

WRITTEN TESTIMONY
Before the Subcommittee on Health, Employment, Labor, and Pensions
Committee on Education and Workforce
United States House of Representatives

Hearing on “Bad Medicine: Politics, Unions, and Antisemitism in Health Care”

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I. Introduction and Standing

I am a cardiology fellow at a major academic medical center, and I appear before this Subcommittee with a clear and simple concern: my union publicly supports terror sympathizers, formally endorses the exclusion of my colleagues based on national origin, and has declared the state of Israel guilty of apartheid and genocide as a matter of official organizational doctrine. I am an American physician. I did not choose this union. It was voted in at my institution, no collective bargaining agreement has yet been signed, and I will soon be compelled by law to fund it. I am here before that happens — and before this Subcommittee — because I believe Congress needs to hear what is happening inside American medical training programs from someone with direct knowledge of it.

My name is Jacob Agronin. I am a Jewish American, but the concerns I bring to this Subcommittee are not Jewish concerns. They are American concerns. When a union representing 37,000 physicians openly supports figures associated with Hamas and Hezbollah, formally recommends that hospitals exclude Israeli workers, and uses compelled dues from federally-funded trainees to advance that agenda — that is a problem for every American who cares about the integrity of our medical institutions and our national security.

I write to inform this Subcommittee of a pattern of conduct by my union, the Committee of Interns and Residents (CIR), that meets the United States government's own definition of antisemitism, and to urge legislative action to protect medical trainees from being compelled — with federal dollars — to financially support an organization engaged in such conduct.

II. Background on CIR/SEIU and Its Role in Graduate Medical Education

CIR is the largest house staff union in the United States, currently representing approximately 37,000 resident and fellow physicians. It is an affiliate of the Service Employees International Union (SEIU), one of the most politically active labor organizations in the country. As the *exclusive* bargaining representative wherever it is certified, CIR holds a monopoly on the representation of medical trainees at those institutions. There is no competing voice, no opt-out from representation, and — under current law — no clean mechanism for a trainee to withhold dues from the union's political activities beyond the narrow protections afforded by *NLRB v. Beck* and related precedents. If the workplace is in a right-to-work state or the employer is a municipal, state, or federal government entity, employees are free to opt-out of paying dues or fees to the union under either the state right-to-work law or under *Janus v. AFSCME*. The political positions

described in this testimony are not confined to a handful of medical institutions. They are being actively exported to every new program CIR organizes.

Graduate medical education in the United States is funded in significant part by the federal government. Medicare's Direct Graduate Medical Education (DGME) program reimburses teaching hospitals for the direct costs of training residents and fellows, explicitly including trainee stipends and benefits. The DGME payment formula is calculated on a per-resident basis: the federal government determines a Per Resident Amount (PRA) for each institution, multiplies it by the number of full-time equivalent trainees, and adjusts it by the hospital's Medicare patient share. My salary — and therefore any dues compelled from that salary — sits at the end of a funding chain that begins with a federal appropriation and a per-resident calculation at the Centers for Medicare and Medicaid Services. Medicaid GME funding provides an additional federal thread. In total, the federal government spends approximately \$15 billion annually on graduate medical education. Congress does not appropriate these funds to subsidize the political activities of organizations whose conduct meets the federal definition of antisemitism.

III. CIR/SEIU's Formal Positions: The October Statement and the "Housestaff Against Apartheid" Resolution

A. The November 7, 2023 Executive Committee Statement

In the weeks immediately following the Hamas terrorist attack of October 7, 2023 — in which approximately 1,200 Israeli civilians were murdered, thousands wounded, and over 250 taken hostage — CIR's Executive Committee issued a formal statement (Exhibit 1). The statement mourned Israeli and Palestinian casualties, called for hostage release, and condemned antisemitism and Islamophobia. I acknowledge these elements. But the statement must be read in full context, and in that context, several critical failures emerge:

- **Hamis is never named.** The statement was issued one month after a Hamas terrorist attack, perpetrated by an organization the United States has designated a foreign terrorist organization since 1997. The choice not to name Hamas in a statement about October 7th is not an oversight. It is a substantive editorial decision.
- **The attack is framed as mutual "violence."** By presenting Israeli and Palestinian casualties in morally equivalent terms, the statement implicitly treats the perpetrators and victims of October 7th as equivalent parties.
- **Palestinian casualty figures are uncritically cited.** Figures originating from Gaza's Hamas-controlled Health Ministry are presented alongside verified Israeli casualty counts as equivalent data, without qualification.
- **The antisemitism condemnation is subordinated.** The condemnation of antisemitism appears in a single clause, paired with Islamophobia, framed as a workplace concern — not as a response to the deadliest massacre of Jewish people since the Holocaust that had occurred one month prior.

B. The "Housestaff Against Apartheid" Resolution

The more consequential document is CIR's formal resolution, titled "*Housestaff Against Apartheid*," passed in May 2024 (Exhibit 2). I will address its provisions in detail, because the

Subcommittee should understand precisely what CIR has formally adopted as organizational doctrine.

1. The Apartheid and Genocide Determinations

The resolution formally declares, as a matter of CIR organizational doctrine, that Israel maintains "an apartheid occupation against the Palestinian people" and that Israeli actions constitute genocide under the UN definition. These are not merely the views of individual members or social media posts by staff. They are formal institutional positions, voted on and adopted, that now govern CIR's organizational conduct and resource allocation. Every dues dollar paid by every CIR member — including Jewish and Israeli members — funds an organization that has officially declared the state of Israel guilty of apartheid and genocide.

2. The BDS Endorsement and Its Specific Directives

The resolution formally endorses the Boycott, Divestment, and Sanctions (BDS) movement and directs CIR to pursue it through a specific set of actions. I quote directly from the resolution text:

"CIR joins the international call for boycott, divestment and sanctions of Israel until it complies with international law and universal principles of human rights and will further support the BDS Movement by: Declining to endorse any candidate for political office that continues to support legislation that seeks to criminalize the BDS movement; Calling on SEIU to divest the pension fund; Encouraging their affiliated academic institutions to divest all resources, including but not limited to direct financial contributions, human capital, pension funds, and retirement programs such as 401K and intellectual property."

The phrase "**human capital**" in this context admits only one interpretation: CIR formally encourages the academic medical institutions where its members train to sever or decline employment relationships with Israeli workers and scholars. This is not a financial instrument or an abstract policy position. It is a formal recommendation that hospitals — which are recipients of federal funds and covered by Title VII of the Civil Rights Act — discriminate in employment on the basis of national origin. The fact that this recommendation originates from a labor union rather than an employer does not diminish its discriminatory character; it amplifies it, because the union simultaneously claims to represent the very workers it is recommending be excluded – and seeks to compel dues from these individuals they wish be barred from employment.

3. The COPE Political Action Directive

The resolution directs CIR to decline endorsing any political candidate who supports legislation criminalizing the BDS movement. CIR's Committee on Political Education (COPE) — its political action committee — is funded in part by member dues. This provision means that dues compelled from Jewish and Israeli trainees are being used to advance an electoral agenda that treats support for BDS criminalization as a disqualifying political position. Trainees who believe that boycotts targeting Israeli workers are discriminatory are being compelled to fund a political operation that punishes elected officials who agree with them.

4. The Explicit Rejection of the Antisemitism/Anti-Zionism Distinction

The resolution states that "*CIR rejects the conflation of anti-Semitism with anti-Zionism.*" This provision deserves careful attention.

The International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism, adopted by the United States Department of State and used by the United States Department of Education's Office for Civil Rights, when evaluating complaints of antisemitic discrimination under Title VI of the Civil Rights Act, explicitly provides that "denying the Jewish people their right to self-determination" and "applying double standards" to Israel constitute antisemitism. An organization can formally condemn antisemitism in one clause while adopting positions that meet the IHRA definition in the next. CIR has done exactly that: it condemns antisemitism, rejects the antisemitism/anti-Zionism distinction, and then formally declares Israel guilty of apartheid and genocide, endorses a movement to exclude Israeli workers from employment, and directs its political action committee to punish candidates who disagree. The disclaimer does not immunize the conduct — any more than a written anti-discrimination policy immunizes an employer whose hiring practices are discriminatory.

5. The Claim That Anti-Zionist Organizing Is Being Falsely Conflated with Antisemitism

The resolution asserts that "*elected officials and the media continue to exploit fears of rising anti-Semitism and continually conflate anti-Zionist/anti-war organizing with anti-Semitism.*" In other words, CIR's formal position is that concerns about antisemitism in this context are manufactured and exploited. The organization has formally pre-empted and dismissed the civil rights concerns of its Jewish members as political manipulation.

C. Statement on the “Sale of Unconsented Bodies to Train Foreign Military”

CIR has also issued a statement on the practice of using “unconsented bodies” by the U.S. Navy, with participation by the Israel Defense Force (IDF), for military training purposes (Exhibit 3). The “unconsented bodies” referred to by CIR are human cadavers, in this case purchased by the U.S. Navy from the University of Southern California, that are used extensively for military exercises, trauma surgery training, and other education – a ubiquitous practice on a global scale in the field of military medicine. In isolating the role of the IDF in this exercise and excluding the established practice of the U.S. military training with other NATO countries in similar fashion, CIR again promotes a striking double standard in the theme of a modern-day blood libel. The statement is notable not only for its selective application of ethical scrutiny to Israeli institutions, but because it explicitly cited and referenced back to CIR's BDS resolution — formally linking the two documents and making clear that the targeting of Israeli institutions is a coherent and deliberate organizational posture, not a series of unrelated statements. One phrase deserves particular attention: “*CIR stands in solidarity with the global labor movement in resisting our governments’ complicity in genocide.*” This union postures itself as political subset of a global movement against its own government, while receiving its primary funding from that same governments’ Medicare appropriations.

IV. A Pattern of Public Alignment with Terror Sympathizers

A. Public Support for Mahmoud Khalil

CIR posted publicly in support of Mahmoud Khalil, the Columbia University organizer detained by federal immigration authorities in March 2025 (Exhibit 4). The Secretary of State determined that Khalil's presence in the United States posed serious adverse foreign policy consequences. The government's case included allegations that he distributed literature associated with Hamas and led organizations espousing pro-Hamas views. CIR chose to publicly align itself with this figure —

without qualification, without acknowledging the national security concerns at issue, and without any apparent consideration of how that alignment would be received by the Jewish and Israeli members of a union that had already formally declared Israel guilty of genocide.

I raise this not to adjudicate Khalil's case, but because an organization's choice of whom to publicly champion is a values statement. My union's values, as expressed through its formal resolutions and its public conduct, are consistent: they align with those who oppose Israel and those associated with it, and they treat the concerns of Jewish and Israeli members as obstacles to collective liberation rather than rights worth protecting.

B. Public Support for Dr. Rasha Alawieh

CIR and affiliated accounts have also posted publicly (Exhibit 5) and distributed a letter (Exhibit 6) to its members in support of Dr. Rasha Alawieh, a physician who made documented public statements expressing sympathy for Hezbollah — a designated foreign terrorist organization responsible for the deaths of hundreds of Americans. **My union supports terror sympathizers.** That is not a characterization. It is a description of documented public conduct.

C. Rallies and Organizational Promotion

CIR has promoted numerous rallies framed as gatherings for "healthcare workers for Gaza" and "doctors against genocide" through official organizational communications (Exhibit 7). Members who disagree with this framing — including Jewish and Israeli trainees who support Israel's right to defend itself against terrorist organizations — receive these communications through the same union channels that are supposed to represent their professional interests. There is no equivalent organizing for the families of the 250 hostages taken on October 7th. There is no equivalent rally for Israeli healthcare workers killed by Hamas. There is no equivalent concern for those affected by atrocity in any other country. The selectivity is the message.

Taken together — the apartheid and genocide resolutions, the "human capital" divestment directive, the IDF-singling ethics statement that cross-references the BDS resolution, the public support for figures associated with Hamas and Hezbollah, and the Gaza rally promotion — this is not a series of isolated incidents. It is the institutional culture of CIR.

V. Federal Civil Rights Standards and the IHRA Definition

The United States Department of State has adopted, and the Department of Education utilizes the IHRA working definition of antisemitism. It provides that antisemitism includes: denying the Jewish people their right to self-determination; applying double standards to Israel not expected of other democratic nations; and using the symbols and images of classic antisemitism to characterize Israel. Executive Order 13899, signed in 2019 and maintained by subsequent administrations, directed federal agencies to use the IHRA definition when enforcing Title VI of the Civil Rights Act in federally funded education programs.

CIR's conduct maps onto this definition at multiple points:

- The organization formally declared Israel guilty of apartheid and genocide while passing no comparable resolutions regarding China's repression of Uyghurs, Russia's war in Ukraine, ongoing genocide in Sudan, or any other geopolitical conflict in the world — a textbook application of double standards.

- The resolution formally encourages the exclusion of Israeli workers from employment — a directive that, applied to any other national group, would be immediately recognizable as discrimination.
- The resolution explicitly rejects the distinction between antisemitism and anti-Zionism, positioning the denial of Jewish self-determination as a legitimate organizational value.
- The organization's public communications have aligned with figures the U.S. government has associated with Hamas and Hezbollah, while formally dismissing Jewish members' civil rights concerns as manufactured political exploitation.

I am not asking this Subcommittee to adjudicate whether CIR has violated any specific statute — that is properly a question for courts and agencies. I am asking it to recognize that an organization whose formal positions and public conduct meet the federal government's own definition of antisemitism is currently positioned to receive, through compelled dues, a portion of the federal GME dollars that fund the salaries of Jewish and Israeli medical trainees. That is a policy outcome this Congress has the authority and the obligation to address.

VI. The Climate Experienced by Jewish and Israeli Trainees

I am aware of CIR members — physicians present for the passage of the resolutions described above — who found those proceedings deeply distressing but did not speak up and have not done so publicly since. The reasons are familiar to anyone in a hierarchical institution: fear of being labeled, fear of professional friction, and the particular vulnerability of a trainee who depends on program goodwill for evaluations, recommendations, and career advancement. The union that is supposed to protect workers from institutional power has itself become a source of that pressure.

Several residents and fellows at my institution routinely post anti-Zionist content on social media using imagery and language that goes well beyond political commentary. In an environment where the union's formal positions legitimize those views and no countervailing institutional voice exists, the professional climate for Jewish and pro-Israel trainees is one of enforced silence.

The experience of my Israeli colleagues warrants particular attention. When I have discussed the prospect of signing petitions or speaking publicly about CIR's resolutions, Israeli trainees have expressed that they feel directly targeted by the "human capital" divestment language — that CIR has formally recommended that people like them not be employed at the institutions where they work and train. And yet they will not sign petitions, will not speak publicly, and do not want their names associated with any challenge to the union. The reason is not indifference. It is fear: fear that visible dissent could affect their visa status, their employment standing, their ability to complete training and remain in this country, and most importantly their ability to care for patients without threat of harassment from their peers.

We have Israeli physicians — people who came to this country to train, to contribute, and to serve patients — who believe their union has formally recommended their exclusion from employment based on national origin, and who are afraid to say so publicly because they fear professional and immigration consequences. That is not a union protecting its members. That is a union that has made its members afraid.

VII. Conclusion

My union has formally declared the state of Israel guilty of apartheid and genocide. It has formally recommended that the academic medical institutions where its members train exclude Israeli workers — doctors, researchers, and scholars — from employment. It has directed its political action committee to punish elected officials who disagree. It has publicly aligned with figures the United States government has associated with Hamas and Hezbollah. And it has formally dismissed the civil rights concerns of its Jewish members as manufactured political exploitation.

These are not allegations. They are the text of CIR's own resolutions, which I have quoted directly in this testimony and have submitted as exhibits.

The question before this Subcommittee is straightforward: should the federal government compel American medical trainees — funded by Medicare dollars, governed by federal labor law — to financially support an organization whose formal institutional doctrine supports terror sympathizers and meets the U.S. government's own definition of antisemitism? I note that Congress has both the authority and the obligation to say so.

I am here as an American physician. The integrity of our medical institutions, the safety of our colleagues and patients, and the meaning of our civil rights and labor-relations framework are all at stake in the answer to that question. I am grateful for the Subcommittee's attention to this important matter.

Submitted respectfully,

Jacob Agronin, MD

Cardiology Fellow

CIR Statement on Ongoing Violence in Israel and Palestine

November 7, 2023 | Statements

The [Executive Committee of the Committee of Interns & Residents](#) (CIR) is appalled and shocked by the recent violence in Israel and Palestine. We mourn the lives of over 1400 Israelis (and visitors to Israel) and over 9000 Palestinians lost between October 7th and the time of writing on October 30th. CIR members have lost family and friends in both Gaza and Israel. Many more of our members have felt powerfully, personally affected by these events, including renewed fears for their own safety amidst escalating islamophobia and antisemitism. We condemn all antisemitic and islamophobic acts and speech—including that which we witness infiltrating the medical workplace.

Our role as healers and the privilege of our profession compel us to speak out against any further harm to civilians—Palestinian, Israeli, or otherwise. We call on President Biden and Congress to fight to preserve lives not yet lost. We specifically urge them to help:

Guarantee Basic Human Rights

Restore access to **water, food, electricity, housing, and healthcare** for the 2.2 million people in Gaza, **half of whom are children**. Guarantee immediate, unrestricted **humanitarian aid**. To deny the above constitutes **collective punishment**, a war crime under the Geneva convention.

Release Hostages

Ensure the immediate, safe release of Israeli hostages. Listen to the families of hostages, who warn that **further attacks on Gaza endanger the lives of their loved ones**. Ensure the release of **Palestinians** detained in Israel without due process.

Call for Immediate Ceasefire

Stop any military action that will result in further loss of life, including the ground invasion, bombing, and the use of **white phosphorus** on civilians. Protect all healthcare workers and infrastructure from harm.

The past month's developments have only exacerbated the baseline stress of being housestaff in our healthcare system. As a union our collective aim includes fighting for safe, inclusive work environments. If you are experiencing harassment or threat of retaliation for the peaceful expression of your convictions at work, please inform your staff organizer or **let us know confidentially**. Now or ever, if you or a colleague are in crisis, know you can call the **Physician Support Line** (free, confidential & anonymous support from volunteer psychiatrists, 8:00am-12:00am ET M-F) and **988** (24/7 Suicide & Crisis Lifeline).

Human life is precious.

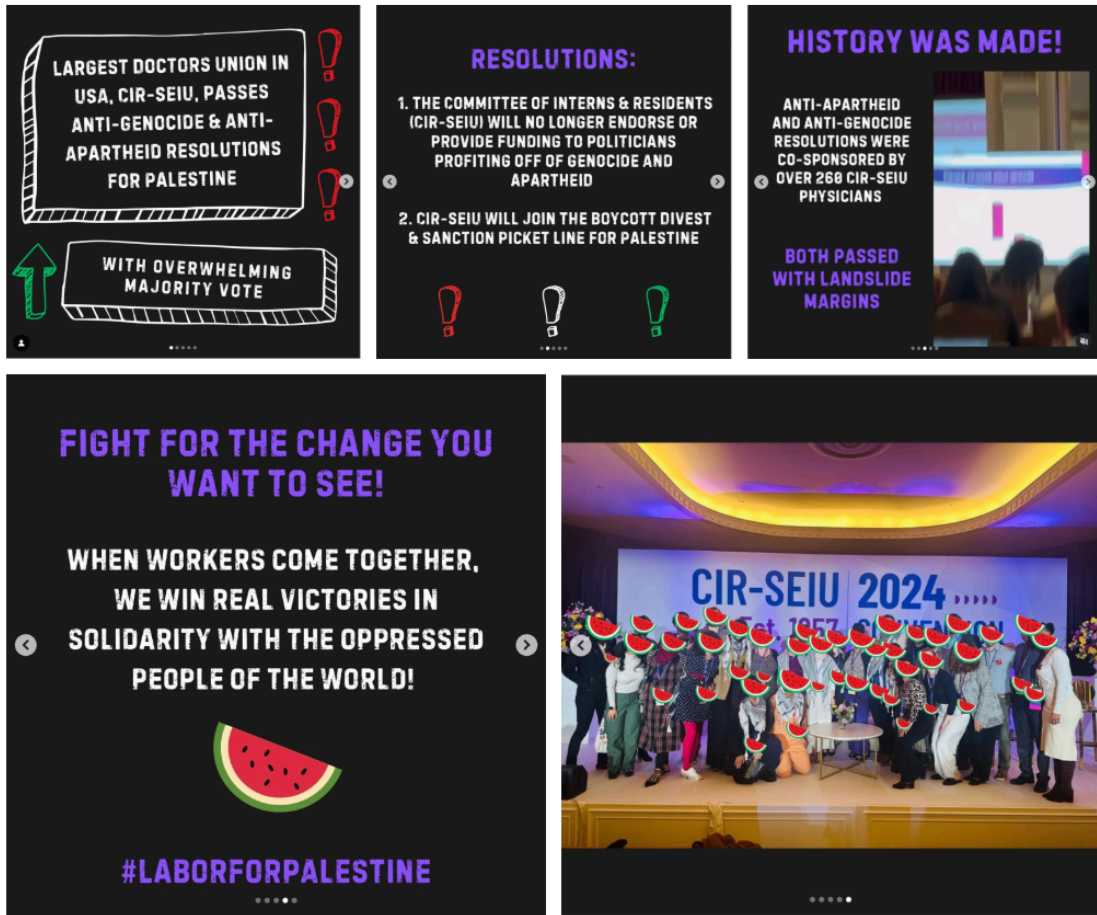
In solidarity,

The CIR Executive Committee

Largest Doctors Union in USA, CIR-SEIU, Passes Anti-Genocide & Anti-Apartheid Resolutions for Palestine

Posted on [May 8, 2024](#) by [labor4pal](#) | [Comments Off](#)

[Original online here.](#)



Full Text: <https://laborforpalestine.net/2024/05/05/house-staff-against-apartheid-cir-seiu/>

Exhibit 3: Statement on sale of unconsented bodies



cirseiu
Los Angeles, California



**Statement from CIR/SEIU on
the Sale of Unconsented Bodies to Train Foreign Military**

We, as resident physicians of Los Angeles General Medical Center (LAGMC), are deeply disturbed by recent reporting that LAGMC and the University of Southern California (USC) sold unconsented bodies to the U.S. Navy to train the Israeli Defense Forces (IDF).

It is unacceptable that our public hospitals and institutions, which are designed to serve our most vulnerable communities, are instead engaged in the exploitation of our patients to support the training of military personnel. The use of unconsented bodies for experimentation and profit is a profound violation of human dignity and medical ethics. As the plurality of physician housestaff at the largest safety-net hospital in Los Angeles, we vehemently oppose the exploitation of our low-income, predominantly Black and Hispanic patient population for profit and domestic and foreign military training. It is our responsibility as medical doctors to honor the sanctity of all human life, in death as in life.

We reject the collaboration between our public hospital and a foreign military at the expense of our patient population. Public resources and Los Angeles residents should not be subject to experimentation by the IDF, an entity currently engaged in an internationally-recognized genocide. We reaffirm CIR's position, as stated in our House Staff Against Apartheid Resolution, that Israel's occupation of Palestinians amounts to apartheid. We reject any attempt to involve our hospitals, universities, healthcare workers, and patient population in violence that targets civilians and perpetuates colonial systems of oppression.

CIR stands in solidarity with the global labor movement in resisting our governments' complicity in genocide. We call on our institutions to divest from collaboration with the ID and other public and private entities that engage in Israel's practice of genocide and apartheid. We remain committed to advocating for the dignity of our patients, the integrity of the medical profession, and the global struggle for liberation and health equity.

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cirseiu Statement from CIR/SEIU on the Sale of
Unconsented Bodies to Train Foreign Military

39 minutes ago

Exhibit 4: Statement on Mahmoud Khalil

CIR/SEIU Condemns ICE's Detainment of Student Protest Organizer, Demands Immediate Release

As physicians and unionists, we unequivocally condemn the detention of Mahmoud Khalil, the Columbia University graduate and permanent US resident who organized campus protests for Palestinian freedom. The use of immigration enforcement to silence dissent is a direct attack on civil liberties, workers' and students' rights, and the health and safety of our communities. This is an escalation of state repression meant to intimidate those who dare to challenge genocide, injustice, and the status quo. We refuse to stand by in silence.

CIR/SEIU represents over 37,000 resident physicians and fellows across the country. Our members are both employees and the product of years of higher education. We know that universities should be spaces for open discourse and activism, not sites of police violence and political persecution. History has shown us that social progress starts with student movements, from labor rights to racial justice and more. We are witnessing yet another moment where students are leading the fight against oppression, and the state is responding with force.

As physicians, we take an oath to do no harm. That means standing against anything that threatens the health and well-being of our patients and our communities—including the targeting and criminalization of those who speak out for justice. We call for the immediate release of this campus leader and an end to the crackdown on campus protests. We demand that institutions of higher education defend the right to dissent, rather than collude with forces that seek to repress it.

The fight for Palestinian liberation is a fight for human rights, for justice, and for a world where no one—whether in Gaza, on our campuses, or in our hospitals and clinics—has to live in fear because they seek freedom and liberation for all. We stand in unwavering solidarity with those organizing for a free Palestine and demand the immediate release of Mahmoud Khalil.

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Exhibit 5: Social media posts regarding Dr. Alawieh


cirseiu

Committee of Interns and Residents SEIU-Healthcare. **MUSLIM ADVOCATES**


BRING DR. ALAWIEH HOME


Her community needs her.
Her patients need her.

Union members, allied healthcare professionals, and community supporters demand her return.



Dr. Alawieh
Washburn




Sign the petition to bring her back home 


bit.ly/alawieh

cirseiu and muslimadvocates

WE URGE THE PROMPT RETURN OF DR. ALAWIEH



[BIT.LY/ALAWIEH](https://bit.ly/alawieh)



SIGN THE PETITION

DOCTORS, NO MATTER WHERE THEY'RE FROM, ARE AN INTEGRAL PART OF OUR COMMUNITIES

DR. ALAWIEH IS ONE OF ONLY THREE TRANSPLANT NEPHROLOGISTS IN THE STATE OF RHODE ISLAND. HER PATIENTS DEALING WITH KIDNEY DISEASE NEED HER. HER COLLEAGUES NEED HER.

HER COMMUNITY NEEDS HER.

Committee of Interns and Residents SEIU-Healthcare. **MUSLIM ADVOCATES**

Exhibit 6: Email regarding Dr. Alawieh



Hi [REDACTED]

Our friend and colleague, Dr. Rasha Alawieh, was unjustly deported after attempting to return home to Rhode Island following a trip to Lebanon. Now, hundreds of patients in New England are without their kidney transplant specialist.

Our community, our patients, and our hospitals are in urgent need of more healthcare providers, not less. And doctors, no matter where they're from, are an integral part of our communities.

Immigrant doctors, like Dr. Alawieh, play an important role in our healthcare systems. We recognize that the Trump Administration's persecution of immigrants is not just an attack on individual visa holders—it is an attack on workers, a deterrent to future immigrant physicians, and a detriment to our patients and our communities. With the U.S. projected to face a shortage of up to 86,000 physicians by 2036, the State of Rhode Island is increasingly relying on our visa holders to provide critical care to our patients.

Our union understands that an injury to one is an injury to all.

Dr. Alawieh is an empathetic and respected physician. In the eyes of her patients and peers, she is a compassionate healthcare provider who has provided our community with critical, high-quality care.

She's stood by her patients, her community, and her colleagues, and it's our turn to stand up for her.

Stand with us in condemnation of Dr. Alawieh's deportation and to stand up in defense of immigrants and visa holders across our country. Please [sign our petition](#) and [share our social media post](#) demanding that the U.S. Department of Homeland Security rescind Dr. Alawieh's removal order and the U.S. Department of State reinstate Dr. Alawieh's visa and allow her back in the country to continue her important work of providing crucial healthcare to our community. Please note: Based on a recent upsurge in viewpoint-based targeting, visa holders may want to consider the possible risks associated with signing this petition.

Thank you for standing with us,

– Your colleagues and comrades at Brown University

P.S. – [You can share our social media toolkit with friends and family!](#)

Exhibit 7: Social media posts for rallies

The top post is a green-themed flyer for a rally. It features the text "See you there this Sat!" in a white box, followed by "BOMB HILLS - NOT PEOPLE" in large white letters. Below this is an illustration of a person running with a flag, a person on a skateboard, and a person on a bicycle. The text continues: "@HILLBOMBSF TWIN PEAKS SOLIDARITY HILL-BOMB SATURDAY, OCTOBER 11, 2025 2PM AT TWIN PEAKS SUMMIT @lapenculturalcenter and hillbombsf".

The bottom post is a white-themed flyer for "1,000 WHITE COATS ON THE HILL". It includes the text: "All healthcare workers and allies are invited! 1,000 WHITE COATS ON THE HILL Doctors Against Genocide 4.15.26 Advocacy Day in Washington, DC". It lists the schedule: "9am Union Station, 10:30am Press Conference, Upper Senate Park, 12-5pm Meetings with legislators, Congress". There is a photo of a group of people in white coats, a QR code, and the text "RSVP bit.ly/thousandwhitecoats". The bottom of the post shows engagement metrics: 117 likes, 2 comments, 11 shares, and 19 saves. A caption reads: "cirseiu Happening next week! 1,000 doctors on the hill against genocide! 🙌 3 days ago".

This post is for a rally titled "THE PEOPLE'S PRESCRIPTION: Healthcare Workers & Allies Rally for Gaza". It features a photo of a man in a "DOCTORS RESIST GENOCIDE" t-shirt. The text includes: "HEALTHCARE WORKERS HEALTH AGAINST GENOCIDE", "BRING: white coats/scrubs, pots/pans, friends/allies", "SUN SEPT 14 1pm COPLEY SQUARE", "Featuring Dr. Yipeng Ge + Dabke Workshop", and "@peopleshungerstrike". There are logos for various organizations at the bottom. Engagement metrics show 146 likes, 2 comments, and 64 shares. A caption reads: "Liked by cirseiu and others healthcareworkersforpalestine 🙌 Join us in Copley Square for The People's Prescription: Healthcare Workers & Allies Rally for Gaza 🙌 Sunday, Sept 14 | 1PM".