the main entrances, and even delivering printed materials to physical staff mailboxes. Now that there is an ally within the Works Council, it was proposed that we actively involve them as a strategic partner. However, there was a lot of skepticism whether the other party would join or work with our movement. From experience, EMPA-T had learned this was almost never the case.

EMPA-T's strategies respond to different kinds of silence that exist inside the hospital. First, they use actions like flyering, lectures, placing information stands near entrances, and handing out printed materials to break common silence. This type of silence usually happens when people simply do not know enough or do not see what is going on. By putting information directly in people's everyday spaces, these tactics make it harder to ignore what is happening in Palestine.

Second, strategies like buddy systems, WhatsApp groups, and weekly mental health walks address intransitive silence, which happens when people choose not to speak because they are afraid, feel unsafe, or think they are alone. These actions help build trust and support, making it easier for people to stay involved without needing to speak up publicly right away. They reduce the pressure on individuals and create safer, more collective ways to act.

To resist institutional silencing - when the hospital's rules, culture, or leadership make it risky or difficult to speak- EMPA-T maps out which departments are active and which remain silent, involves staff who are often left out like cleaners or administrative workers, and focuses on building horizontal networks instead of depending on leadership. These actions reveal that silence is not just a personal decision but often shaped by power, fear, and hierarchy. They also show that many people want to speak but are held back by the institution itself.

Taken together, these strategies challenge what Paulo Freire (2011) called the politics of silence: the way powerful institutions keep people quiet by making it feel unsafe or inappropriate to speak. EMPA-T refuses this pressure to stay silent. By making noise, they make silence visible and by building support networks, they show that silence is not just a harmless absence of speech, but it protects power and keeps certain voices out of public view.

> A particularly striking metaphor was used during the meeting. A member said, "The organization, meaning the hospital board, has already taken a few punches. Now we need to floor them."

This fighting metaphor was not a call for violence, but a powerful way to express the desire for real institutional change. In this metaphor, "flooring the Board" reflects a sense that EMPA-T has been in the ring for a long time, throwing consistent punches, by sending letters, having dialogues, organizing lectures and vigils, only to face silence or evasion. Here, the act of "flooring" signals a shift in power dynamics, when institutional silencing and complicity can no longer remain standing. Far from signaling an escalation, it marks a belief that the façade of neutrality is wobbling, and that continued organizing may yet deliver a knockout.

> Throughout the evening, the group circled back to fundamental questions. How do we shape a community within a hostile institution, using restrictions on speaking publicly in

> association with the institution, using its name, logo, or clothing, and organizing or promoting events via institutional communication channels. Staff were also prohibited from distributing flyers or posters, and only official student organizations are allowed to book rooms except for gatherings with political, commercial and/or religious themes. How do we reach people we have not reached yet? What kind of infrastructure do we need to support organizing? And how do we deal with the perceived risks of becoming a radical activist group in the eyes of management?
>
> There was a moment of levity when someone said, "We should just bake cookies again and show how peaceful we are." It was said slightly sarcastically, but it wouldn't be the first time EMPA-T would do this to soften their image.

The questions that are being asked by EMPA-T members reflect a constant negotiation of what can be said, how it can be said and what the consequences are. The fear of being framed as "radical" or divisive is a mechanism of silencing, where the cost of speaking freely is reputational risk, professional isolation, or loss of legitimacy. Especially the comment on baking cookies reveals that to be heard, EMPA-T has to soften their appearance and avoid confronting institutional power directly. This tension, between building a bigger and stronger community and refusing to dilute the message, reflects the dilemma of resisting silence without being silenced in the process.

The resistance of EMPA-T is especially clear in the written correspondences In April 2025, two formal letters were sent by EMPA-T to the Executive Board of Erasmus MC. The first letter, dated April 4, included detailed reflections on past correspondence, critiques of behavioral guidelines, and an urgent plea to suspend collaborations with Israeli institutions involved in violations of international law. The second, sent April 17, responded to a hospital-organized 'dialogue session' where speakers were told not to express opinions. Both letters were composed collectively by EMPA-T members and emphasized factual references such as the ICC arrest warrant against Benjamin Netanyahu and the destruction of Gaza's health infrastructure.

Instead of engaging with these points, the Executive Board responded with a brief procedural message: as per policy, they do not respond to anonymous communications. This triggered deep frustration among EMPA-T members, who saw this not just as bureaucracy but as a strategic deployment of silence. In internal messages and meetings, members reflected on how the insistence on individual names acts as a filtering mechanism, invalidating collective advocacy. However, this collective advocacy is a way of protection from repression (Ayanian et al., 2021).

My own experience during the meeting was ambivalent. I felt energized by the creative ideas and the commitment in the room, but I also felt the weight of fear. The fear was not only about professional retaliation but also about losing momentum or failing to break through the structures we are trying to change. I noticed how often the conversation returned to small, concrete actions like flyers, buddy systems, and posters to manage the enormity of what we are up against. It felt like a form of grounding, an attempt to resist paralysis through small-scale acts of resistance.

4.2. Non-performative institutional speech acts of the Dutch UMC

In this chapter I examine how the Dutch university medical center where EMPA-T operates engages in what Sara Ahmed calls non-performative institutional speech acts. These are statements that appear to commit the institution to certain values, such as diversity, inclusion, or

human rights, yet fail to bring about the change they name. As Ahmed notes, “the failure of the speech act to do what it says is not a failure of intent or even circumstance, but is actually what the speech act is doing” (Ahmed, 2012, p. 117). Non-performatives, then, are not failed attempts at action. Rather, their very function is to appear as if something is being done while keeping the structures that produce inequality intact. I will also build on previous chapter about silence mechanisms and further analyze the concept ‘complicit silence’.

> In the afternoon of April 24th, the day after EMPA-T's third strategy meeting, I sat at home, working on my thesis and transcribing fieldnotes. At some point, I opened the hospital intranet. I do not remember what I was looking for. What I do remember is the moment the blog from the Board of Directors appeared on my screen: “Working together in diversity amidst geopolitical restlessness.”
>
> The timing, just one day after our internal discussions on fear, visibility, and strategy, felt too aligned to ignore. More than that, the content of the blog felt disconnected from the urgency we were witnessing. Just the day before, at least 59 Palestinians had been killed in Gaza in a new wave of Israeli bombardments (Al Jazeera, 2025). The genocide was ongoing. Images of children being pulled from rubble and entire families erased circulated as we were reading words from our own institution that chose neutrality instead of grief and professionalism instead of protest. In this blog “geopolitical restlessness” replaced “occupation, bombardments and death”.

This blog contained statements that resembled what Ahmed would describe as non-performative institutional speech acts. These are utterances that appear to say something meaningful or ethical, but do not commit the institution to action. Such as ‘We are neutral’. In this case, rather than making a promise that fails, the blog avoids promising anything at all. It maintains the appearance of moral reflection while affirming institutional limits.

For example, the statement “Aid workers must be able to do their work safely. Everywhere. Inside and outside the walls of our hospital, including in conflict zones. It is terrible to realize that this is not a given, and that hospitals, ambulances, patients, and healthcare workers are being targeted in wars, as recently in Gaza” acknowledges violence against healthcare workers, but stops there. It does not name who is responsible, nor does it suggest any institutional action. Instead, the act of saying it becomes the action. By making this statement, the hospital presents itself as concerned and morally aware, as if this alone proves its ethical stance. But while it condemns the violence in words, it continues collaborations with institutions complicit in that very violence. This disconnect reveals the speech act as non-performative: it says something important, but only to give the appearance that something has been done. As Ahmed explains, such statements function as if they fulfill a commitment, while preventing any real change.

Another example is the sentence: “Our mission and core values were written for a different context, namely how we relate here in the Netherlands.” This is not just incorrect; it is also a strategic way to avoid responsibility. Dutch academic institutions are expected to respect human rights in all their partnerships, both within and beyond national borders (Universiteiten van Nederland, 2022). By claiming that values like ‘responsibility’ only apply in the Netherlands, the institution creates an artificial limit to its ethical obligations. This allows it to continue working with institutions involved in violence, while acting as if no contradiction exists.

This is a clear example of what Sara Ahmed calls a non-performative speech act. The institution refers to its values, but only to explain why they do not have to be put into practice. Instead of being a starting point for action, the values become a reason to stop acting. As Ahmed explains, institutions often use documents and official statements as if they are evidence that the work has already been done. In this way, the values are used to protect the institution from critique, rather than to guide ethical decisions.

The clearest institutional speech act that approximates a non-performative is: "At [this hospital], we in principle adopt a neutral position and do not take sides." This statement constructs neutrality as an ethical posture. But neutrality in the face of injustice is not neutral at all. It benefits the status quo. It allows the institution to avoid conflict while effectively siding with dominant power structures. It draws boundaries around acceptable speech and action within the institution, marking advocacy as potentially divisive.

This invocation of neutrality was repeated elsewhere in the blog: "Only if developments threaten our mission and primary core tasks... might neutrality be reconsidered." This conditional logic turns ethics into contingency. It suggests that institutional values can be temporarily suspended only when the institution itself is at risk, not when others suffer as a result of its silence.

Finally, the blog reminded employees that "you must ensure others do not think you are speaking on behalf of the UMC." Here, the institution disciplines not only what can be said, but how and by whom. It frames political expression as a reputational threat. It upholds institutional harmony at the cost of individual conscience.

These utterances do not claim to do what they name. They do not even name commitments. What these statements do is not nothing. They perform institutional boundary-work. They define what the institution can and cannot be held accountable for. They help preserve a reputation of ethical awareness while committing to no action. They manage internal emotion, external critique, and reputational risk. In this way, the speech acts create the appearance of institutional reflection and care, but function primarily to protect the institution from challenge, change, or ethical entanglement.

This was not the first time the institution had spoken about global injustice. In February 2024, following protests in Iran, the UMC had written: "We stand for academic freedom, freedom of education, and diversity and inclusion. We are shocked by the events in Iran, in particular the way in which the student uprising was suppressed at Sharif University. We speak out against the violence and the violation of human rights." Even earlier, in March 2022, after the Russian invasion of Ukraine, the Dutch Federation of University Medical Centers declared: “The universities, colleges, KNAW, NWO and UMCs [University Medical Centers] have decided to immediately freeze formal and institutional collaborations with educational and knowledge institutions in the Russian Federation and Belarus until further notice. They are doing this in response to the urgent appeal of the Minister of Education, Culture and Science.”

These earlier statements were performative in the Austinian sense. They did something. They expressed alignment and enacted change. The contrast with Palestine is not simply omission. It reveals selectivity.

In the case of the attack of Russia on Ukraine, institutional action was aligned with ethical clarity. Collaborations were frozen. The violation of humanitarian law was acknowledged. Even in later fieldwork, on may 8th, There is a lecture on the humanitarian ramp in Sudan, which also got promoted on intranet, acknowledging the ongoing humanitarian crisis there, allowing talk on Sudan.

But when it comes to Palestine, the institution maintained collaborations with institutions in Israel, obscured responsibility, and relied on vague commitments to diversity and academic freedom. The silence was not passive. It was structured.

To further analyze the non-performativity of the institution when it comes to Palestine, we must discuss the utterances of the institute before in different, but similar contexts. As seen above utterances like “We speak out against the violence and the violation of human rights” render non-performative when it comes to the genocide in Gaza.

> Within minutes of sharing the blog with the EMPA-T group, a wave of reactions followed: emotional, urgent, and immediate. For the next two hours, we were collectively writing, responding, and mobilizing.
>
> Some messages were filled with rage. “This place shows day after day that they really have no respect for human rights,” one member wrote. Another described the statement as “squeezing the last bit of our endurance and suffocating our souls while working in such a place… the audacity of this letter today while we just saw how kids were being torn in half and blown away to rooftops from the bombardment.” Others recognized the blog not only as silence, but as a strategic act of exclusion. One wrote, “It is not just about not speaking out. This is a disciplinary warning. They are defining what we are not allowed to say.”
>
> Support also flowed in. One member wrote, “If anyone needs to just sit with an ally, I’ll be available tomorrow during lunch.” This message, although simple, offered comfort in a moment of collective grieving, creating a brief space of connection amid institutional disregard.
>
> Within the hour, a counterstatement was drafted. In it, we reframed the Board’s claim that the hospital’s mission applies only “within the Netherlands” as precisely the problem. The letter emphasized that academic collaboration is inherently geopolitical. By continuing partnerships with Israeli institutions succes in apartheid and military violence, the hospital is not staying neutral, but legitimizing occupation.

Like Ahmed (2012) describes, these non-performatives can be used as strategic tools. They become "reference documents" or "supporting devices" that allow practitioners to point out inconsistencies between what the university says it believes and what individuals or the institution does, thereby challenging actions that are "out of line" with stated principles. This requires constant effort and "follow-up actions" from practitioners to give these non-performative statements force.

In the hands of EMPA-T members, the blog became exactly that: a document to be marked up, answered, reframed, and publicly contested. Its vagueness was not the end of the conversation but its beginning. The group’s rapid collective labor was part of what Ahmed calls the “follow-up

action" necessary to make these statements do something, to hold the institution accountable to its own stated values.

This episode shows that institutional neutrality is not passive but a form of complicit silence. It is not just the absence of speech, but a choice to ignore or downplay injustice to preserve institutional comfort at the cost of racialized suffering. The hospital's refusal to name the destruction in Gaza, despite overwhelming evidence, reflects a decision to protect its image instead of taking a moral stand. The blog's timing and tone, released as reports of children being killed appeared, framed speaking out as unprofessional and subtly cast activist healthcare workers as a threat to order.

This is how complicit silence works. Institutions know the suffering but remain quiet or discredit those who speak, helping to normalize injustice. Their silence becomes tacit approval, protecting power by excluding Palestine from the boundaries of acceptable professional speech. This deepens grief and moral injury among EMPA-T members. In this context, neutrality acts as a tool of control that narrows the meaning of care and blocks solidarity. EMPA-T challenged this boundary, affirming that healthcare cannot be separated from political and ethical responsibility. Silence in the face of injustice is not neutrality but complicity.

Still, EMPA-T did not retreat. Members posted responses, watched reactions, and treated gestures like a simple "like" as signs of solidarity. Visibility became something to grow and hold onto together.

4.3 The infrastructure of complicit silence

A few days after EMPA-T's strategy meeting and the publication of the Board's blog, on april 28th, I met a Human Resources staff member in a nearly empty café near the hospital. What followed was not only a conversation about inclusion, but a slow unraveling of the institutional mechanics that make exclusion seem like a technical inevitability.

Although my research did not begin with a focus on Diversity & Inclusion (D&I), it quickly became clear through fieldwork that D&I functions as a key institutional space where the boundaries of speech, recognition, and legitimacy are managed. In UMC's, D&I is often framed as the domain responsible for fostering inclusion and addressing inequity. However, rather than expanding what can be said, D&I often plays a gatekeeping role: It defines which forms of difference are welcomed and which are excluded as too political or disruptive. This makes D&I an important lens through which to analyze the mechanisms of institutional silence. It is not only a site where inclusion is performed, but where silence is produced and managed through language, framing, and bureaucratic design. What follows is an exploration of how D&I, in practice, becomes entangled in complicit silence and non-performative commitments:

> We decided to meet in person and ended up at a nearly empty café close to the hospital. I paid for the drinks as a gesture of appreciation. We started by speaking briefly about their work and the stress caused by understaffing, before I asked them how the topic of Gaza was experienced in their workplace.
>
> they responded that not everything can be addressed under the banner of Diversity & Inclusion, because institutional progress depends on interprofessional relations. They gave a brief historical overview, mentioning that initially, the former chair of the Board

> dismissed it as unnecessary, until realizing that millions in funding would be lost without compliance. Eventually, resources were allocated and the plan implemented.

The funding-linked origins of D&I initiatives further illustrates and supports§ Ahmed's critique how diversity work becomes a project of management. These initiatives were not born out of ethical commitment but compliance with external funding demands. This reflects how D&I becomes administratively absorbable only when it is risk-free and institutionally useful. It involves "cutting some things out" (p. 67), not only because of lack of time or capacity, but because the institution rewards what is easy to absorb and punishes what disturbs the peace. What appears to be inclusion often works by "making certain things disappear." This is reflected in the first part of this conversation, the conversation about Gaza is not easily absorbable and thus cut out. D&I works here as a tool for silence.

> One of the board members reportedly expressed frustration: "Everyone should just do D&I." But they acknowledged that this is far from reality. A more permanent D&I advisory board is planned for July, which would include representatives from various organizational pillars. Notably, there is currently no dedicated D&I officer within the research department.
>
> One of the few people of color in leadership, has been outspoken about Gaza. They were involved in a working group around the dialogue session on Gaza and Israel, though no Board members joined it. According to the staff member I spoke with, others in the institution perceived their statements as too intense, and some felt personally attacked by remarks like: "If we say nothing now, we can no longer take ourselves seriously."

Sara Ahmed's work critically dismantles the celebratory aura surrounding institutional Diversity & Inclusion (D&I) policies by exposing how these initiatives often reproduce the very exclusions they claim to address. Ahmed argues that D&I initiatives often function as "happy diversity" politics, aestheticizing inclusion in a way that makes only certain differences welcome.

She also shows that D&I can serve to obscure structural racism by rendering it unspeakable. Those who point out racism are often seen as the problem: "When you expose a problem, you become the problem" (Ahmed, 2012, p. 37). Speaking from a place of conscience becomes a risk, not a contribution. They are also cast as angry, overreactive, or unprofessional. In the fieldwork this can be seen as the racialized person being perceived as 'intense' and an 'attacker'. This creates a culture of self-censorship and "institutional passing," where racialized people try not to "stick out." Moreover, D&I is framed as hospitality, "ours to give", reinforcing power hierarchies: the institution is host, and those invited to participate in its diversity are guests, expected to assimilate and not challenge the norms of the host.

> Hierarchy was described as a barrier to speaking up. As this informant explained, communication must go up the chain from employee to manager to director to the Board. They added that Gaza and Palestine were not considered D&I matters, but instead a communication issue.
>
> The blog published that same week was also brought up. The staff member expressed disbelief: "He contradicts himself. You have every reason to make an exception." They referred to the statement that the Board could deviate from neutrality if the mission or staff

were under threat. Yet, this clause is never activated. Apparently, content experts are rarely consulted. The Board relies on its own advisors, working in what was called a "privileged isolation." “How many people are really affected?” they ask themselves, from their bubble on one of the upper floors. According to the Board, “Everyone just keeps working, and we already have 800 people out sick per year.” [So what is really the impact?]

“There’s a culture of fear,” they said, according to them, people earning 200k a year are too scared to speak. Everyone has different stakes. If even one person in the hierarchy remains silent, the message never reaches the top. They repeated what they’ve heard repeatedly from colleagues: “I have a mortgage.”

“If you ask the Board directly, they’ll say the door is always open,” the staff member said. “But there’s a sheet of glass in front of it.”

This conversation reveals how silence around Palestine is upheld through multiple layers within the institution. The phrase “I have a mortgage,” reflects intransitive silence, which is a silence chosen out of fear. Even people in senior positions feel unable to speak. This is not enforced from above but shaped by personal risk, job insecurity, and reputational fear. Speaking out is understood as dangerous, and so silence becomes a survival strategy. While the choice not to speak may seem individual, it is structured by institutional conditions that make speaking costly and unsafe.

This conversation can be paralleled to a conversation later in my fieldwork:

> This comrade had come to the Netherlands specifically for academic and professional reasons. But after what they had experienced over the past year and a half within the institution, they made clear they were not planning to stay. They shared how they saw parallels between what they had experienced in another country under authoritarian rule and what they were now observing in the hospital. Not only in the severity of repression, but in the normalization of fear and self-censorship. “People couldn’t speak out there either,” they said. Here, it’s just more polished.

There are clear instances of institutional silencing. The decision to treat Gaza and Palestine as communication issues rather than matters of Diversity and Inclusion is not a neutral move. It is a deliberate reclassification that removes the issue from the very spaces where it could be addressed with care and accountability. This reframing blocks the political dimensions of the topic and turns it into something technical and depersonalized. The staff member also described how communication must move up the chain, from employee to manager to director to the Board. If one person remains silent along the way, the message is lost. This layered structure acts as a filtering system that makes it easy for ‘uncomfortable’ topics to disappear before they ever reach leadership.

A deeper form of silence is visible in the Board’s continued inaction, even though the conditions they themselves set for breaking neutrality appear to have been met. This is a form of complicit silence. The staff member imagined the Board asking themselves, “How many people are really affected?” not as a direct quote, but as a reading of the logic that underlies their refusal to act. This imagined question shows how institutional leaders minimize the moral weight of the situation and treat suffering as something secondary to organizational stability. The Board’s reliance on its

own advisors and their distance from staff realities, described as privileged isolation, reinforce this inaction.

Complicit silence in this case is not about not knowing what is happening. It is a deliberate choice by the institution to stay silent in order to avoid taking a clear position. By doing nothing, the Board protects its own image and avoids dealing with the discomfort that comes with speaking out. Even though they could act, they choose not to. This silence is a way to keep control and avoid responsibility for what is happening to staff who are affected.

Finally, the metaphor shared at the end of the conversation: "The door is always open, but there's a sheet of glass in front of it," captures what discourse theorists describe as the unsaid and ideological forgetting (Coracini, 2005, p. 35). It appears that speech is welcomed, but in reality, access to meaningful dialogue is structurally blocked. People may be invited to speak, but the system ensures that their speech will not travel or lead to change. This is not just about fear or hierarchy. It reflects a broader institutional logic that makes certain issues, like Palestine, difficult to name and nearly impossible to act on. It is a silence produced not by what is said, but by what is consistently left out, redefined, or forgotten.

Together, these mechanisms: intransitive silence, institutional silencing, complicit silence, and the unsaid, interact to protect the institution's appearance of neutrality while making real political engagement nearly impossible. Silence is not the absence of speech, but the result of a carefully maintained structure that contains it.

Thus, D&I functions as a tool of complicit silence when it absorbs dissent into manageable categories, rewards only safe forms of difference, and silences political or structural critique. Rather than confronting injustice, it often aestheticizes inclusion, making it appear as if action is being taken while maintaining the status quo. Through selective recognition and the framing of inclusion as a gift rather than a right, D&I policies help sustain a "pact of silence" around structural racism and global injustices such as Palestine. In this way, D&I becomes an institutional mechanism not for amplification, but for containment. It is a system that produces silence under the guise of progress.

5. Conclusion and discussion

This thesis has traced how EMPA-T, a collective of healthcare workers within a Dutch university medical center, confronts the institutional mechanisms that silence solidarity with Palestine. Through their advocacy, my fieldwork shows that silence and non-performative speech acts are not opposites, but mutually reinforcing mechanisms of institutional control.

This thesis identifies three key findings. First, fear functions as an institutional force that shapes speech within the hospital, producing intransitive silence among staff who avoid speaking out on Palestine to protect their professional standing, while leadership enforces transitive silencing by framing advocacy as unprofessional and restricting access to institutional space. Second, the institution's public commitments to neutrality, diversity, and humanitarian values operate as non-performative speech acts. These statements simulate ethical engagement but ultimately serve to protect the institution from critique, especially when contrasted with more decisive responses to crises like Ukraine or Iran. Third, the infrastructure of complicit silence is upheld through Diversity

& Inclusion frameworks, which operate less as mechanisms of equity and more as tools of containment. By selectively recognizing only depoliticized forms of difference, D&I structures exclude Palestine, reinforcing institutional comfort and framing those who challenge this silence as disruptive or unprofessional.

This thesis contributes to existing literature by placing the repression of Palestine advocacy within Dutch university medical centers in a broader historical and institutional context. Edward Said's foundational work on Zionism (1979) and narrative exclusion (1984) shows how Palestinian voices have been systematically denied legitimacy in Western discourse. This thesis demonstrates how that denial is reproduced in clinical institutions, where expressions of solidarity with Palestine are framed as inappropriate, unprofessional, or reputationally risky. Said's concept of the "permission to narrate" remains highly relevant, as Palestinian perspectives are still excluded from the boundaries of institutional speech. Scholars such as Salaita (2015), Landy et al. (2020), and Palestine Legal (2015) have documented tactics used to silence Palestine advocacy in academia, including surveillance, smear campaigns, and legal intimidation. Building on these insights, this thesis shows how Dutch medical institutions rely on more subtle but equally effective forms of suppression, such as administrative restrictions, depoliticizing diversity policies, and reputational containment. These mechanisms reflect what Sang Hea Kil (2024) calls "dirty water tactics," which aim to discredit and neutralize dissent. Drawing from Patricia Hill Collins' Matrix of Domination (2000), this study introduces the concept of a Matrix of Administrative Domination to describe how Islamophobia, colonial logics, and institutional governance intersect to contain political speech. What this thesis adds is a grounded, ethnographic perspective on how these structures are maintained and challenged from within. By tracing the actions of EMPA-T, it shows how care-based professions reproduce selective humanitarianism, and how health workers resist this by insisting that their ethical commitment includes speaking where silence protects power.

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Appendix A.

ERASMUS UNIVERSITEIT ROTTERDAM

CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Bonnie French, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title: An Ethnographic Study of Health Workers' Advocacy for Palestine in Dutch University Medical Centers

Name, email of student: Hassnae Boubrik, 556503hb@eur.nl

Name, email of supervisor: Rogier van Reekum,

Start date and duration:14-02-2025 – 22-06-2025

Is the research study conducted within DPAS YES

If 'NO': at or for what institute or organization will the study be conducted?

(e.g. internship organization)

PART II: HUMAN SUBJECTS

1. Does your research involve human participants. YES

If 'NO': skip to part V.

If 'YES': does the study involve medical or physical research? NO

Research that falls under the Medical Research Involving Human Subjects Act (WMO) must first be submitted to an accredited medical research ethics committee or the Central Committee on Research Involving Human Subjects (CCMO).

2. Does your research involve field observations without manipulations that will not involve identification of participants. BOTH

If 'YES': skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). NO

If 'YES': skip to part IV.

PART III: PARTICIPANTS

1.	Will information about the nature of the study and about what participants can expect during the study be withheld from them?	NO
2.	Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study?	YES
3.	Will information about the possibility to discontinue the participation at any time be withheld from participants?	NO
4.	Will the study involve actively deceiving the participants? *Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).*	NO
5.	Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants?	NO
6.	Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)?	YES
7.	Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent?	NO
8.	Is the health and/or safety of participants at risk during the study?	NO
9.	Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured?	YES
10.	Are there any other possible ethical issues with regard to this study?	YES

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

The group that is observed in my ethnographic study is a small group within an institution. Because of the topic of the study and the size of the group I can not assure that the group or individuals within the institution can not be identified.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

N/A

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

N/A

Please attach your informed consent form in Appendix I, if applicable.

Continue to part IV.

PART IV: SAMPLE

Where will you collect or obtain your data?

At sites where the employees in the EMPA-t group organize events, gatherings or meetings. These will mostly take place within a Dutch University Medical Center. Data will be collected in the form of observation which will be written down in text or if relevant recorded.

Note: indicate for separate data sources.

What is the (anticipated) size of your sample?

N/A_____
_____
____

Note: indicate for separate data sources.

What is the size of the population from which you will sample?

N/A_____
_____
____

Note: indicate for separate data sources.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

Handwritten Fieldnotes: I will transcribe and digitize my handwritten notes as soon as possible after collection. Until transcription, they will be stored in my home. Once transcribed, the digital files will be stored on my university-provided secure storage system. The original notes will be destroyed once digital copies are verified.

Digital Data Files (Transcribed Notes, Interviews, and Other Text-based Data): These files will be stored on Erasmus University's secure OneDrive system, which is password-protected and accessible only to me. Temporary backups may be kept on an encrypted external hard drive stored in a secure location.

Audio and video recordings will be temporarily stored on my personal smartphone, which is password protected. I will transfer the recordings to Erasmus University's secure storage system within 24 hours of acquisition. Once verified, the original files will be deleted from my phone to ensure data security and compliance with ethical guidelines.

_____

_____

Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

I am responsible for the immediate day-to-day management, storage, and backup of the research data. This includes ensuring that data is collected, stored, and backed up securely following Erasmus University's research data management guidelines. I will adhere to ethical and GDPR-compliant data-handling practices, ensuring data confidentiality and integrity.

How (frequently) will you back-up your research data for short-term data security?

Digital data (e.g., transcriptions, fieldnotes, interview recordings) will be backed up daily to Erasmus University's secure OneDrive storage.

In case of collecting personal data how will you anonymize the data?

Data will be presented at the organizational level, analyzing EMPA-T as a collective actor rather than highlighting specific members. Similarly, discussions regarding the board direction will focus on institutional actions, policies, and decisions, not on individual board members. Directly identifying board members or specific individuals within EMPA-T will be avoided, unless their roles are already public knowledge (e.g., public statements, signed letters).

PART VI: SIGNATURE

Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Hassnae Boubrik	Name (EUR) supervisor: Rogier van Reekum
Date: 17-03-2025	Date: 19-03-2025

APPENDIX I: Informed Consent Form (if applicable)