

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution XXX
(I-24)

Introduced by: Afareen Jaleel, Isabel Ball, Sanjna Prasad

Subject: Anti-Doxxing Data Privacy Protection

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, the onus of advocacy burden is often placed on minorities themselves, such as in
2 the context of abortion and gender-affirming healthcare advocacy, and thus harassment and
3 doxxing over these issues also disproportionately affect women and minorities^{2,3}; and
4
5 Whereas, doxxing refers to unconsented publishing of private information (such as name,
6 home address, phone number, email address, school, and workplace) in public forums such
7 as social media and the Internet to facilitate harassment or intimidation of victims²; and
8
9 Whereas, in June 2024 a doxxing list of individuals (name and city of residence) from
10 Arkansas involved in a grassroots abortion rights ballot petition was circulated on the
11 Internet by the Family Council, a conservative group that opposes the amendment. This
12 doxxing resulted in death threats, harassment, and intimidation towards activists for
13 medically underserved populations^{4,5,6,7}; and
14
15 Whereas, a systematic review of information posted on an anti-abortion website indicated
16 extensive personal information for 64 abortion providers in 24 states published on the
17 website in an accessible and searchable format, violating personal privacy and representing
18 a pattern of efforts to intimidate, threaten, and vilify providers⁸; and
19
20 Whereas, from 2021 to 2022, death threats and other threats of violence increased by 20%,
21 including threats communicated on the Internet, threatening calls and mail to abortion clinics,
22 and stalking incidents doubled. U.S. abortion rights campaigner Alison Dreith reported
23 moving houses four times in the last five years due to fears to personal safety from
24 threatening letters to her address^{9,10,11,12}; and
25
26 Whereas, data broker companies profit off of selling information due to lack of industry
27 regulation, and attempts to remove personal information from the internet are costly
28 expenses^{10,13}; and
29
30 Whereas, the politicization of gender-affirming care has also resulted in targeted harassment
31 (threats of violence, doxxing, bomb threats) of adolescent gender-affirming care providers,
32 with 70% sharing that either they, their practice, or their institution received threats specific
33 to gender affirming care delivery and several receiving death threats¹⁴; and
34
35 Whereas, providers reported this harassment led to concerns about safety,
36 emotional/psychological toll, limited access to care, and decreased ability to advocate for
37 their patients due to fear for the safety of themselves, their colleagues, and family¹⁴; and

38 Whereas, providers expressed that large institutions, such as hospitals and professional
39 organizations should show more public-facing support for issues that resulted in doxxing to
40 support their providers in advocacy¹⁴; and
41
42 Whereas, a psychological study of how doxxing influences hiring-related decisions revealed
43 that doxxing influenced suspicion of job applicants and expected retaliation from individuals
44 outside the organization, and thus may induce employment bias and discrimination¹⁵; and
45
46 Whereas, in a survey of pediatric endocrinologists providing gender-affirming care in states
47 where legislation banning gender-affirming care had been proposed or passed, respondents
48 experienced threats to personal safety, concerns about their career (recommendation for
49 promotion, job security, etc), and institutional concerns about engagement with media¹⁶; and
50
51 Whereas, in 2020, 9-12% of public health officials reported receiving either individual or
52 family threats, with their residential addresses, phone numbers, and emails doxxed through
53 the Internet¹⁷; and
54
55 Whereas, many officials feared loss of their jobs or putting themselves at further risk, leaving
56 them silent, isolated, and pressured to comply with public or political opinions rather than
57 focusing on what is best for community health¹⁷; and
58
59 Whereas, H.R.2701 Online Privacy Act of 2023, which establishes online privacy rights for
60 personal information, allowing individuals to access, correct, and request the deletion of their
61 information, was introduced in April 2023 but has not yet passed the House^{18,19,20}; and
62
63 Whereas, S.2121 DELETE Act was proposed to establish a centralized system to allow
64 individuals to request the simultaneous deletion of their personal information across all data
65 brokers²¹; and
66
67 Whereas, current AMA policy does not address the issue of doxxing and personal data
68 privacy outside of the context of healthcare data, and bills listed above addressing the
69 underlying data privacy rights issues have yet to be passed by Congress; therefore be it
70
71 RESOLVED, that our AMA support physicians and healthcare providers that provide
72 reproductive and gender-affirming care who experience doxxing, support nondiscrimination
73 and privacy protection for employees, and availability of resources on doxxing; and be it
74 further
75
76 RESOLVED, that our AMA work with partners to support data privacy and anti-doxing laws
77 to prevent harassment, threats, and non-consensual publishing of information for physicians
78 who provide reproductive and gender-affirming care; and be it further
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80 RESOLVED, that our AMA encourage institutions, employers, and state medical societies to
81 provide legal resources and support for physicians who provide reproductive and gender-
82 affirming care who are affected by doxxing; and be it further
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84 RESOLVED, that our AMA encourage institutions, employers, and medical societies to
85 provide training and education on the issue of doxxing.

Fiscal Note: Assigned by HOD

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20. The American Privacy Rights Act of 2024. <https://www.commerce.senate.gov/services/files/E7D2864C-64C3-49D3-BC1E-6AB41DE863F5>
21. S.2121 DELETE Act. <https://www.congress.gov/bill/118th-congress/senate-bill/2121/text>

RELEVANT AMA POLICY

Supporting Improvements to Patient Data Privacy D-315.968

Our AMA will strengthen patient and physician data privacy protections by advocating for legislation that reflects the AMA's Privacy Principles with particular focus on mobile health apps and other digital health tools, in addition to non-health apps and software capable of generating patient data.

Our AMA will work with appropriate stakeholders to oppose using any personally identifiable data to identify patients, potential patients who have yet to seek care, physicians, and any other healthcare providers who are providing or receiving healthcare that may be criminalized in a given jurisdiction

[Res. 227, A-22; Modified: Res. 230, I-22; Reaffirmation: A-23; Reaffirmed: CMS Rep. 07, A-24]

Addressing Inflammatory and Untruthful Online Ratings D-445.997

Our AMA: (1) encourages physicians to take an active role in managing their online reputation in ways that can help them improve practice efficiency and patient care; (2) encourages physician practices and health care organizations to establish policies and procedures to address negative online complaints directly with patients that do not run afoul of federal and state privacy laws; (3) will develop and publish educational material to help

guide physicians and their practices in managing their online reputation, including recommendations for responding to negative patient reviews and clarification about how federal privacy laws apply to online reviews; and (4) will work with appropriate stakeholders to (a) consider an outlet for physicians to share their experiences and (b) potentially consider a mechanism for recourse for physicians whose practices have been affected by negative online reviews, consistent with federal and state privacy laws.

[BOT action in response to referred for decision Res. 709, A-10, Res. 710, A-10, Res. 711, A-10 and BOT Rep. 17, A-10; Reaffirmed in lieu of Res. 717, A-12; Reaffirmation A-14; Consolidated with D-445.997: CCB/CLRPD Rep. 01, A-24]

National Provider Identification D-406.998

Our AMA will work closely in consultation with the Centers for Medicare and Medicaid Services to introduce safeguards and penalties surrounding the use of National Provider Identification to protect physicians' privacy, integrity, autonomy, and ability to care for patients.

[Res. 717, I-04; Reaffirmed: CMS Rep. 1, A-14; Reaffirmed: BOT Rep. 09, A-24]

Violence Against Medical Facilities and Health Care Practitioners and Their Families

The AMA supports the right of access to medical care and opposes (1) violence and all acts of intimidation directed against physicians and other health care providers and their families and (2) violence directed against medical facilities, including abortion clinics and family planning centers, as an infringement of the individual's right of access to the services of such centers.