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Antisemitism in Medicine: A Personal Perspective

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Antisemitism in Medicine: A Personal Perspective

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Abstract

Antisemitism has a long and complex history within Jewish communities and has also affected the medical profession and healthcare institutions. Experiences of antisemitism during medical education and professional practice illustrate how prejudice can emerge in both personal interactions and institutional environments. Medical training and professional experiences in Scotland, Israel, and Canada provide a perspective on changing attitudes toward Jewish healthcare professionals and on the importance of respectful collaboration among people of different cultural and religious backgrounds. The historical relationship between Judaism and medicine, together with the substantial contributions of Jewish physicians to medical education, research, and patient care, further demonstrates the important place of Jewish professionals within healthcare. However, following the October 7, 2023 attack and the subsequent war in Gaza, increasing reports of antisemitic and anti-Zionist activities in medical schools, healthcare institutions, and academic settings have raised renewed concerns. Such developments have affected Jewish students, trainees, physicians, faculty members, researchers, and institutions serving predominantly Jewish communities. Addressing antisemitism in healthcare requires recognition of its historical and contemporary forms and the creation of professional environments in which Jewish healthcare workers can maintain their cultural, religious, and historical identities without discrimination or fear.

Keywords: *antisemitism, medicine, healthcare discrimination, Jewish physicians, medical education, anti-Zionism, personal narrative*

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I grew up in a predominantly Jewish neighborhood: Brighton Beach in Brooklyn, New York. All my friends and neighbors during my primary school years were Jews. I lived with my parents, sister and grandmother in a one-bedroom apartment overlooking Brighton Beach and the Atlantic Ocean. I could hear the waves as a child during the summer when the window was open. My grandmother who was a great storyteller told me about the pogroms in *Eishoshok*, a small Jewish shtetl (village) in Lithuania. Many of our neighbors had survived the *Holocaust*. Growing up I could hear Yiddish, Polish, and Russian on the boardwalk that stretched from Brighton Beach to Coney Island and in the many shops selling Eastern European foods, pumpernickel and rye bread, bagels, sour pickles, and herring. I would shop with my grandmother at the kosher butcher.

In junior high school I left the neighborhood for Cunningham Junior High School near Kings Highway, a subway or streetcar ride away. It was still a predominantly Jewish neighborhood, but with other cultures. I met for the first time Italian and Greek students as well as those from other European countries. But like in public school, the Jewish Holidays were acknowledged with days off for the Jewish students. As I moved further away to Brooklyn Technical High School, my exposure was even more diverse. I met Chinese and African American students for the first time. Like junior high school, Jewish Holidays were recognized as days off for Jewish students. Brooklyn College, although in the Midwood neighborhood of Brooklyn, was even more diverse as students attended from all over the city, although mainly from Brooklyn. I was by this time through avid reading knowledgeable of antisemitism and the Holocaust, but for me it was part of history, not personal experience.

During my junior year at Brooklyn College, I took six months off to travel around Europe, which my parents allowed, being very progressive in their view of the world. It was an eye-opening experience, especially when I entered Austria, whose history during the Holocaust I knew about, with their turning on their Jewish citizens once the Nazis entered the country. Driving through Germany was a bit unnerving, especially visiting Munich which I had read about. In Hamburg, where I had run out of money to pay for gas, I picked up some work in the flower and vegetable market in the central train station. I was hired for half a day by a German who needed someone to pack onions contained in a large boxcar. As I helped fill the woven bags with five pounds (2.5 kg) of onions, I recalled pictures of the Holocaust of Jews being taken to concentration camps in the same type of railroad car. When my employer invited me to join him for lunch, he told me his name was Adolph. My German was rudimentary and based on my knowledge of Yiddish. A chill ran down my spine, thinking what if Adolf realized that I was Jewish by my broken German/Yiddish. It didn't happen and my earnings gave me enough to continue my drive to Copenhagen.

It was time to return home, finish my studies and decide on Medical School. I recalled a group of Danish female medical students who adopted me and helped me find a place to stay and get some part-time work in the center of the city. I attended the

medical school with them on several occasions and was delighted to see how much they enjoyed medical school and thought that perhaps I could study in Denmark, rather than the United States.

I didn't inform my parents of my thoughts at first and started writing letters to medical schools in Europe including Scandinavia and the United Kingdom, both England and Scotland. As it turned out my dentist's son was completing his studies at the University of St. Andrews (Dundee campus) in Scotland. I wrote to him and he sent back to me glowing reports about the medical school and the people. I applied and then told my parents of my plans. Their concern was countered by my explaining how much cheaper it would be to study overseas.

I was accepted to Belgium, Sweden, and Switzerland. I was concerned about having to study in a foreign language. The telegram arrived offering me a place in second year (pre-clinical) at Queen's College of the University of St. Andrews. My parents agreed to support my plan. The following summer I left for Scotland, so that I would have time to visit my beloved Copenhagen and my medical student friends and find a place to stay in Dundee.

I was welcomed by my classmates. They asked about my Scottish name, and were surprised to find out that I was Jewish and very fascinated by how my ancestors adopted a Scottish name in respect for Brigadier General Patrick Gordon, a Scottish mercenary general who fought successfully for Russia's Peter the Great. [1] One of my classmates who was a Presbyterian from Dundee was very curious about my Judaism as she had never met a Jew before. We became close friends. It was while working in the physiology laboratory with her that I had my first antisemitic experience. We had just finished an experiment and were writing our notes in our laboratory book when Abdul, a Muslim from East Africa of Pakistani culture, took the workbook off our desk to copy our results. I went over to him and said, "Abdul, do your own work, this belongs to me and Morag." He glared at me and said, "Shut your filthy Jewish mouth." I was stunned. I then lunged at him with the thought of socking him in the face. Ian and Doug, my two close classmates held me back, and said, "Abdul just get out of here and give them back the workbook." I never spoke to Abdul again.

In my fourth year of medical school, I worked for a month in Haifa, Israel, as part of the well-established medical student exchange program. I fell in love with the country. I had requested obstetrics and gynecology. One of the roles of the Chief of the department was to assess patients with gynecological problems who had experienced the Holocaust to see if they qualified for German reparations. When I asked them if all their problems (i.e. sterility) would be due to concentration camp internment he said, "Yes". I read about his testimony at the Eichmann trial in Israel. He had been a personal witness to many of the atrocities that resulted in the death of women and children. At the hospital, a large proportion of our patients were Arabs, Muslim and Christian, from Haifa and northern Israel. Many of the nurses were Arabs as well. Everyone worked very well together. I had the personal satisfaction of inserting the first *intracath* used on the unit, into an Arab woman with a ruptured ectopic pregnancy and recall being hugged by her family when she returned from the delivery room with a healthy infant. I returned after graduation to do six months in the same department and had the same wonderful experiences of working with Arabs, Muslim and Christian.

I eventually moved to Israel in 1969 with my Israeli wife and spent four years which included a residency at Shaare Zedek, a large Jerusalem Hospital. Many of the patients and staff were Arabs. During my training I was offered an opportunity to help start a nursing school in Ramallah, in the West Bank, for Arab girls, again Muslim and Christian. It was a phenomenal experience, and I and my wife were invited guests of the director of Nursing.

I returned to Canada in 1973 for further training and eventually ended up with a staff appointment at the Mount Sinai Hospital and the Baycrest Centre for Geriatric Care, both supported by the Jewish Community, but working within the provincial publicly funded health care system. I was chief medical resident to Dr. Barnet Berris, the eminent physician in chief of Mt. Sinai Hospital. After he got to know me better, he retold the story of how even being the gold medalist in Medicine and having served in the Canadian Armed Forces, he was refused an intern position at the Toronto General Hospital, being told that the *Hebrew* quota was filled. I was shocked. [2] During my training and when I started working as a staff member, I do not recall any personal antisemitic comments or attacks.

I was in Toronto during the 1967 and 1973 wars and the support for Israel appeared to be very strong among Canadians and from what I could see, Americans, no evidence of anti-Israel or antisemitic sentiments. During the 2005 pullout of Israeli settlements and forces from Gaza, there was a lot of controversy in North America but mostly support for the move. When Hamas took over Gaza and started firing rockets into Israel, especially the southern settlements, and Israel responded there were those that criticized Israel but sentiment against Israel wasn't common.

The October 7th attack by Hamas on Israel and its brutality resulted in some anti-Zionists rejoicing at the acts of murder and other violations of civilians and the subsequent rocket onslaught against Israel. The anti-Israel protests began before Israel sent even one soldier into Gaza. Rockets from Gaza rained on the south and center of Israel. The war against Gaza resulted in enormous destruction in Gaza and the death of many Hamas members and unfortunately civilians commonly housed in buildings that contained munitions and Hamas members. There was a dramatic rise of anti-Israel and antisemitic acts in Canada, America and other western countries.

In addition to a general rise of antisemitic actions, the health care professions began to experience a resurgence of antisemitic sentiment, which appeared to have disappeared after the Second World War and the Holocaust. The medical literature and lay press began to report on instances of bias against Jewish students, and institutions that care for predominantly Jewish patients.

In an article that I helped write, "Antisemitism in Medicine: An International Perspective," the six authors representing Canada, United States, Australia and the UK, describe the growth and a resurgence of antisemitism in their respective countries' medical institutions and medical schools. [3] A more recent article in the same medical journal (Rambam Maimonides Medical Journal), "Anatomy of Antisemitism in Health Professions Education and Practice: A Narrative Review", [4] provides an in-depth exploration and discussion of the documented and wide-ranging antisemitic and anti-Zionistic activities including the negative effect on practicing physicians, trainees, researchers and authors of academic papers, refused to be considered for publication because of their countenance of antisemitic publications. A motion to remove Israel from the International Medical Students Association was such an example. It was through that organization that I first visited and worked in Israel. [5]

In my province of Ontario, the CPSO, the regulatory body of physicians published a blistering article in the Canadian Medical Education Journal, "Reflections on addressing antisemitism in a Canadian Faculty of Medicine", authored by Ayelet Kuper,

Jewish Scholar and the appointed position of Senior Advisor on Antisemitism located in the Temerty Faculty of Medicine (TFOM) at the University of Toronto (U of T), at which I am a faculty member. [6] In it she catalogues the long list of antisemitic and anti-Zionist actions and efforts at this university. The findings were more than disturbing as it affected many Jewish faculty members and trainees. Some of the old antisemitic tropes were commonly expressed, "Jews control the media", "Jews are wealthy and therefore control admission to the medical school". She describes one erroneous trope that said "Jews control the faculty of medicine including admissions and policies because the major donor family Temerty, were of course Jewish"—which they are not.

It was perhaps my experience in Israel where I not only treated many Arabs but taught nursing students and had as colleagues at all levels, Arab nurses, doctors, ambulance drivers and the whole gamut of therapists that brought back the truth to me. Shaare Zedek Hospital where I worked in Jerusalem and had a many decades - long relationship with the village of Abu Gosh, just outside of Jerusalem. Many of its residents worked in the hospital as nurses and especially ambulance drivers. Students would work on the Sabbath, transcribing for us trainees as we were not allowed to write. Patients' lives depended on their transcriptions.

One of my senior consultants at Shaare Zedek was an Orthodox Jew who was immersed in Jewish history especially that of medicine within Judaism. I learned of the centuries-old connection of Judaism and Medicine, with some of the great sages such as Maimonides also being a physician. Many of the Jewish laws of hygiene are as contemporary as anything that comes out of the CDC. Washing of hands before eating, avoiding certain foods for religious reasons which are known to be carriers of disease. So many Jews historically went into Medicine because they were forbidden to follow other means of making a living. [7, 8] More recently than Maimonides (1135-1204), some of the great pioneers in medicine include: Sigmund Freud (1856-1939), Paul Ehrlich (1854-1915), Karl Landsteiner (1868-1943), Jonas Salk (1914-1995), Albert Sabin (1906-1993), Gertrude B. Elion (1918-1999), Rita Levi-Montalcini (1909-2012), Gisella Perl (1907-1988), Rita Sapiro Finkler (1888-1968) to name a few. Many were pioneers in their fields of mental health, immunology, metabolism, vaccine development which had the impact of saving millions of lives worldwide.

For me the resurgence of antisemitism in general is terrifying. There are Canadian Jews leaving the country for the United States which they feel might be safer. Some physicians have left their positions at universities because of lack of support from their colleagues and administrators when they complained about antisemitic experiences in their working environment. [7, 8] The same is being felt in other countries.

Many health care facilities and universities appear to be responding to the reality of burgeoning antisemitism on their campuses in general and in their health care programs. For Jews who have been affected or are concerned, there must be clear evidence that their fears are real and if not dealt with effectively, it may no longer be attractive for Jews to decide on health care careers in an environment that does not respect them, their history and their cultural and religious beliefs. I feel fortunate that I have not had any significant actions taken against me or my family because of being Jewish. But in my community, shops, restaurants, synagogues, and shopping plazas that have a Jewish clientele have been targeted for attacks, some of which have been lethal. The Hospitals at which I worked until 2019 have enhanced security round the clock.

I believe that in the tradition of Judaism, those that choose to be physicians, nurses or other health care providers, do so for personal reasons but also because it is part of a centuries-old tradition of care and healing combined with compassion and a love of learning. We want to be allowed to fulfill our cultural and religious commitments. Within the ten commandments honoured by all the Abrahamic religions is commandment number 5: Honor the father and mother, which as a geriatric specialist is key to proper care of our elders.

When growing up within a population of pogrom and Holocaust survivors, I would often hear a comment when some political person was elected or legislation proclaimed, "is it good for the Jews?". [9, 10, 11] One is hearing this again with the recent elections of politicians who have expressed animosity to Israel. It is sad that after so much history, Jews around the world in professions dedicated to the care of our brethren, are asking, "Is it good for the Jews?"

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