

Commentary

Occupational therapists speaking for justice and human rights: From complicit silencing to collective resistance

THE ANONYMOT COLLECTIVE

We are a Collective of occupational therapists from all areas of practice and roles with longstanding commitments to working for human rights in the context of colonial oppressions, including genocide. We aim to affirm our deep commitment to occupational therapy's values and principles by naming and acting against the ongoing genocide of Palestinian people. This paper is an act of collective resistance, self-assertion and solidarity for all those in the profession who have been erased, denied, and harmed by the silence of occupational therapy's national and international governing bodies, as well as the silencing. We wish to add our voices to those healthcare professionals who are speaking against genocide (e.g. Abbas & Mitchell, 2024; Canadian Association of Midwives, 2023;

Suslovic et al., 2024) – including those working in healthcare in Gaza (Abu Salmiya, 2024; Sah & Dawas, 2024).

We write anonymously to protect ourselves from the reprisals and abuse that are well-documented consequences of supporting Palestinians' right to exist and thrive (Basu, 2024; Khan & Tinua, 2024; Salaita, 2014; WC4BL, 2023). This paper is a polyvocal endeavor. Throughout, there are intentional slippages of pronouns meant to: (1) recognize that this particular genocide is not the only one that has been experienced or resisted by the authors, (2) speak to the interconnected nature of supremacy/ domination in a globalized world, and (3) foreground the geopolitical subjectivity of those impacted by and/or called to stand against this injustice and its consequences. Further, in naming the oppression of Palestinian people, we do not abdicate our parallel responsibility to call out and address anti-Jewish racism in all its forms (Bakan & Abu-Laban, 2024). Finally, we distinguish between what happens in institutions (healthcare systems, educational programs, regulatory bodies, traditional media) and social movements (protests,

student encampments, open letters, social media). Whereas social movements are calling to end genocide in various ways, this paper specifically identifies and resists the complicity of institutional power. While many people in Western countries are against genocide, the actual ruling class or decision-makers across various professional institutions and governments have either agreed with the war on Palestine, remained silent, or feigned 'neutrality'; thereby upholding the status quo of colonial brutality.

Given the affectively charged and competing narratives and ideologies, our intention in this paper is to eschew a "two-sides" argument by situating a rights-based and empirical context. The crisis in Palestine is not a situation between two equally positioned entities, but one of deep historical asymmetry both in literal power and institutional recognition (Giroux, 2024). In the following text, we begin by naming the injustice, citing recent evidence, and the rulings of various international bodies considered authoritative and legitimate. Then we address the injustice of silence, as experienced in the occupational therapy profession through the silencing of its members. We continue by reviewing relevant professional obligations and ethical responsibilities of occupational therapists and the requirement to speak out against occupational injustices. This is followed by an outline and critique of our profession's governing bodies' problematic responses and, as we argue, complicity, naming the harms caused from within. We conclude this paper by indicating the only ethical option for action; one that also applies to other healthcare professions whose institutions have been silent, hoping this will incite them to break their silence.

Naming injustice

In Canada, professional competencies require that occupational therapists adopt an "anti-oppressive stance" (ACOTRO, ACOTUP & CAOT, 2021). Pooley and Beagan (2021, p.408) noted that "oppression always involves harm due to social group membership, always involves the corresponding benefit to a different group, is always systemic or structured within a society, and is always rooted historically". An anti-oppressive stance with respect to anti-Palestinian racism recognizes and names the harm done and works to redress power differentials. Anti-Palestinian oppression operates as an insidious erasure of Palestinian humanity that is used to justify colonial brutality (Alyan, 2023; Fricker, 2007; Petsko et al, 2021). We note that colonial brutality is a collective issue – impacting not just the oppressed – in which we are all embedded through colonial assertions of dominance (for example, the displacement of half a million Israelis; Weinberg, 2023), lateral violence (for example, intra-community division; Whyman et al., 2021) and race-based discrimination (Bakan & Abu-Laban, 2024).

The crisis unfolding now has been ritualistically and unproblematically described as originating on October 7, 2023, following an attack by Hamas on Israel's unlawfully settled territory (International Court of Justice, 2024a). Yet, for almost two decades, Gaza has been described as an "open-air prison" (Salam, 2024) or "mega-prison" (Pappé, 2017b), designed to isolate Palestinians from the West Bank and East Jerusalem through military occupation and fences (Pappé, 2017b). Between 2008 and the first half of 2023, at least 6,423 Palestinians were killed by Israeli forces and over 150,000 had been injured or disabled (UN Office for the Coordination of Humanitarian Affairs, n.d.). In 2023, and before October 7th, more than 230 Palestinians had already been killed by Israeli forces in the West Bank (Doctors without Borders, 2023). The myth that there was a ceasefire prior to October 7 is both false and deliberately misleading (Hanbali, et al., 2024; Pappé, 2017a). To this effect, Nijim (2023, p. 177) argued that a "slow-motion genocide" had been underway long before October 7.

Countless reports over many decades have documented human rights abuses in the Occupied Palestinian Territory (Abdo, 2024; Abu Saif, 2024; Pappé, 2007, 2017a, 2017b, Salamanca, et al., 2012). Since the beginning of the settler-colonial project, Palestinians have been systematically dehumanized, dispossessed of their lands, and replaced (Abdo, 2024). It is impossible to fully quantify the transgenerational impact on Palestinians of this occupation, from the Nakba of 1948 (where more than 750,000 Palestinians were expelled with an ongoing refusal of their right to return) and Israel's current illegal occupation of Gaza and the West Bank, to everyday enactments of colonial domination whereby Palestinians are pushed into smaller and smaller enclaves with exclusionary policies allowing only Israelis access to work and land (Abdo, 2024; Pappé, 2017b). While this brutal historical occupation has not received extensive or consistent media coverage over the years, in comparison, October 7, 2023 has been documented in detail by mainstream media. In the days that followed, and continuing to this day, the Israeli government has insisted on its historically and legally unsubstantiated claim to a 'right' to self-defense, despite repeatedly failing to fulfill its responsibilities as an occupying power and disregarding numerous UN resolutions since 1968 (Erakat, 2014, 2020), protected by an inexplicable immunity (Horton, 2024). Israel immediately launched a devastating military assault on Gaza, which Palestinians could not escape (Salam, 2024) – an assault estimated to be equivalent, in explosive weight, to two nuclear bombs (Euro-Med Human Rights Monitor, 2023).

In January 2024, the assault on Gaza was deemed to plausibly constitute a genocide by the International Court of

Justice (2024b), the highest court responsible for international law. By March of the same year, the UN Human Rights Council (2024) reiterated that the assault had met the criteria for a genocide, and, in May, the University Network for Human Rights (2024) demonstrated it constituted “breaches of the international law prohibitions on the commission of genocide”. On July 19, 2024, the International Court of Justice (2024a) declared that Israel’s occupation in the Occupied Palestinian Territory since 1967 had been established and maintained in violation of international law. On September 18, 2024, the UN General Assembly adopted a resolution demanding that Israel end without delay its unlawful presence in the Occupied Palestinian Territory. Finally, an independent UN Commission of Inquiry declared, on October 10, 2024, that Israel perpetrated a concerted policy to destroy Gaza’s healthcare, committing war crimes and the crime against humanity of extermination.

At the time of writing, over 43,552 Palestinian bodies had been identified (more than 70% of whom were women and children). Credible sources estimate that up to 186,000 people or even more may be dead as a result of the current assault (Khatib et al., 2024). These conservative numbers do not account for indirect deaths (Sridhar, 2024), which will continue to increase due to reproductive, communicable, and non-communicable diseases. More than 10,000 Palestinians were missing or unidentified, and many thousands more had endured life-altering violence and injuries. The exact numbers are impossible to ascertain, given the communication blackouts in Gaza, extent of devastation to the infrastructure, and the challenges of recovering bodies from bombed buildings. Medical experts consider it unlikely that they are inflated (Huynh, Chin, & Spiegel, 2024). The daily death rate was found to be higher than in any major conflict of the 21st Century (Oxfam International, 2024) and is directly attributable to military attacks and the targeted destruction of healthcare facilities (Human Rights Watch, 2023), murders and torture of healthcare workers (Human Rights Watch, 2024) and the weaponization of food, medication, water, and shelter in a systematic effort to eradicate Palestinians through starvation and disease (Sah & Dawas, 2024).

The injustice of silence

As a Collective, we take seriously the lessons of the Truth and Reconciliation Commission (TRC) of Canada (2015) concerning the historical and ongoing legacy of colonialism that includes the loss of traditional lands and targeted genocide of Indigenous Peoples. As occupational therapists, we continue to acknowledge and accept “our individual and collective professional, moral and ethical responsibilities to engage with, and respond to, the TRC’s calls to action” (Restall, Gerlach, Valavaara, & Phenix, 2016, p. 264). Because

we understand colonialism as always immoral, and genocide as always constituting a crime (United Nations, n.d.), we are compelled with a professional, moral and ethical responsibility to always speak up against any violation of human rights, against any injustice, and against any genocide. In response to the 2015 TRC report, the Canadian Association of Occupational Therapists (CAOT) committed to “documenting the truth of the history of our complicity” in colonial oppression (CAOT, 2023, p.3). The purpose of this paper is thus to abide by CAOT’s commitment and requirement, and to document occupational therapy’s ongoing complicity by maintaining silence in front of colonial oppression.

Despite the requirement to speak up in the face of injustice, within our profession we are experiencing a resounding silence from national and international governing bodies. Silence has not only reigned, but it has also been actively produced by institutional leaders of our profession within both universities and clinical settings. Through our Collective, we have documented the stories of occupational therapy students, faculty, and clinicians speaking against genocide and violence who have been told to retract their statements, issue apologies, and remove themselves from social media or certain job positions. They have been threatened with irreparable damage to their career prospects, or been told to be mindful of the feelings of a select group of others, and to respect a ‘diversity’ of perspectives on the ongoing massacres. We prefer not to emphasize their names, as doing so could exacerbate repression and provoke further reprisals against them. Like any form of institutional power, the power to silence another group is diffused across social, political, economic and cultural axes of domination. However, the profession’s governing bodies have offered no support to those occupational therapists and students who were threatened and silenced after speaking out. In the current context, this silencing amounts to a moral wrong and should be addressed as an injustice.

Privileging opinions over the imperative to acknowledge and resist the ongoing extermination of another group constitutes a clear and evident manifestation of racial supremacy. Within the official institutions of our profession, silencing has upheld a dangerous narrative about whose humanity matters and whose doesn’t, has denied human connection with Palestinians through the act of witnessing, and has psychologically harmed those within the profession – primarily racialized occupational therapists and students – whose loved ones are being killed, or who have survived other genocides. This silencing is firmly rooted in anti-Palestinian racism (Arab Canadian Lawyers Association, 2022) and constitutes a key feature of genocide (Stanton, 2016). There can be no compromise in the fight

against oppression and dehumanization. The performative emphasis on respecting a 'diversity' of ideological beliefs should never be privileged above our moral responsibility to speak out against the genocide of any people.

Occupational therapy's professional obligations

The occupational therapy profession claims to believe that occupation is a determinant of human health and well-being; therefore, humans have a right to engage in occupations that contribute positively to well-being (WFOT, 2006). Within the context of occupational therapy, "occupation" refers to the things people do in their everyday lives, how they occupy their time and space (and not to the "occupation" of other peoples' lands). Occupational therapists define 'occupational justice' as the "fulfillment of the right for all people to engage in the occupations they need to survive, define as meaningful, and that contribute positively to their own well-being and the well-being of their communities" (WFOT, 2019). Accordingly, any violation of the right to "freely engage in necessary and chosen occupations without risk to safety" (WFOT, 2019) amounts to an occupational injustice.

In a series of Position Statements, the World Federation of Occupational Therapists (WFOT) has articulated the profession's values and principles. According to these statements, "all people have the right to participate in a range of occupations that enable them to flourish, fulfill their potential and experience satisfaction in a way consistent with their culture and beliefs" (WFOT, 2006). The "right to occupation" is identified as a "human right" (WFOT, 2006), and encompasses "civic, educative, productive, social, creative, spiritual and restorative occupations" (WFOT, 2006). In its most recent *Position Statement on Occupational Therapy and Human Rights* (2019), WFOT declared that occupational injustice is an abuse of human rights, as defined in the United Nations' *Universal Declaration of Human Rights* (1948) and protected by the United Nations' *International Covenant on Economic, Social and Cultural Rights* (1966) and *International Covenant on Civil and Political Rights* (1966). Accordingly, WFOT declared that "occupational therapists around the world are obligated to promote occupational rights as the actualization of human rights. This obligation encompasses addressing occupational injustices" (WFOT 2019, p.1).

According to WFOT, the promotion of human rights is thus an *obligation*, not an option. This reaffirms an earlier WFOT *Position Statement on Human Rights* (2006), which stated that occupational therapists have a "professional responsibility to identify and address occupational injustices and limit the impact of such injustices". This, too, was identified as a *responsibility*,

not an option. The WFOT has additionally issued a *Position Statement on Human Displacement* (2014) which explained that "human displacement is the enforced departure of people from their homes", and that "human displacement has direct and indirect consequences on occupational opportunities necessary to address human needs, access human rights, and create and maintain health". Accordingly, WFOT demanded that occupational therapy practitioners, together with their national associations, "raise awareness about participation in occupation as a human need and right" (WFOT, 2014, p.1) and claimed that "the profession advocates wherever the socio-political context violates the human need and rights for healthy participation in occupation" (WFOT, 2014, p.2).

In response to the needs of displaced persons, this Position Statement explicitly demanded: "that the profession engage the socio-political context of displacement. The profession's approach must be critical as well as constructive" (WFOT, 2014, p.2). WFOT also declared that "the profession needs to speak out about the occupational implications of policy when it affects health, rights, and peace" (p.3). In its own *Statement on Systemic Racism* (2020), WFOT boldly claimed that "since its inception in 1952, WFOT has advocated for human rights. It always will" (p.1). In addition, WFOT (2020) issued "a call to action for us as an organization and for all occupational therapists, students, and assistants around the world. A call to support the global movement for justice, advocate for human rights, and lead change" (p.1). Finally, this official statement declared, "WFOT, its Member Organizations, occupational therapists, assistants, and students are obligated to support occupational justice and human rights" (WFOT, 2020, p.2). That word again: *obligated*.

Obligations, responsibilities, demands. Human rights advocacy is not what the occupational therapy profession *intends* to do, but what it *must* and *should* do (WFOT, 2016). This assertion is so central that human rights advocacy has been added as a core purpose of occupational therapy education in the WFOT *Minimum Standards for the Education of Occupational Therapists* (2016). These position statements make it clear that occupational therapists have no alternative but to speak up in the face of injustices that attack people's occupational rights (for example, to education, to employment, to leisure, to self-care and the care of others, to cultural and spiritual practices, to resist oppression). Abuses of the right to occupation are said to derive, for example, from exclusion, physical barriers and control of access to resources or venues where occupation takes place (WFOT, 2006). This epitomizes the long history of injustices imposed on the Palestinian people (Amnesty International, 2022), which have been dramatically upscaled since the beginning of the current assault in 2023 (Erakat & Paul, 2024).

Most recently, the WFOT has actively promoted a role for its members in disaster management, releasing yet another position statement entitled *Position Statement on Occupational Therapy and Disaster Management* (2024). WFOT asserts that “occupational therapists facilitate the fulfillment of occupational rights...advocating with communities when the socio-political context violates human need and rights for occupational engagement” (p.1). Therefore, occupational therapists have an ethical responsibility to stand against all actions and injustices that create injuries and impairments; especially against human-caused disasters designed specifically for this purpose (Horton, 2024; Puar, 2017). Arguing for the role of a profession in addressing the aftermath of a humanitarian and environmental disaster is thus an ethical responsibility. Failing to mount sustained and courageous efforts to prevent that disaster from happening is both profoundly unethical and irresponsible.

Governing bodies' problematic responses

Incomprehensibly, despite such authoritative declarations, WFOT, and the profession more broadly, has not issued a critical, constructive response to the devastating effects of Israel's military attacks on Palestinians – or any response at all. The Canadian Association of Occupational Therapists (CAOT), for its part, has been either evasive, or has justified its decision to remain silent in the face of mounting evidence of colonial brutality and genocide. And yet, four years earlier, after the much publicized and justifiable outcry following the murder of George Floyd, CAOT had issued an unambiguous statement entitled *No Silence in the Face of Inequality and Injustice*, which exhorted occupational therapists to remember “who we are and what we stand for”, declaring that “CAOT will not be silent” (CAOT, 2020). CAOT's current silence seems to point to “hierarchies” of discrimination and racism, wherein some forms are to be taken as more abhorrent or intolerable than others. It would appear that anti-Palestinian racism and violence do not qualify as forms of injustices occupational therapists should either decry or act upon dutifully.

The plight of Palestinians is inexplicably excluded from the demands otherwise placed on occupational therapists to engage with the socio-political context of occupation. Given the failure of WFOT to recognize the disproportionate violence inflicted on Palestinians by Israel's military attacks and the massive destruction of healthcare institutions (despite the issue being brought to WFOT's March 2024 council meeting), coupled with the persecution and silencing of occupational therapists and students who speak up, it would appear that both the WFOT and CAOT position statements are performative rather than meaningful documents of action (Ahmed, 2007).

On October 27, 2023 – World Occupational Therapy Day – the Palestinian Association of Occupational Therapists (PAOT) asked for solidarity from its international colleagues by not celebrating this day, given WFOT's silence on the relentless military attacks they were enduring. On 2 November 2023, WFOT issued a bizarrely irrelevant *Public Statement on Humanitarian Aid and Access to Health Systems* that eschewed any reference to Israel, Palestine, Gaza, genocide, the targeted destruction of hospitals, schools, universities, mosques, churches, libraries or other sites of community occupational participation, and that carefully failed to outline any role or responsibility for occupational therapists in advocacy or action. The same day, the Arab Occupational Therapy Regional Group, a WFOT member, called on WFOT to acknowledge the political nature of occupational therapy and to make a statement in solidarity with our Palestinian colleagues. WFOT's subsequent statement came a week later (November 9, 2023). The 3-sentence statement, titled *Communication Regarding Israel and Palestine*, asserted WFOT's “fundamental beliefs” that it is “not able to take positions on political agendas of any nation” – a “fundamental belief” that did not exist when WFOT spoke out clearly and swiftly against Russia's invasion of Ukraine. Instead, WFOT (2023) generically committed to “continue to advocate for the promotion and value of occupational therapy globally”. In one short statement, WFOT conveniently waived the obligation and responsibility for occupational therapists, everywhere, to stand against injustice, choosing instead to present this as an ‘opportunity’ for self-advocacy. In early March 2024, the WFOT council meeting agenda included an imprecise discussion item about ‘international humanitarian crises’. A group of transnational occupational therapists of diverse ethnic identities sent an open letter entitled *Palestinian Justice is Occupational Justice*, addressing WFOT's silence and calling for actions aligned with WFOT's own standards. As of the 31 August 2024, the group had not received a response from WFOT, either acknowledging receipt of the letter, outlining any decisions or actions related to it, or providing justification for their decision to ignore the letter. The assertion that ‘silence is violence’, which gained traction through the Black Lives Matter movement, is particularly resonant here.

Occupational therapy's professional associations may be fearful that releasing a statement recognizing the injustices inflicted on the people of Palestine will anger their Israeli and Jewish members. The decision to remain silent contrasts starkly with the numerous Israeli and Jewish people and organizations who speak publicly against the actions of the Israeli government and its military and demand a ceasefire, including Jewish Canadian physician Gabor Maté, Jewish Canadian journalist Naomi Klein, Jewish American philosopher Noam Chomsky, Jewish

American philosopher Nancy Fraser, Jewish Israeli historian Ilan Pappé, Jewish French philosopher Edgar Morin, Independent Jewish Voices Canada, Americans for Peace Now (a Zionist organization), Rabbis for Ceasefire and Jewish Voices for Peace to name just a few. These Israeli and Jewish protestors, many of whom are themselves survivors of genocide or descendants of survivors, accuse the state of Israel of going against their religious, sociocultural and moral values and demand that Israel stops committing war crimes purportedly in their name as Jewish persons (e.g., Open Letter from Jewish Writers, 2023). More insidiously, focusing only on Hamas' attacks on October 7, without an educated and honest recognition of the broader historical context of apartheid and rights violations committed by Israel before that date (Office of the High Commissioner for Human Rights, 2024a), leaves Palestinians to compete with their aggressor for the space of victimhood. Indeed, committing a genocide in the name of Jewish faith and identity both bolsters and weaponizes the real and active anti-Jewish racism (Bakan & Abu-Laban, 2024), while simultaneously co-opting, assimilating and erasing Palestinian suffering.

The profession's complicity

In 1997, the South African Association of Occupational Therapists (SAAOT) admitted its passive complicity in apartheid policies that denied millions of South Africans their human and occupational rights (Watson, 2008). Claiming to avoid involvement with issues deemed 'political', the SAAOT had failed to join the outcry about inequitable health care access, or the negative consequences of apartheid policies on the wellbeing and daily lives of the oppressed population. But once again, occupational therapy's governing bodies have missed multiple occasions to join the outcry about Israel's apartheid policies and illegal occupation of the Occupied Palestinian Territory.

Despite a significant list of WFOT Position Statements, we now observe – at a moment of actual atrocity – an avoidance of direct political engagement intended to create an illusion of 'neutrality'. In fact, the very principle of 'medical neutrality' was developed in the context of violent conflicts to ensure that healthcare is delivered to all wounded people and that all parties refrain from attacking healthcare facilities. As a Collective committed to this principle, we cannot be silent when healthcare infrastructures are purposefully destroyed, leading to the coining of a new term: sospicide (Penn Faculty for Palestine, 2024). As healthcare practitioners, we are obligated to "first do no harm". Bioethics underpinning most health disciplines, including occupational therapy, were developed in the wake of the weaponization of healthcare to commit genocide in the context of the Shoah (Chelouche,

2021). Clearly, doing and saying nothing is harmful (Abi-Rached & Reinhart, 2024); doing and saying nothing are overtly political acts. There is no neutral or apolitical position.

There can be no justification for the ongoing silence in the occupational therapy profession. There are only the actions that reveal how some groups' lives, feelings, opinions, privileges and stories matter more than the displacement, oppression and killing of others; there is only the racism that enshrines Palestinians, and Arabs more broadly, as "human animals" (Al Jazeera, 2023). The silence of the profession's national and international associations puts them dangerously close to groups who view Palestinians as undeserving of basic rights and as "lesser than". This has left members of the profession whose communities have survived genocide, eugenics and systemic oppressions – most prominently Indigenous and Black, but also Tutsi, Armenian, Cambodian, Vietnamese, and Rohingya as well as 2SLGBTQ+ and disabled occupational therapists – to question the sincerity of their profession's commitment to reconciliation, justice, and reparations (CAOT, 2023). Given CAOT's reluctance to take a meaningful stance regarding the plight of Palestinians, how committed to "equity, justice and indigeneity" (Vrkljan, 2024, p.1) would the association really be if these values were no longer "on trend" or funded priorities – as they currently are in Canada?

The occupational therapy profession has been criticized for its habit of discussing "occupational therapists" and "disabled people" as if occupational therapists might not also be disabled themselves. It is therefore unsurprising that the profession overlooks the fact that many occupational therapists are also Palestinian, some of whom are at imminent risk of death alongside their families or have already been killed. Here we wish to name occupational therapists Efaf Abu Gazala and Nour Raed AbuHaia, who were killed in Gaza in November 2023. While the details around Efaf's death remain unknown, Nour was killed with her whole family during an attack by the Israeli military while fleeing to a purported 'safe zone'. Their deaths have been entirely ignored by media outlets, thereby erasing their stories; in contrast the fate of Israeli occupational therapists Carmel Gat and Keith Seigal, taken hostage on October 7, 2023, are readily available online. The stories of all these colleagues must be told, yet we observe an obvious power differential in media reporting, wherein mainstream global media, guided by the interests of those who fund them, deprive the two Palestinian women of their humanity and status as health professionals equally devoted to their community. When committing to enact anti-oppressive competencies, this includes making space for Palestinian existence, suffering and grief in the collective consciousness of our institutions.

Over the past year, occupational therapists in Gaza have had to rely on their own resources for support, receiving little to no assistance from the international community. The Palestinian Association of Occupational Therapists (PAOT; 2024) has called for international solidarity in demanding a permanent ceasefire, financial support, capacity building, advocacy and awareness. However, so far, the PAOT has received nothing more than private messages of empathy and encouragement from WFOT – an inadequate semblance of solidarity and symbolic gesture that is unhelpful, meaningless and pointless given the unfolding crisis. Before October 2023, a group of Palestinian occupational therapists was working towards upgrading the professional diploma program to a bachelor's degree program. Now that Israel's targeted attacks have destroyed all universities in Gaza as part of a systematic scholasticide (Office of the High Commissioner for Human Rights, 2024b), these initiatives will have to start from the beginning, seeking external support to rebuild what has been lost.

Significant help will be required to restore clinical programs, and to train the next generation of practitioners while supporting the surviving clinicians who are currently working, and will continue to work for years to come, with severely traumatized and profoundly disabled people while recovering from trauma themselves. Our colleagues must cope with their own losses of families, friends, homes and communities in a context where their past and futures, and the very land that could make such futures possible, have been devastated. Had it lived up to its own position statements, WFOT would have called on the international occupational therapy community to render all necessary assistance to our Palestinian colleagues (e.g. Babish et al., 2024a; 2024b). In the face of stubborn silence which curtails any support from official and broadly funded professional channels, informal networks of support have had to organize via social media connections and grassroots occupational therapy groups (see @irish_ots_for_palestine; @otdisruptors; @jewish.ots.4.palestine; @ots4palestine; @DisruptOT) to compensate for and enact the very values that WFOT is forgoing. Organized international actions are needed to sustain these initiatives; actions that are within WFOT's self-proclaimed responsibilities.

Healthcare professions' only ethical option

Moving forward, WFOT and national occupational therapy associations worldwide have two options: to act ethically, or to act consistently. The first option, acting ethically (option A), requires the profession's governing bodies to break their silence in the face of injustice and uphold their own standards and principles. Although the second option, acting consistently (option B), may solve the profession's current hypocrisy, it is

still highly unethical. In the current context, mere consistency is insufficient and can lead to harmful outcomes, as one can consistently adhere to oppressive and violent ideologies. Therefore, option B is unacceptable for a profession dedicated to both ethical and anti-oppressive health care.

Option A – the only ethical option – obligates the profession to *end its silence* on the evident and ongoing violations of Palestinians' human and occupational rights – the right to feed themselves and not die from hunger, to care for family members and themselves, to obtain care through intact and functional healthcare institutions, to grow old enough to go to school and university, to engage in the livelihood of their community through meaningful work and play, to care for their lands, to worship, and to resist (see Simaan, 2018). By ending the silence, option A also demands that the profession officially condemns the deliberate creation of tens of thousands of amputations, severe burns, neurological and orthopedic injuries, gunshot and shrapnel wounds and untold mental health injuries, as well as the deliberate deprivation of nutrition that babies and children require to survive, develop and thrive (Homer et al., 2024; Sah & Dawas, 2024). As disabled people – especially wheelchair-users (United Nations Human Rights, 2024) – are unable to flee from relentless bombing (Burke & Tantesh, 2024), this option also obligates occupational therapists and their governing bodies to stand against the active production of disability on an industrial scale and vehemently reject the proposed narrative that this disaster might constitute a professional 'opportunity' to provide occupational therapy services in the aftermath.

Option A also obligates the profession's leaders to apologize for the harm caused by both their silence and the active silencing of its current and future (i.e., students) members. It would force WFOT and CAOT to leverage their positions, both in supporting their membership and addressing the sociopolitical conditions that impede the occupational rights of Palestinians. If it is the responsibility of individual occupational therapists to use the opportunity afforded by their "position, experience, and privilege...to advance equity and social justice", as CAOT (2024, p. 3) recently asserted, it is surely incumbent upon WFOT and CAOT, as international and national bodies, to do the same.

Within this ethical option, leading organizations must reassure their members that speaking out against occupational injustice is a professional obligation that is not only valued, but encouraged and supported, not silenced or punished. Occupational therapy students (and practitioners) who enacted anti-oppressive competencies and broke the silence *as they were taught to do* must receive explicit apologies, while those who disciplined them must courageously admit

that silencing them was morally and ethically wrong. To advocate for Palestinian justice and human rights is not to suggest that this is the only case worthy of a public statement, the only example of ongoing global injustice. Rather, it forges a beginning, and hopefully sets a precedent, for ongoing advocacy in the context of other prevailing injustices (such as those happening in Congo, Sudan and Lebanon).

The second, rhetorically consistent alternative – Option B – requires that the profession ceases to issue Public Statements and any form of Position Statement it has no intention of fully upholding and enacting. If the profession is not committed to “walk the talk,” ethically, then it ought not to “talk” in the first place (Ahmed, 2007). Option B forces the profession’s leadership to *remain silent*: about its own purported ethical standards and exemplary values, its own willingness to stand for human rights. This means no longer establishing standards for education and practice to which it does not truly commit. This inevitably demands that CAOT, professional colleges, and university programs across Canada stop endorsing ‘competencies’ for practitioners they, themselves, fail to meet when injustices unfold in the real world. Finally, it also requires professional bodies to cease the hypocritical celebration of the adoption of the Truth and Reconciliation (TRC) and Missing and Murdered Indigenous Women and Girls (MMIWG) commissions’ calls to action and justice, considering that each of these commissions concluded by calls to prevent future genocides. If CAOT is not going to truly engage with these calls to action, this option would demand that it cease performative land acknowledgements and blanket exercises that recognize colonial histories, while simultaneously refusing to acknowledge the right to exist of those whose lands are brutally stolen in real time and right before our eyes. This would effectively address CAOT’s current hypocrisy, offering a rhetorically consistent, but highly unethical alternative.

Since option B is not viable, option A should be our professional bodies’ priority. Option B would merely signal an alignment with the moral stance of the profession’s leaders and decision-makers, a stance that is neither neutral nor “apolitical”. Silence is not neutrality. Choosing to be silent in the face of ongoing injustice is choosing to collude with the powerful, choosing to be complicit. If actions do not accompany public statements, then statements must stop. As for us, we will not wait for international and national bodies to do what’s right: we will continue to uphold and embody the values of human rights advocacy and social justice as part of our professional role and use our collective voice to do so.

To the people of Palestine: Tadamon. We stand with you.

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