

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)

Whereas, the onus of advocacy burden is often placed on minorities themselves, such as in the context of abortion and gender-affirming healthcare advocacy, and thus harassment and doxxing over these issues also disproportionately affect women and minorities^{2,3}; and

Whereas, doxxing refers to unconsented publishing of private information (such as name, home address, phone number, email address, school, and workplace) in public forums such as social media and the Internet to facilitate harassment or intimidation of victims²; and

Whereas, in June 2024 a doxxing list of individuals (name and city of residence) from Arkansas involved in a grassroots abortion rights ballot petition was circulated on the Internet by the Family Council, a conservative group that opposes the amendment. This doxxing resulted in death threats, harassment, and intimidation towards activists for medically underserved populations^{4,5,6,7}; and

Whereas, a systematic review of information posted on an anti-abortion website indicated extensive personal information for 64 abortion providers in 24 states published on the website in an accessible and searchable format, violating personal privacy and representing a pattern of efforts to intimidate, threaten, and vilify providers⁸; and

Whereas, from 2021 to 2022, death threats and other threats of violence increased by 20%, including threats communicated on the Internet, threatening calls and mail to abortion clinics, and stalking incidents doubled. U.S. abortion rights campaigner Alison Dreith reported moving houses four times in the last five years due to fears to personal safety from threatening letters to her address^{9,10,11,12}; and

Whereas, data broker companies profit off of selling information due to lack of industry regulation, and attempts to remove personal information from the internet are costly expenses^{10,13}; and

Whereas, the politicization of gender-affirming care has also resulted in targeted harassment (threats of violence, doxxing, bomb threats) of adolescent gender-affirming care providers, with 70% sharing that either they, their practice, or their institution received threats specific to gender affirming care delivery and several receiving death threats¹⁴; and

Whereas, providers reported this harassment led to concerns about safety, emotional/psychological toll, limited access to care, and decreased ability to advocate for their patients due to fear for the safety of themselves, their colleagues, and family¹⁴; and

Whereas, providers expressed that large institutions, such as hospitals and professional organizations should show more public-facing support for issues that resulted in doxxing to support their providers in advocacy¹⁴; and

Whereas, a psychological study of how doxxing influences hiring-related decisions revealed that doxxing influenced suspicion of job applicants and expected retaliation from individuals outside the organization, and thus may induce employment bias and discrimination¹⁵; and

Whereas, in a survey of pediatric endocrinologists providing gender-affirming care in states where legislation banning gender-affirming care had been proposed or passed, respondents experienced threats to personal safety, concerns about their career (recommendation for promotion, job security, etc), and institutional concerns about engagement with media¹⁶; and

Whereas, in 2020, 9-12% of public health officials reported receiving either individual or family threats, with their residential addresses, phone numbers, and emails doxxed through the Internet¹⁷; and

Whereas, many officials feared loss of their jobs or putting themselves at further risk, leaving them silent, isolated, and pressured to comply with public or political opinions rather than focusing on what is best for community health¹⁷; and

Whereas, H.R.2701 Online Privacy Act of 2023, which establishes online privacy rights for personal information, allowing individuals to access, correct, and request the deletion of their information, was introduced in April 2023 but has not yet passed the House^{18,19,20}; and

Whereas, S.2121 DELETE Act was proposed to establish a centralized system to allow individuals to request the simultaneous deletion of their personal information across all data brokers²¹; and

Whereas, current AMA policy does not address the issue of doxxing and personal data privacy outside of the context of healthcare data, and bills listed above addressing the underlying data privacy rights issues have yet to be passed by Congress; therefore be it

RESOLVED, that our AMA support physicians and healthcare providers that provide reproductive and gender-affirming care who experience doxxing, support nondiscrimination and privacy protection for employees, and availability of resources on doxxing; and be it further

RESOLVED, that our AMA work with partners to support data privacy and anti-doxxing laws to prevent harassment, threats, and non-consensual publishing of information for physicians who provide reproductive and gender-affirming care; and be it further

RESOLVED, that our AMA encourage institutions, employers, and state medical societies to provide legal resources and support for physicians who provide reproductive and gender-affirming care who are affected by doxxing; and be it further

RESOLVED, that our AMA encourage institutions, employers, and medical societies to provide training and education on the issue of doxxing.

Fiscal Note: Assigned by HOD

Date Received: XX/XX/2024

REFERENCES

1. About. American Medical Association. Accessed August 8, 2024. <https://www.ama-assn.org/about>
2. Eckert, S. & Metzger-Riftkin, J. (2020). Doxxing. In *The International Encyclopedia of Gender, Media, and Communication* (pp. 1–5). John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781119429128.iegmc009>
3. Berg, S. For physician advocates, social media hate is nauseatingly normal. American Medical Association. Published September 28, 2023. <https://www.ama-assn.org/practice-management/physician-health/physician-advocates-social-media-hate-nauseatingly-normal>
4. Rodriguez, B & Panetta, G. 'They want us to be scared': Anti-abortion activists target ballot measure organizers in Arkansas. Published June 16, 2024. <https://www.pbs.org/newshour/politics/they-want-us-to-be-scared-anti-abortion-activists-target-ballot-measure-organizers-in-arkansas>
5. Vrbn, T. Publication of abortion amendment canvasser list is intimidation, ballot question committee says. Published June 7, 2024. <https://arkansasadvocate.com/2024/06/07/publication-of-abortion-amendment-canvasser-list-is-intimidation-ballot-question-committee-says/>
6. Family Council Action Committee. About the Abortion Amendment. <https://www.familycouncilactioncommittee.com/about-ar-abortion-amendment>
7. https://www.familycouncilactioncommittee.com/_files/ugd/449489_1a19040dbb544a17be11e7bfb9fb108b.pdf
8. Rosen JD, Ramirez JJ. When doctors are "doxxed." An analysis of information posted on an antiabortion website. *Contraception*. 2022;115:1-5. doi:10.1016/j.contraception.2022.07.008
9. Asher-Schapiro, A & Moloney, A. US abortion advocates face doxxing as data scavenged online. Reuters. Published August 1, 2023. <https://www.reuters.com/article/idUSL8N39E8D3/>
10. Mithani, J. Personal data is easier to get than ever. Reproductive health workers are at risk. Published April 29, 2024. <https://19thnews.org/2024/04/doxxing-personal-data-reproductive-health-care-workers/>
11. Privacy breaches and reputation terrorism plague abortion providers. Published, January 1, 2022. Relias Media. <https://www.reliasmedia.com/articles/148882-privacy-breaches-and-reputation-terrorism-plague-abortion-providers>
12. Recent Cases on Violence Against Reproductive Health Care Providers. <https://www.justice.gov/crt/recent-cases-violence-against-reproductive-health-care-providers>
13. Mithani, J. Facing constant doxxing threats, reproductive health workers fear for their data. Published May 5, 2024. <https://truthout.org/articles/facing-constant-doxxing-threats-reproductive-health-workers-fear-for-their-data/>
14. Hughes LD, Gamarel KE, Restar AJ, et al. Adolescent Providers' Experiences of Harassment Related to Delivering Gender-Affirming Care. *J Adolesc Health*. 2023;73(4):672-678. doi:10.1016/j.jadohealth.2023.06.024
15. Roth PL, Bobko P, Shan GJ, Roth RW, Ferrise E, Thatcher JB. Doxing, political affiliation, and type of information: Effects on suspicion, perceived similarity, and hiring-related judgments. *J Appl Psychol*. 2024;109(5):730-754. doi:10.1037/apl0001153
16. Gupta P, Barrera E, Boskey ER, Kremen J, Roberts SA. Exploring the Impact of Legislation Aiming to Ban Gender-Affirming Care on Pediatric Endocrine Providers: A Mixed-Methods Analysis. *J Endocr Soc*. 2023;7(10):bvad111. Published 2023 Sep 19. doi:10.1210/endo/bvad111
17. Mello MM, Greene JA, Sharfstein JM. Attacks on Public Health Officials During COVID-19. *JAMA*. 2020;324(8):741-742. doi:10.1001/jama.2020.14423
18. H.R.2701 Online Privacy Act of 2023. <https://www.congress.gov/bill/118th-congress/house-bill/2701>
19. H.R.8818 <https://www.congress.gov/bill/118th-congress/house-bill/8818/text>
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.