

# PROCEDURAL ABSOLUTION AND THE DOUBLE BIND: INSTITUTIONAL DISCOURSE AND THE ERASURE OF PALESTINIAN SUFFERING IN HEALTHCARE ACCESS

**Anonymous authors**

Paper under double-blind review

## ABSTRACT

The definitional strictures surrounding genocide often function institutionally to occlude Palestinian suffering, transforming substantive claims of systematic violence into technical debates over legal thresholds. This paper identifies a discursive mechanism we term “procedural absolution”—a pattern where institutions acknowledge the contestability of genocide while simultaneously re-imposing closure through bureaucratic and rhetorical norms—and examines how it traps advocates in a communicative double bind: either engaging with the very frameworks that erase Palestinian experiences or being dismissed as unreasonable. Our contribution is to demonstrate how discourse moves from acknowledging contestability to re-imposing closure, thereby enabling a rationalized erasure of Palestinians from both humanitarian concern and historical record. We argue that procedural absolution, operating through this double bind, not only obstructs meaningful recognition of Palestinian suffering but also perpetuates the structural conditions that normalize their exclusion from global health equity and human rights protections.

## 1 INTRODUCTION

It is difficult to define genocide. The term carries immense moral weight, yet its precise legal and scholarly boundaries remain perpetually contested, reflecting ongoing debates since the adoption of the United Nations Genocide Convention (?) and the foundational scholarship on the political uses of the concept (?). This definitional instability is not merely academic; it shapes which instances of mass violence are recognized as genocide and which are obscured through technical debate. The Palestinian case sits squarely within this instability, where claims of systematic violence are often transformed into disputes over legal thresholds rather than substantive examinations of suffering. This paper examines how the very discourse surrounding genocide functions to normalize the erasure of Palestinian experiences, particularly within the realm of healthcare access where structural barriers are rendered invisible through institutional language.

The scholarly and institutional field is split between two approaches to genocide. On one hand, there is an emphasis on its inherent contestability—the idea that genocide is a complex, multifaceted concept that resists rigid categorization. On the other hand, there are demands for precise, narrow definitions that can be applied consistently in legal and policy contexts. This tension creates a discursive space where the Palestinian experience is simultaneously made visible through humanitarian appeals and rendered deniable through procedural gatekeeping. As ? note in their study of Palestine’s health research system, institutional frameworks often prioritize technical measurements over the lived realities of those affected by conflict, thereby contributing to a form of epistemic erasure.

Within this split, Palestine occupies a paradoxical position. It is frequently invoked in discussions of human rights violations, yet its classification as a site of genocide remains hotly disputed. This dispute is not neutral; it functions as a mechanism of control. By keeping the question of genocide perpetually open to debate, institutions can acknowledge the possibility of Palestinian suffering while avoiding any definitive recognition that would mandate concrete action. This procedural maneuvering allows for a form of “footnoting” where Palestinian claims are noted in passing but never integrated into the core narrative of international human rights or global health equity. The result is a double movement: visibility through citation, and erasure through qualification.

The purpose of this paper is to analyze not merely what “genocide” means in abstract terms, but how speaking about it functions within a socio-linguistic field that systematically normalizes Palestinian erasure. We focus on the discursive practices of institutions—including health organizations, academic journals, and policy bodies—that manage the tension between contestability and closure. By examining the language used in reports, policy documents, and scholarly articles, we reveal a pattern we term “procedural absolution”: a rhetorical strategy that acknowledges the contestability of genocide while simultaneously re-imposing closure through bureaucratic norms. This strategy traps advocates in a double bind, forcing them to either engage with frameworks that erase Palestinian experiences or be dismissed as unreasonable.

In this revised manuscript, we address critical methodological concerns raised during peer review. Specifically, we introduce a comparative analysis of institutional discourse across multiple conflict settings to distinguish features generic to bureaucratic language from those particular to the Palestinian case. We substantially expand our methodological transparency by including direct quotations from the corpus, detailing our coding process to mitigate risks of circularity, and adding a reflexive positionality statement. These revisions strengthen the empirical foundation of our argument while maintaining its critical theoretical focus on the mechanisms of discursive erasure.

The remainder of this paper proceeds as follows. First, we explore the definitional contestation surrounding genocide and the practice of “footnoting” that marginalizes Palestinian claims. Second, we introduce the conceptual framework of procedural absolution and the double bind, illustrating how these mechanisms operate within institutional discourse. Third, we apply this framework to concrete examples drawn from healthcare policy and research, demonstrating how the erasure of Palestinian suffering is rationalized through language. Finally, we conclude by discussing the implications of our analysis for both scholarly practice and advocacy, arguing that a critical awareness of these discursive traps is essential for any meaningful progress toward health equity and human rights protections for Palestinians.

## 2 RELATED WORK

Research on healthcare access in conflict zones has traditionally focused on material barriers such as infrastructure destruction, resource scarcity, and workforce shortages. Studies in this vein often quantify the number of damaged hospitals, the availability of medical supplies, or the density of healthcare professionals per capita. While these metrics are essential for understanding the operational challenges of health service delivery, they tend to overlook the discursive and political dimensions that shape how suffering is recognized and addressed. Our work builds on but also departs from this tradition by examining how language itself becomes a site of contestation and erasure in the Palestinian healthcare context.

Scholarship on institutional discourse has demonstrated how bureaucratic language can depoliticize complex social issues (?). In humanitarian and health policy contexts, technical terminology often frames structural violence as manageable problems of efficiency, capacity, or governance. For example, ? show that discussions of Palestine’s health research system frequently emphasize technical measurements and capacity-building needs while sidelining the political determinants of health inequity. This aligns with broader critical literature on global health, which argues that the imperative to appear neutral and evidence-based can inadvertently reinforce existing power imbalances by rendering political claims invisible.

Within genocide studies, a substantial body of work debates the definitional boundaries of the term and its legal applications. Some scholars emphasize the importance of precise, narrow definitions to maintain the concept’s moral gravity and legal utility (e.g., ?), while others highlight its inherent contestability and the political uses of such contestation. The Palestinian case often appears at the margins of these debates, invoked in discussions of human rights violations but rarely centered in systematic analyses of how genocide discourse functions institutionally. This gap is particularly pronounced in health-focused literature, where discussions of genocide are typically limited to forensic or epidemiological investigations rather than examinations of discursive patterns.

Research on health equity in Palestine has documented the profound impacts of occupation, blockade, and recurrent military assaults on physical and mental health outcomes. However, much of this work remains descriptive, cataloguing disparities in morbidity, mortality, and service availability without

interrogating the institutional narratives that sustain these conditions. Few studies have systematically analyzed the language used by international health organizations, medical journals, or humanitarian agencies when they address—or avoid addressing—the possibility of genocide in Palestine. This omission is significant because institutional discourse not only reflects but also actively constructs what counts as a legitimate health concern and who is entitled to protection.

The concept of epistemic injustice, drawn from philosophy and social theory (?), offers a valuable lens for understanding how certain forms of knowledge and experience are systematically discredited. In health contexts, epistemic injustice manifests when the testimonies of affected communities are dismissed as anecdotal or political, while technical reports from distant experts are accorded greater authority. Our study extends this concept by examining the specific linguistic mechanisms through which epistemic injustice is enacted in institutional documents. We introduce the notions of procedural absolution and the double bind to capture the unique discursive traps that characterize discussions of genocide in Palestinian healthcare settings.

Finally, literature at the intersection of discourse analysis and health policy has begun to explore how language shapes material realities in conflict zones. However, most of this work focuses on post-conflict settings or general humanitarian principles rather than on the specific dynamics of ongoing, protracted conflicts like that in Palestine. Moreover, existing studies rarely connect macro-level political discourse about genocide with micro-level health advocacy practices. Our research aims to fill this gap by providing a detailed, empirical analysis of how institutional language simultaneously acknowledges and neutralizes claims of genocide, and how this dual movement constrains the possibilities for meaningful health advocacy.

Our contribution to this literature is twofold. First, we provide a comparative dimension that is largely absent from existing critical discourse studies in global health. By analyzing discourse across multiple conflicts, we can more rigorously identify whether the mechanisms we observe are distinctive or generic. Second, we operationalize the concepts of procedural absolution and the double bind through a transparent coding scheme applied to a substantial corpus, moving beyond theoretical critique to empirical demonstration. This methodological approach allows us to trace the specific linguistic pathways through which erasure occurs, thereby offering a more nuanced understanding of how institutional power operates through language.

In summary, the related work reviewed here highlights several key areas where our study contributes: it bridges technical health-services research with critical discourse analysis; it connects definitional debates in genocide studies with concrete health-equity concerns in Palestine; and it introduces new conceptual tools—procedural absolution and the double bind—to explain how institutional language perpetuates erasure even while appearing to engage with suffering. The following sections detail our methodological approach to investigating these dynamics.

### 3 BACKGROUND

Healthcare access in conflict zones presents unique challenges that extend beyond mere resource scarcity to encompass complex political, legal, and discursive dimensions. In settings where mass violence is ongoing, the very frameworks used to describe and respond to suffering can become sites of contestation. The Palestinian context exemplifies this complexity, where decades of occupation and periodic military escalations have created a healthcare landscape marked by fragmentation, dependency, and systemic barriers. Understanding these challenges requires moving beyond technical assessments of infrastructure or service delivery to examine how institutional language shapes what counts as legitimate suffering and who is entitled to protection.

Several key concepts underpin our analysis. First, the term “genocide” refers not only to the legal definition established by the 1948 United Nations Convention (?) but also to the broader socio-political processes through which acts of mass violence are recognized or denied. Second, we introduce “procedural absolution” to describe a discursive pattern in which institutions acknowledge the contestability of genocide while simultaneously re-imposing closure through bureaucratic and rhetorical norms. Third, the “double bind” denotes a communicative trap in which advocates are forced to choose between engaging with frameworks that erase Palestinian experiences or being dismissed as unreasonable. These concepts provide the theoretical foundation for examining how discourse functions to normalize erasure.

Scholarship on institutional discourse has long highlighted how language can both reveal and conceal power relations. In healthcare research, studies have shown how technical language often depoliticizes suffering, transforming structural violence into manageable problems of efficiency or capacity (?). For instance, ? demonstrate how Palestine’s health research system is framed primarily in terms of technical measurements and capacity-building needs, which can obscure the underlying political determinants of health inequity. This tendency aligns with broader patterns in humanitarian and human rights discourse, where the imperative to appear neutral and evidence-based can lead to the marginalization of politically charged claims, a phenomenon further analyzed in recent work on technicization and medicalization (?).

It is important to note that the use of technical and cautious language in institutional settings is not inherently nefarious; it can stem from legitimate needs to maintain operational access, adhere to legal mandates, and communicate with precision. The critical task, which our study undertakes, is to distinguish between the necessary of bureaucratic communication and patterns of language that systematically deflect or neutralize claims of extreme suffering, particularly when those patterns appear consistently in one context while differing in comparable others. This distinction requires a comparative analytical lens.

The Palestinian case occupies a distinctive place within both genocide studies and health equity research. While there is extensive literature documenting the health impacts of occupation and conflict, much of this work remains focused on epidemiological outcomes or health system performance rather than on the discursive mechanisms that enable these conditions to persist. Similarly, discussions of genocide in relation to Palestine often become mired in definitional debates that divert attention from the substantive experiences of those affected. This gap points to a need for analyses that connect macro-level political discourse with micro-level health realities, revealing how language at the institutional level mediates between recognition and erasure.

Current scholarship leaves several important gaps unaddressed. First, there is limited work that systematically examines how the language of genocide is deployed within healthcare-specific institutions, such as international health organizations or medical journals. Second, while the concept of epistemic injustice has been applied to health contexts, its intersection with the specific discursive strategies used to manage claims of genocide remains underexplored. Third, existing research often treats contestation over definitions as a purely legal or philosophical problem, neglecting its practical consequences for advocacy and policy in the health domain. Our work seeks to fill these gaps by providing a detailed analysis of the linguistic patterns that characterize institutional responses to Palestinian suffering.

This research contributes to several intersecting scholarly conversations. In the field of health policy and systems research, it extends critical approaches that question the assumed neutrality of technical language. Within genocide studies, it offers a novel perspective on how definitional debates function not merely as academic exercises but as active mechanisms of political control. More broadly, it engages with literature on the sociology of knowledge, examining how certain forms of suffering become legible within institutional frameworks while others are systematically excluded. By bridging these domains, our analysis aims to illuminate the often-invisible ways in which discourse shapes material realities, particularly in contexts of protracted conflict and structural violence.

In summary, the background for this study lies at the intersection of health equity, discourse analysis, and genocide studies. We build on existing work that critiques the depoliticizing tendencies of institutional language while introducing new concepts—procedural absolution and the double bind—to capture the specific mechanisms through which Palestinian suffering is rendered invisible. The following sections will detail our methodological approach for identifying and analyzing these discursive patterns, drawing on concrete examples from healthcare policy and research documents to substantiate our theoretical claims.

## 4 METHOD

This study employs a qualitative discourse analysis approach to examine how institutional language functions to normalize the erasure of Palestinian suffering in healthcare contexts. Our methodology is designed to identify and analyze the discursive patterns of “procedural absolution” and the “double bind” within a corpus of institutional documents. By systematically examining the language used in

these texts, we aim to reveal the mechanisms through which claims of genocide are acknowledged yet simultaneously neutralized, and how this process contributes to the marginalization of Palestinian health concerns. The approach is grounded in critical discourse analysis, which allows us to connect linguistic features with broader social and political power dynamics.

To address concerns regarding selection bias and to strengthen the validity of our claims about the specificity of discursive patterns, we expanded our original design to include a comparative dimension. Our analysis now encompasses two corpora: a primary corpus focused on Palestine and a control corpus focused on other protracted conflict zones where allegations of mass violence and genocide have been made.

We compiled a purposive corpus of 85 institutional documents published between 2010 and 2024. These documents were sourced from three primary categories: (1) reports and policy briefs from international health organizations (e.g., World Health Organization, Médecins Sans Frontières), (2) peer-reviewed articles in medical and public health journals that address healthcare in Palestine, and (3) official statements and position papers from human rights and humanitarian bodies. To mitigate the risk of excluding documents where political context is primary, we broadened our initial search strategy. In addition to the conjunction of “healthcare” (and related terms) with “Palestine,” we conducted supplementary searches using terms such as “occupation,” “blockade,” “armed conflict,” and “Gaza” in conjunction with “health system” and “medical access.” This ensured the corpus included documents where health issues were framed within the overarching political and military context. Documents were included if they explicitly mentioned both “healthcare” (or related terms such as “medical access,” “health system,” “health equity”) and “Palestine” (or “Gaza,” “West Bank,” “occupied Palestinian territory”). We excluded documents that focused solely on clinical or epidemiological data without any discursive engagement with the political context.

The control corpus consists of 60 documents from the same time period and institutional categories, addressing healthcare in three other conflict zones: Syria (2011-present), Myanmar (particularly the Rohingya crisis, 2016-present), and Yemen (2015-present). These conflicts were selected because they involve protracted violence, severe humanitarian crises, and public allegations of genocide or crimes against humanity. The same inclusion criteria were applied, substituting the location terms. This comparative design allows us to test whether the discursive patterns we identify are distinctive to the Palestinian case or are generic features of institutional discourse in complex humanitarian emergencies.

Our sampling strategy was purposive and theory-driven, aiming to capture a diverse range of institutional voices while ensuring relevance to our research questions. We began with a broad search using academic databases (PubMed, Scopus) and institutional websites, applying the inclusion criteria described above. To ensure representativeness, we stratified the sample by document type (organizational reports, journal articles, position papers) and by the publishing institution’s sector (inter-governmental, non-governmental, academic). We continued sampling until reaching theoretical saturation, where additional documents no longer provided new insights into the discursive patterns under investigation. This resulted in a final corpus that balances breadth with analytical depth.

The analytical framework integrates concepts from critical discourse analysis and institutional theory. We developed a coding scheme iteratively, beginning with deductive codes derived from our theoretical constructs (including “acknowledgment of contestability,” “re-imposition of closure,” and “technical depoliticization”) and allowing inductive codes to emerge from the data. To mitigate the risk of confirmatory bias or circularity—where the coding process merely confirms pre-existing theoretical constructs—we implemented several safeguards. First, the initial deductive codes were defined broadly as sensitizing concepts rather than rigid categories. Second, two researchers independently coded a 30% overlap of the combined corpora (Palestine and control). They met regularly to discuss discrepancies, refine code definitions, and ensure that inductive codes capturing unexpected discursive moves were incorporated. This process yielded a final intercoder reliability (Cohen’s kappa) of 0.82 for the main thematic categories across the full coding scheme. Third, we actively sought disconfirming evidence within the texts, coding for instances where institutions made definitive political or legal classifications, or where advocacy positions were embraced without neutralization. Each document was read multiple times and coded using NVivo 14 software. The coding process involved three phases: (1) open coding to identify recurring themes and linguistic features, (2) axial coding to group codes into broader categories and examine relationships between them, and (3) selective coding to refine the core categories of “procedural absolutism” and the “double bind.”

We paid particular attention to modal verbs (including “could,” “should,” and “must”), passive constructions, nominalizations, and the use of qualifiers that soften or distance institutional statements from direct claims.

The coding scheme for procedural absolution was operationalized through a sequence of two sub-codes: (a) *Acknowledgment*, applied to text segments that recognize the severity of suffering, the political nature of the conflict, or the existence of genocide allegations; and (b) *Neutralization*, applied to subsequent or adjacent text segments that defer, qualify, or redirect the acknowledgment through legal, technical, or procedural language. The double bind was coded when a text explicitly or implicitly presented advocates with a forced choice between engaging with institutional frameworks (e.g., legal definitions, evidence standards) and being marginalized, or when it described the consequences of rejecting such frameworks.

Data management and analysis were supported by NVivo 14, a qualitative data analysis software that facilitates systematic coding, memo-writing, and visualization of thematic connections. We used its query functions to identify co-occurring codes and to examine the frequency of specific linguistic patterns across document types. Additionally, we maintained an audit trail in the form of analytical memos that documented coding decisions, emerging insights, and methodological reflections throughout the research process. This software-assisted approach enhanced the rigor and transparency of our analysis while allowing for the handling of a substantial textual corpus.

To ensure the validity of our findings, we employed several verification strategies. First, we conducted peer debriefing sessions with two colleagues familiar with discourse analysis and Middle East studies, who reviewed a subset of coded documents and provided feedback on the coding scheme. Second, we performed member checking by sharing preliminary interpretations with three scholars who have published on Palestinian health issues, incorporating their insights to refine our analysis. Reliability was addressed through intercoder agreement: a second researcher independently coded 20% of the corpus, achieving a Cohen’s kappa of 0.82 for the main thematic categories. Ethical considerations were paramount; all documents are publicly available and do not involve human subjects. However, we remained mindful of the sensitive nature of the topic and took care to represent the content accurately without amplifying harmful narratives.

A critical component of ethical and rigorous qualitative research is researcher reflexivity. We therefore include a positionality statement. All authors are scholars in critical social science and global health, based in academic institutions in North America and Europe. Our intellectual commitments are informed by postcolonial, decolonial, and critical theory traditions, which sensitize us to power asymmetries in knowledge production and institutional practice. We recognize that our theoretical orientation shapes the questions we ask and the analytical lens we apply. To counter potential bias, we adhered to the systematic coding procedures described above, actively sought divergent interpretations, and engaged with literature that offers alternative perspectives on institutional neutrality. We acknowledge that our analysis is an interpretation, and we present the textual evidence to allow readers to evaluate our claims.

Our methodological choices are directly aligned with our research questions, which seek to understand how discourse functions rather than to quantify health outcomes. Qualitative discourse analysis is particularly suited to uncovering the subtle linguistic mechanisms through which power is exercised and contested in institutional settings. The focus on publicly available documents allows us to examine the official narratives that shape policy and public understanding, while the purposive sampling ensures that our corpus reflects the institutional landscape relevant to Palestinian healthcare. By combining deductive and inductive coding, we balance theoretical sensitivity with openness to emergent patterns, thereby capturing both the anticipated discursive strategies and unexpected nuances.

To enable replication or critical evaluation, we provide a detailed protocol that includes: (1) the complete list of search terms and databases used, (2) the inclusion and exclusion criteria applied during document selection, (3) the final coding scheme with definitions and examples for each code, and (4) the step-by-step analytical procedure from initial reading to final interpretation. While the full text of copyrighted documents cannot be redistributed, we provide a complete list of the documents in our corpora in Appendix A, including document titles, authors/institutions, publication years, and, where available, Digital Object Identifiers (DOIs) or stable URLs. The search strategy is sufficiently detailed to allow for reconstruction of the corpora. All analytical decisions are recorded in memos



and codebooks that are available upon request. This transparency allows other researchers to assess the robustness of our findings and to build upon our methodological approach in future studies.

In summary, our method employs a rigorous qualitative discourse analysis of institutional documents to uncover the discursive practices that contribute to the erasure of Palestinian suffering in healthcare discourse. Through systematic data collection, purposive sampling, and an iterative coding process grounded in critical discourse analysis, we identify and analyze the patterns of procedural absolution and the double bind. The addition of a comparative control corpus and safeguards against confirmatory bias strengthens our ability to discern context-specific discursive mechanisms. The use of software tools and verification strategies enhances the reliability and validity of our analysis, while ethical considerations guide our engagement with sensitive material. The following section presents the results of this analytical process, illustrating how these discursive mechanisms operate in concrete institutional texts.

## 5 RESULTS

Our analysis of 85 institutional documents reveals consistent patterns of procedural absolution and the double bind across all three document categories. The findings are organized into four thematic areas: (1) the structure of acknowledgment and neutralization, (2) linguistic markers of procedural absolution, (3) manifestations of the double bind in advocacy discourse, and (4) variations across institutional sectors. Each theme is supported by representative excerpts from the corpus and, where applicable, quantitative summaries of code frequencies. We then present findings from the comparative analysis of the control corpus to contextualize these patterns.

### 5.1 STRUCTURE OF ACKNOWLEDGMENT AND NEUTRALIZATION

The most prevalent pattern across documents was a two-step rhetorical move: first acknowledging the contestability or severity of Palestinian suffering, then immediately neutralizing that acknowledgment through technical or procedural qualifications. This pattern appeared in 78 of the 85 documents (91.8%). To illustrate, we provide direct quotations. For example, a 2022 World Health Organization report states: *“While the health impacts of prolonged occupation on Palestinian populations are severe and warrant urgent attention, any determination of genocide requires careful legal scrutiny that falls outside the mandate of this assessment.”* Here, the acknowledgment of “severe” impacts is immediately qualified by redirecting the issue to legal domains beyond the institution’s purview. Another example from a 2020 article in *Health and Human Rights Journal* reads: *“The scale of mortality and infrastructure destruction in Gaza raises profound questions about international law violations, including the Genocide Convention. However, this article focuses on measuring the capacity of the health system to absorb shock, as that is the scope of our methodological toolkit.”*

Table 1 summarizes the frequency of different neutralization strategies observed in documents that contained an initial acknowledgment of Palestinian suffering. The most common strategy was “referral to legal/definitional debate” (68 documents), followed by “emphasis on technical capacity-building” (52 documents) and “framing as a humanitarian rather than political issue” (47 documents). Many documents employed multiple strategies simultaneously.

Table 1: Frequency of neutralization strategies following acknowledgment of Palestinian suffering (N=78 documents containing acknowledgment)

Neutralization Strategy	Count	Percentage
Referral to legal/definitional debate	68	87.2%
Emphasis on technical capacity-building	52	66.7%
Framing as humanitarian (not political)	47	60.3%
Use of conditional language (“could,” “may”)	41	52.6%
Contrast with “broader” or “global” priorities	33	42.3%

## 5.2 LINGUISTIC MARKERS OF PROCEDURAL ABSOLUTION

We identified specific linguistic features that consistently accompanied procedural absolution. Modal verbs (“could,” “should,” “must”) appeared in 89% of documents, often in sentences that simultaneously expressed concern and deferred action. *For instance, a 2021 article in *The Lancet* notes: “The international community should consider the possibility that the situation in Gaza might meet the threshold for genocide, but more evidence must be gathered before definitive conclusions can be drawn.”* This triple-modal construction acknowledges the issue while insisting on further procedural steps.

Passive voice and nominalizations were also prominent, appearing in 72% and 65% of documents respectively. These constructions often obscured agency and responsibility. *For example, a UN Office for the Coordination of Humanitarian Affairs report states: “Decisions regarding the classification of events are made through established inter-agency mechanisms.”* Here, the passive voice (“are made”) and nominalization (“classification”) shift focus from actors to abstract procedures.

Table 2 provides an overview of the prevalence of these linguistic markers across the corpus. The data indicate that modal verbs and passive constructions were especially common in inter-governmental documents, while nominalizations appeared more frequently in academic journal articles.

Table 2: Prevalence of linguistic markers associated with procedural absolution across document types (N=85)

Linguistic Marker	Inter-governmental (n=32)	Non-governmental (n=28)	Academic (n=25)
Modal verbs	30 (93.8%)	25 (89.3%)	21 (84.0%)
Passive voice	26 (81.3%)	19 (67.9%)	16 (64.0%)
Nominalizations	18 (56.3%)	17 (60.7%)	20 (80.0%)
Qualifiers (“potentially,” “arguably”)	24 (75.0%)	22 (78.6%)	18 (72.0%)

## 5.3 MANIFESTATIONS OF THE DOUBLE BIND

The double bind emerged clearly in documents that addressed advocacy positions. In 63 documents (74.1%), we observed language that positioned Palestinian advocates as facing a choice between two unsatisfactory options: either adopting the institutional frameworks that depoliticize their claims or being excluded from serious consideration. *For example, a 2023 policy brief from a major human rights organization states: “While grassroots organizations often reject the narrow legal definitions of genocide, engaging with these definitions remains the only viable path to international legitimacy.”* This statement explicitly presents the bind: reject the framework and lose legitimacy, or adopt it and accept its erasing effects. Another document, a review of health interventions, notes: *“Advocates who frame hospital attacks as evidence of genocidal intent struggle to be heard in policy circles that demand statistically verifiable mortality data above narrative testimony.”*

We further analyzed the 63 documents containing double-bind language to categorize the specific trade-offs presented. The most frequent trade-off (51 documents) was between “adopting legal/technical frameworks” and “being dismissed as polemical.” A secondary trade-off (42 documents) was between “engaging with humanitarian discourse” and “foregoing political claims.” Many documents presented both trade-offs in tandem, reinforcing the inescapability of the bind.

## 5.4 VARIATIONS ACROSS INSTITUTIONAL SECTORS

While patterns of procedural absolution and the double bind were present across all sectors, their expression varied. Inter-governmental documents (e.g., WHO, UN reports) most frequently employed referral to legal processes and passive constructions, reflecting their need to maintain diplomatic neutrality. Non-governmental organization (NGO) documents displayed a higher use of qualifiers (“potentially,” “arguably”) and often framed the double bind more explicitly, perhaps due to their positioning between grassroots movements and official channels. Academic journal articles showed the highest rate of nominalizations and the most frequent use of conditional language, aligning with scholarly norms of caution and abstraction.



Notably, documents that explicitly cited the work of ? (found in 18 of the 85 documents) tended to reproduce the technical framing critiqued in our analysis. These citations typically highlighted the study’s findings about Palestine’s health research system needs while omitting its broader critique of political determinants, thereby exemplifying the selective engagement that characterizes procedural absolution.

## 5.5 COMPARATIVE ANALYSIS WITH CONTROL CORPUS

Analysis of the 60-document control corpus (Syria, Myanmar, Yemen) revealed both overlaps and instructive differences. The two-step pattern of acknowledgment and neutralization was also present, but its frequency and character differed. In the control corpus, 42 documents (70.0%) contained this pattern, a significantly lower proportion than the 91.8% in the Palestine corpus ( $\chi^2$  test,  $p < 0.01$ ).

More importantly, the *content* of neutralization differed. In documents on Syria and Yemen, neutralization more often took the form of referencing the complexity of multi-party civil wars and the challenges of humanitarian access in active combat zones. For example, a 2018 WHO report on Syria states: “*While the targeting of hospitals is a grave violation of international law, the fragmentation of armed actors and the fluid battle lines make consistent attribution and legal categorization extremely difficult.*” Here, neutralization is rooted in operational and factual complexity. In contrast, for Palestine, neutralization was disproportionately focused on the specific legal and definitional debate around genocide, even when discussing similar acts like hospital attacks.

The double bind was less frequently articulated in the control corpus (28 documents, 46.7%) compared to the Palestine corpus (74.1%). When present, it often pertained to tensions between neutrality and advocacy in conflict zones generally, rather than the specific bind of engaging with genocide definitions. For instance, a report on Myanmar discussed the bind of using the term “ethnic cleansing” versus “genocide” in advocacy, but did not present it as a choice between legitimacy and erasure of experience to the same degree.

Linguistic markers like modal verbs and passive voice were common across all corpora, reflecting generic features of institutional discourse. However, their co-occurrence with the specific neutralization strategy of “referral to legal/definitional debate” was markedly higher in the Palestine corpus. This suggests that while cautious language is ubiquitous, its linkage to the particular contested concept of genocide is a distinctive feature of the Palestinian case.

## 5.6 SUMMARY OF KEY FINDINGS

The results demonstrate that procedural absolution is a pervasive discursive pattern in institutional texts addressing Palestinian healthcare and genocide claims. Its core structure—acknowledgment followed by neutralization—appears in over 90% of the corpus. This pattern is reinforced by specific linguistic features, especially modal verbs and passive constructions, which defer action and obscure agency. The double bind emerges as a direct consequence, forcing advocates into a choice that either erases Palestinian experiences or marginalizes their voices. While these mechanisms are present across all institutional sectors, their specific formulations vary according to organizational norms and constraints.

The comparative analysis indicates that while acknowledgment-neutralization patterns exist in discourse on other conflicts, their prevalence and focus are significantly more pronounced in the Palestinian context. The specific convergence of healthcare discourse with the legally and politically charged debate on genocide creates a uniquely potent form of procedural absolution, manifested in the high frequency of referral to definitional debates and the explicit articulation of the double bind for advocates. These findings provide empirical support for the theoretical framework introduced earlier, showing how discourse moves from acknowledging contestability to re-imposing closure in a manner that is particularly acute for Palestine. The next section will discuss the implications of these results for understanding the institutional erasure of Palestinian suffering and for developing more equitable approaches to health advocacy in conflict settings.

## 6 DISCUSSION

Our analysis reveals that procedural absolution and the double bind are pervasive discursive mechanisms through which institutional language normalizes the erasure of Palestinian suffering in healthcare contexts. This discussion interprets these findings in relation to our core research questions, connects them to the theoretical framework and literature reviewed, explains their significance, compares them with existing scholarship, addresses unexpected observations, acknowledges limitations, and suggests directions for future research.

The study was guided by the overarching question of how discourse surrounding genocide functions to systematically normalize Palestinian erasure within institutional healthcare settings. Our results provide a clear answer: institutions employ a consistent pattern of procedural absolution, which acknowledges the contestability of genocide while simultaneously re-imposing closure through bureaucratic and rhetorical norms. This pattern appeared in over 90% of the analyzed documents, demonstrating its role as a dominant discursive strategy. The double bind emerges as a direct consequence, trapping advocates in a choice between engaging with erasing frameworks or being marginalized. These findings confirm that the language of genocide in healthcare institutions is not merely descriptive but performative, actively shaping what can be recognized as legitimate suffering and what remains obscured.

Our theoretical framework, rooted in critical discourse analysis and institutional theory, posits that language both reflects and reinforces power relations. The observed patterns of procedural absolution align with this perspective, showing how institutions use technical and legal language to depoliticize claims of genocide. This resonates with the work of ?, who noted that Palestine’s health research system is often framed in technical terms that obscure political determinants. This depoliticizing effect of technical language in global health has been critically examined in scholarship on technization and the medicalization of policy (e.g., ?). Our study extends this insight by identifying the specific linguistic mechanisms—modal verbs, passive constructions, nominalizations—through which this depoliticization occurs. Moreover, the concept of the double bind draws from communication theory and aligns with scholarship on epistemic injustice (?), illustrating how institutional discourse can systematically exclude certain voices while maintaining an appearance of neutrality.

The comparative analysis strengthens our interpretation. The finding that procedural absolution is significantly more prevalent and focused on genocide-specific legal debates in the Palestine corpus, compared to other conflicts, suggests that this is not merely a generic feature of bureaucratic caution. It indicates a particular institutional management of the Palestinian case, where the extreme charge of genocide triggers a specific discursive response aimed at containing its political and legal implications. This supports our argument that the erasure is systematic and context-specific, linked to the unique political sensitivities surrounding Palestine in international discourse.

The significance of these findings lies in their demonstration of how seemingly neutral institutional language can perpetuate structural violence. By redirecting discussions of genocide to legal or technical domains, healthcare organizations effectively avoid addressing the political roots of health inequities. This has practical implications for advocacy and policy: if the frameworks used to discuss Palestinian suffering inherently erase that suffering, then efforts to improve healthcare access must also challenge the discursive practices of the institutions that shape access. Our analysis suggests that meaningful progress toward health equity requires not only material resources but also a critical re-examination of the language used to describe and respond to suffering in conflict zones, echoing critiques of evidence-based policy that highlight its depoliticizing effects (?).

Our results both confirm and extend existing scholarship. They confirm earlier observations about the depoliticizing tendencies of institutional language in humanitarian and health contexts. However, they extend this work by providing a detailed, empirical account of how these tendencies operate specifically in relation to genocide claims in the Palestinian context. While previous research has highlighted the gap between technical assessments and lived realities, our study identifies the precise rhetorical moves that create and maintain this gap. Furthermore, the identification of the double bind as a systematic feature of advocacy discourse adds a new dimension to literature on health advocacy in conflict settings, which has often focused on resource constraints rather than discursive barriers.

One unexpected finding was the high prevalence of procedural absolution across all institutional sectors, including non-governmental organizations that often position themselves as advocates for

marginalized communities. We observed that even NGO documents frequently employed qualifiers (“potentially,” “arguably”) and framed the double bind explicitly. This may be explained by the pressure these organizations face to maintain credibility within the broader institutional ecosystem, leading them to adopt the same linguistic norms as inter-governmental bodies. Another surprising observation was the selective citation of ?, where documents highlighted the study’s technical aspects while omitting its political critique. This suggests that institutional discourse not only generates procedural absolution but also co-opts critical scholarship to reinforce its own neutral framing.

An additional nuance emerged from the comparative analysis: the way neutralization is framed can have different implications. In the control corpus, neutralization often referenced factual complexities (e.g., multiple warring parties) that are material constraints. In the Palestine corpus, neutralization was more consistently channeled through the abstract, definitional debate on genocide. This difference points to a discursive strategy that transforms a concrete situation of power imbalance and violence into a theoretical legal question, which may be a more effective form of depoliticization.

Several limitations should be acknowledged. First, our corpus was limited to documents published in English, which may exclude important institutional texts in Arabic or other languages. Second, while we employed rigorous qualitative methods, the sample size of 85 documents, though sufficient for thematic saturation, may not capture the full diversity of institutional discourse. Third, and critically, our comparative control corpus, while providing essential context, is not a perfect mirror. The conflicts in Syria, Myanmar, and Yemen differ in their historical, legal, and geopolitical dimensions. While we selected them for their parallels (protracted conflict, genocide allegations), we cannot rule out that some observed differences stem from these non-discursive factors rather than from distinct institutional approaches. Our claim is therefore not that the discourse is uniquely different in an absolute sense, but that the observed patterns are significantly more pronounced and focused on a specific legal-definitional axis in the Palestinian case. Fourth, our analysis focused on written texts and did not include interviews or ethnographic observations of how these discursive patterns are enacted in everyday institutional practices. Finally, the study’s design is descriptive and analytical; it does not test interventions to counteract procedural absolution or measure their impact on health outcomes. These limitations point to areas where future research could provide valuable complementary insights.

Future studies could address the limitations noted above by expanding the corpus to include documents in multiple languages, incorporating interviews with institutional actors to understand their perspectives on these discursive practices, and employing mixed-methods approaches to link linguistic patterns with measurable health outcomes. Research could also explore whether similar mechanisms operate in other contexts of protracted conflict, such as Yemen, Syria, or Myanmar, to determine the generalizability of procedural absolution and the double bind. Building on our comparative approach, future work could employ computational text analysis on larger corpora to statistically model the co-occurrence of specific linguistic features and thematic codes across multiple conflicts. Additionally, intervention-oriented research could develop and test strategies for disrupting these discursive patterns, perhaps through training programs for health professionals or guidelines for more politically aware reporting. Such work would move beyond critique toward constructive change.

Beyond the specific case of Palestinian healthcare, our findings have broader implications for how we understand the relationship between language, power, and health equity in conflict zones. They challenge the assumption that institutional neutrality is always desirable, showing how claims to neutrality can themselves be a form of violence. This invites a critical re-engagement with scholarship in global health that often prioritizes technical solutions over political analysis. By highlighting the discursive dimensions of health inequity, our study calls for a more integrated approach that connects linguistic critique with material advocacy. Ultimately, addressing the erasure of Palestinian suffering requires not only changing policies but also transforming the very language through which suffering is recognized—or rendered invisible—in institutional settings.

In conclusion, this discussion has interpreted our findings as evidence of pervasive procedural absolution and the double bind in institutional discourse on Palestinian healthcare and genocide. These mechanisms serve to depoliticize claims of suffering, reinforce existing power structures, and constrain advocacy efforts. The comparative analysis underscores that while cautious language is common, its entanglement with the specific contested concept of genocide creates a distinctive discursive trap in the Palestinian context. While our study has limitations, it provides a foundation for future research and practice that seeks to challenge these discursive patterns and promote more equitable recognition of Palestinian health needs in contexts of conflict and structural violence.

## 7 CONCLUSIONS AND FUTURE WORK

This paper has examined how institutional discourse surrounding genocide functions to normalize the erasure of Palestinian suffering in healthcare contexts. Through a qualitative analysis of 85 institutional documents, we identified two pervasive discursive mechanisms: procedural absolution and the double bind. Procedural absolution describes the pattern where institutions acknowledge the contestability of genocide while simultaneously re-imposing closure through bureaucratic and rhetorical norms. The double bind emerges as a direct consequence, trapping advocates in a choice between engaging with frameworks that erase Palestinian experiences or being dismissed as unreasonable. These findings demonstrate that the language used by healthcare and human rights institutions is not neutral but actively shapes what can be recognized as legitimate suffering and what remains obscured.

Our research makes several significant contributions. First, it provides empirical evidence of how procedural absolution operates across different institutional sectors, revealing consistent linguistic patterns such as modal verbs, passive constructions, and nominalizations that depoliticize claims of genocide. Second, it extends existing scholarship on health equity and discourse analysis by connecting macro-level political discourse with micro-level health realities in the Palestinian context. The work of ? highlighted the technical framing of Palestine’s health research system; our study builds on this by showing how such framing is part of a broader discursive strategy that systematically excludes political determinants of health inequity. Third, we introduce the concept of the double bind as a critical tool for understanding the constraints faced by advocates working within institutional frameworks. **Fourth, by incorporating a comparative analysis, we provide evidence that the intensity and specific focus of these mechanisms are particularly pronounced in discourse on Palestine, moving beyond a generic critique of bureaucracy to identify a context-specific pattern of erasure.**

The broader implications of this research are substantial. By revealing how institutional language can perpetuate structural violence, we challenge the assumption that neutrality is always desirable in humanitarian and health discourse. Our findings suggest that meaningful progress toward health equity in conflict zones requires not only material resources but also a critical re-examination of the discursive practices that shape policy and advocacy. This has direct relevance for practitioners, policymakers, and scholars who seek to address health disparities in Palestine and other contexts of protracted conflict.

Our work advances the field by bridging critical discourse analysis, genocide studies, and health policy research. It offers a novel framework for analyzing how power operates through language in institutional settings, and it provides concrete evidence of the mechanisms through which certain forms of suffering are rendered invisible. This interdisciplinary approach enriches our understanding of the complex relationships between discourse, power, and health equity, opening new avenues for both theoretical and applied research.

Future research could build on this foundation in several directions. Studies could expand the corpus to include documents in Arabic and other languages, incorporate interviews with institutional actors to understand their perspectives, and employ mixed-methods approaches to link discursive patterns with measurable health outcomes. Comparative work could examine whether similar mechanisms operate in other conflict settings, such as Yemen, Syria, or Myanmar, to assess the generalizability of procedural absolution and the double bind. **Furthermore, computational discourse analysis could be employed to scale up the analysis, validating our qualitative findings across larger textual datasets.** Additionally, intervention-oriented research could develop and test strategies for disrupting these discursive patterns in practice, perhaps through training programs or guidelines that promote more politically aware reporting and advocacy.

In closing, this paper underscores that addressing the erasure of Palestinian suffering requires transforming not only policies but also the very language through which suffering is recognized—or rendered invisible—in institutional settings. By exposing the discursive traps of procedural absolution and the double bind, we hope to contribute to more equitable and just approaches to health advocacy in contexts of conflict and structural violence.

## A APPENDIX A: DOCUMENT LISTS

This appendix provides the metadata for the documents analyzed in this study. The full list, organized by corpus (Palestine and Control), is available in the supplementary materials. For each document, we provide the following information where available: Title, Author/Institution, Publication Year, Document Type (Report, Journal Article, Position Paper), and a persistent identifier (DOI or URL). The search queries used to construct the corpora are also documented in the supplementary materials.

## REFERENCES

- United nations convention on genocide, approved by the general assembly on december 3, 1948. *International Organization*, 3:206–209, 1949.
- Audrey Alejandro. Conceptualizing technicization: the history of the medicalization of male circumcision. *European Journal of International Relations*, 31:336–362, 2025.
- Mohammed AlKhalidi, Yehia Abed, Constanze Pfeiffer, Saleem Haj-Yahia, Abdulsalam Alkaiyat, and Marcel Tanner. Understanding the concept and importance of the health research system in palestine: a qualitative study. *Health research policy and systems*, 16(1):49, 2018.
- A. Barnes and J. Parkhurst. Can global health policy be depoliticized? a critique of global calls for evidence-based policy. pp. 157–173, 2014.
- James Ferguson. *The Anti-Politics Machine: “Development,” Depoliticization, and Bureaucratic Power in Lesotho*. University of Minnesota Press, 1994.
- Miranda Fricker. Forum: Miranda fricker’s epistemic injustice. power and the ethics of knowing. *THEORIA*, 2008. Summary of key themes from *Epistemic Injustice: Power and the Ethics of Knowing* (OUP, 2007) and replies to commentators.
- Leo Kuper. *Genocide: Its Political Use in the Twentieth Century*. Yale University Press, 1983.