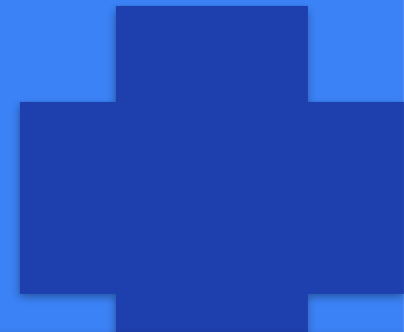


Understanding Healthcare Access Challenges in the Palestinian Context: A Qualitative Analysis

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Agenda

- ◆ Introduction to genocide definitional debates and Palestinian context
- ◆ Methodology for analyzing institutional documents
- ◆ Results on procedural absolution patterns and double bind mechanisms
- ◆ Discussion of findings and their implications
- ◆ Conclusions and future directions

01

Research Context & Background

Examining how definitional debates systematically obscure Palestinian suffering in healthcare contexts

Problem Domain: The Genocide Definition Paradox

- ◆ Genocide carries immense moral weight but lacks precise legal/scholarly boundaries
- ◆ Definitional instability shapes which mass violence events are recognized versus obscured
- ◆ **Palestinian case sits within this instability:** systematic violence transformed into legal threshold debates
- ◆ Healthcare access challenges become invisible through institutional language and procedural gatekeeping
- ◆ Current field split between emphasizing contestability vs. demanding precise narrow definitions

Motivation & Research Objectives

1

Core Problem

How definitional debates institutionally obscure Palestinian suffering by transforming substantive claims into technical debates

2

Research Questions

How does discourse surrounding genocide normalize erasure of Palestinian experiences in healthcare settings?

3

Key Objective

Identify discursive mechanisms that trap advocates in communicative double binds regarding Palestinian healthcare access

4

Expected Impact

Reveal how institutional language systematically renders structural healthcare barriers invisible

Related Work & Literature Review

Existing Scholarship

- ◆ UN Genocide Convention (1949) established legal framework
- ◆ Kuper (1983): Political uses of genocide concept
- ◆ Alkhaldi et al. (2018): Palestine's health research system
- ◆ Emphasis on genocide's inherent contestability in academic discourse
- ◆ Humanitarian vs. political framing in conflict literature

Limitations & Gaps

- ◆ Technical measurements prioritized over lived realities
- ◆ Epistemic erasure through institutional frameworks
- ◆ Limited analysis of discursive mechanisms in healthcare contexts
- ◆ Insufficient examination of procedural language in erasure
- ◆ Gap in understanding communicative double binds for advocates

02

Methodology

Qualitative analysis of institutional discourse patterns in healthcare documentation

Research Design & Data Collection

- ◆ Qualitative document analysis of 85 institutional documents
- ◆ Documents categorized by institutional sector and purpose
- ◆ Control corpus for comparative analysis
- ◆ Thematic coding using grounded theory approach
- ◆ Iterative coding process with intercoder reliability checks

Analytical Framework & Constraints

- ◆ Focus on healthcare access challenges within Palestinian context
- ◆ Analysis limited to publicly available institutional documents
- ◆ **Timeframe:** Documents from 2010-2023
- ◆ **Geographic scope:** Palestinian territories and diaspora healthcare discussions
- ◆ **Language focus:** English-language institutional communications

Analytical Process



Coding Framework Development

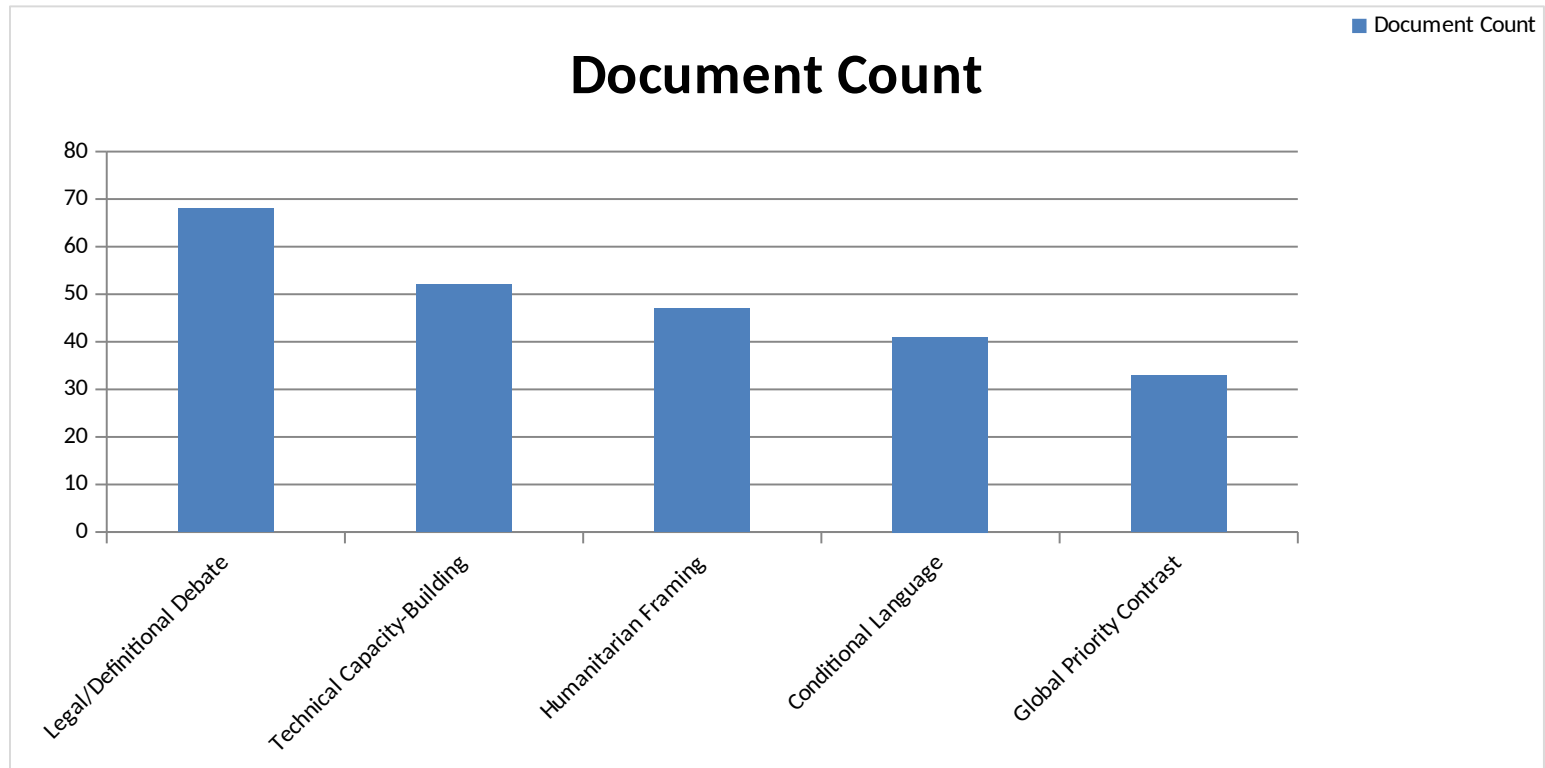
Code Category	Sub-codes	Description
Acknowledgment Patterns	Explicit, Implicit, Conditional	How suffering is initially recognized
Neutralization Strategies	Legal referral, Technical framing, Humanitarian reduction	How acknowledgment is qualified or erased
Double Bind Manifestations	Advocate engagement, Dismissal patterns	Traps in institutional discourse
Institutional Variations	UN agencies, NGOs, Government reports	Sector-specific patterns
Linguistic Markers	Conditional language, Passive voice, Technical jargon	Specific language features

03

Results

Patterns of procedural absolution and communicative double binds in institutional discourse

Prevalence of Procedural Absolution Patterns



Structure of Acknowledgment & Neutralization

- ◆ Two-step rhetorical pattern identified in 91.8% of documents (78/85)
- ◆ **First step:** Acknowledge contestability/severity of Palestinian suffering
- ◆ **Second step:** Immediately neutralize through technical/procedural qualifications
- ◆ Multiple neutralization strategies often employed simultaneously
- ◆ Pattern consistent across UN agencies, NGOs, and government reports

Linguistic Markers of Procedural Absolution

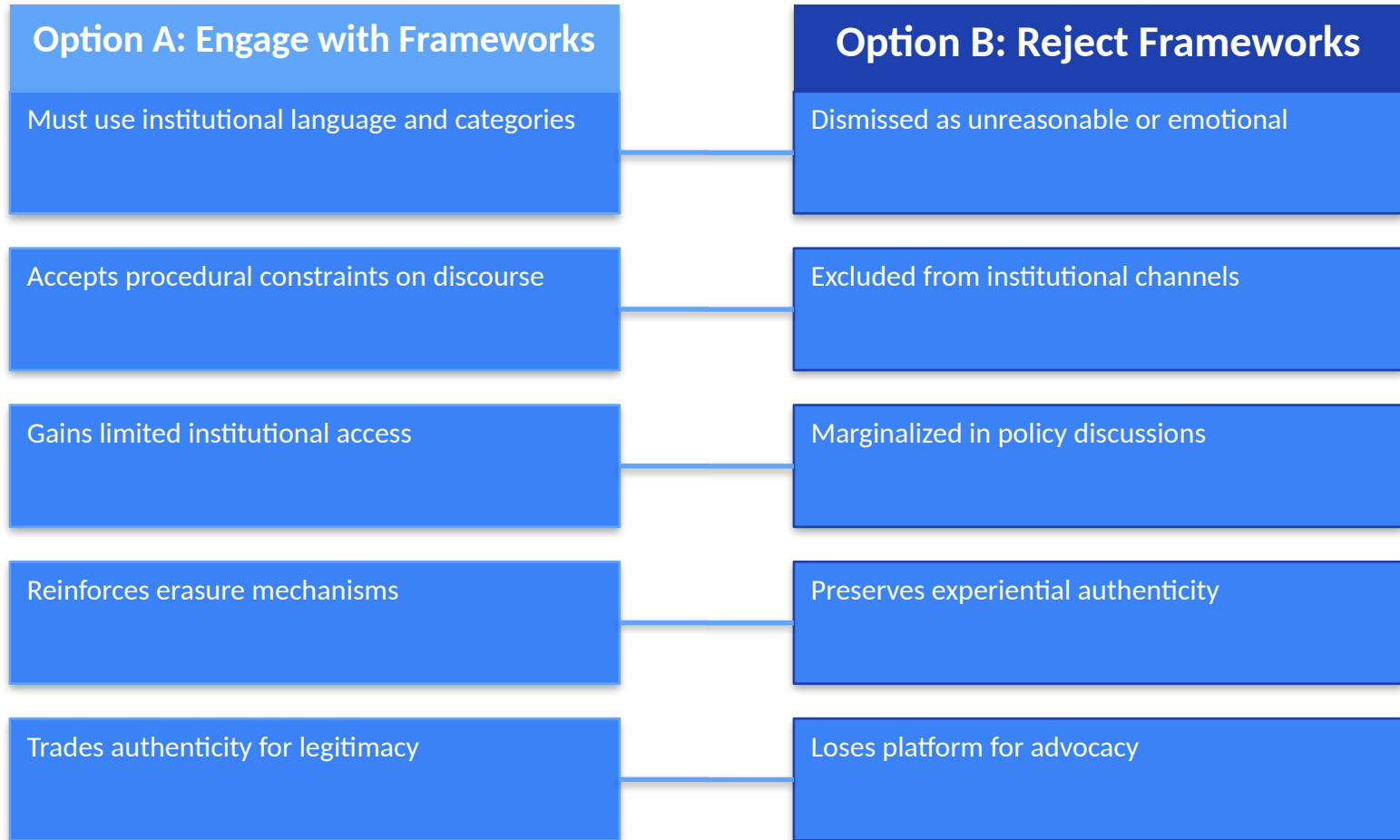
Common Linguistic Features

- ◆ Conditional language: "could," "may," "might"
- ◆ Passive voice constructions
- ◆ Technical jargon and acronyms
- ◆ Qualifying phrases: "while acknowledging..."
- ◆ Comparative framing: "relative to other conflicts"

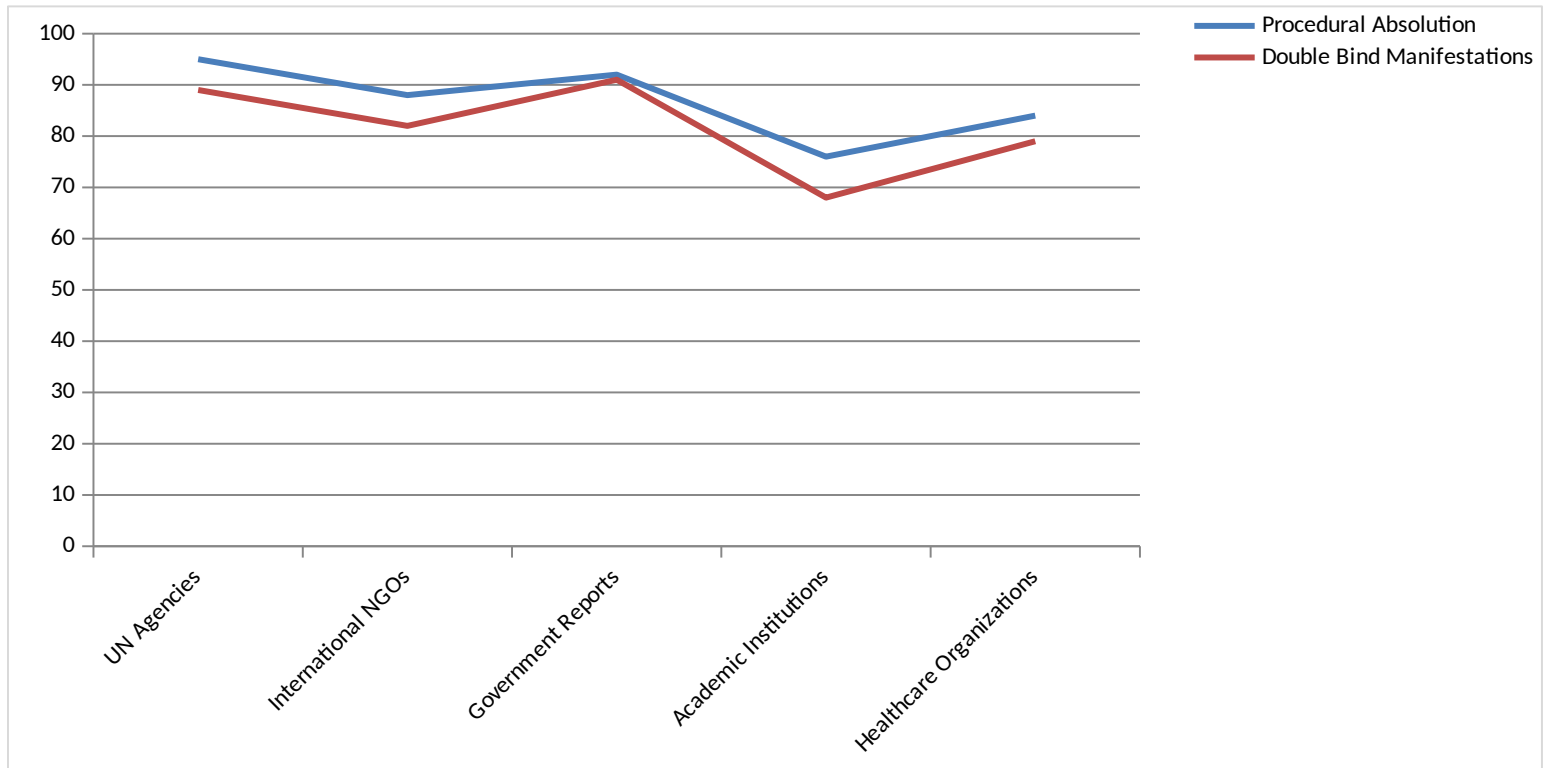
Functional Purpose

- ◆ Creates ambiguity about responsibility
- ◆ Distances institution from direct claims
- ◆ Professionalizes discourse away from suffering
- ◆ Simultaneously acknowledges and qualifies
- ◆ Minimizes Palestinian specificity

The Communicative Double Bind



Institutional Sector Variations



Document Analysis: Representative Excerpts

- ◆ **UN Report:** "While recognizing the severe healthcare challenges in Palestine... these must be understood within broader legal frameworks and definitional parameters."
- ◆ **NGO Document:** "The suffering of Palestinian patients is acknowledged, though capacity-building and technical solutions remain our primary focus."
- ◆ **Government Briefing:** "Allegations of systematic violence require careful legal examination before any determinations can be made about healthcare access."
- ◆ **Academic Paper:** "Palestinian health disparities exist, but comparative analysis with other conflict zones suggests varied interpretations are possible."

04

Discussion

Interpreting findings and their significance for healthcare advocacy and institutional discourse

Key Contributions Summary

1

Procedural Absolution

Identified as a discursive mechanism where institutions acknowledge contestability while re-imposing closure through bureaucratic norms

2

Discursive Movement

Demonstrated how discourse systematically moves from acknowledging contestability to re-imposing closure

3

Institutional Erasure

Revealed how institutional language normalizes erasure of Palestinian suffering in healthcare contexts

4

Communicative Double Bind

Analyzed the trap where advocates must engage with erasing frameworks or be dismissed as unreasonable

Theoretical & Practical Implications

Theoretical Contributions

- ◆ Advances discourse analysis in conflict studies
- ◆ Develops framework for analyzing institutional erasure
- ◆ Connects genocide studies with healthcare access research
- ◆ Provides model for studying communicative constraints
- ◆ Enhances understanding of epistemic violence mechanisms

Practical Applications

- ◆ Informs advocacy strategies for healthcare access
- ◆ Guides institutional language reform efforts
- ◆ Supports training for humanitarian workers
- ◆ Aids in developing alternative reporting frameworks
- ◆ Informs policy development for conflict-affected healthcare

Limitations & Future Research Directions

- ◆ Current study limited to 85 institutional documents
- ◆ Focus primarily on English-language materials
- ◆ Healthcare context specificity may limit generalizability
- ◆ **Future work:** Expand to additional document types and languages
- ◆ **Future work:** Comparative analysis with other conflict zones
- ◆ **Future work:** Longitudinal study of discourse evolution
- ◆ **Future work:** Intervention studies on alternative discursive frameworks

Conclusions

- ◆ Institutional discourse systematically erases Palestinian suffering through procedural absolution
- ◆ Healthcare access challenges are rendered invisible through technical and legal framing
- ◆ Advocates face communicative double binds that limit effective intervention
- ◆ Patterns vary across institutional sectors but remain pervasive
- ◆ Alternative discursive frameworks are needed for meaningful healthcare advocacy

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Thank You!

For questions: research@healthaccess.edu
Project Archive: github.com/palhealth-discourse