

The Canadian Federation of Jewish Medical Associations (CFJMA) is the umbrella organization for the Jewish Medical Association of Ontario, the Jewish Medical Association of British Columbia, the Jewish Physicians Association of Manitoba, and L'Association des Médecins Juifs du Québec, as well as non-incorporated Jewish physician groups in Alberta and the Maritimes. We represent the interests of over 2000 Jewish physicians and medical learners across Canada, the majority of whom are affiliated with Faculties of Medicine.

There are certainly still non-Jews in Canadian Faculties of Medicine who do not hate Jews and who do not want harm to come to Jews, and there are even a few who are actively working to learn more about antisemitism in order to be better allies to Jews. However, it is the experience of the Jewish faculty members and learners who belong to the CFJMA's provincial member organizations that there are increasing numbers of people who work in our Faculties of Medicine, and in the external institutions that govern and accredit medical training, who do not believe that Jews are worthy of equity, equality, or even basic human rights. It is also our experience that the most vocal of those faculty members are active in promoting equity and human rights for other groups, sometimes as individual advocates but often as leaders or as educators in the EDI space.

This issue of open antisemitism in anti-oppression circles has grown steadily in North America over the past ten to twenty years. While the images of Jews and other minoritized groups standing in solidarity during the Civil Rights Era, exemplified for many by the image of Rabbi Abraham Joshua Heschel marching at Selma alongside Martin Luther King, might have been rosier than the reality of the ground, there was a sense during the second half of the twentieth century that Jews were part of the broad social justice coalition. As happens with many social movements, the major shifts in this perception seem to have begun in large part on university campuses across North America, first among students and then, as those students grew up and got jobs, among faculty members and members of various professions.

In the years preceding October 7, many Jewish faculty members in Canadian Faculties of Medicine who had had long careers doing wide-ranging social justice work in healthcare came to realize that they were no longer welcome as Jews in certain EDI-oriented spaces – and that if they wanted to stay and continue to do work on behalf of marginalized learners, patients, or communities they would either have to repudiate their Jewishness in order to be accepted or put up with ongoing antisemitism. This did not come from the top – it was not due to directives from our Deans or faculty policies – although those senior individuals rarely acknowledged what was happening or did anything to stop it. Rather, the expansion of antisemitism among a vocal subset of our most-EDI-oriented medical colleagues reflected, and continues to reflect, the places in which antisemitism has been expanding in Canadian society. This has been operationalized in Canadian Faculties of Medicine in several distinct but interlinked ways.

It was initially confusing to many medical faculty members to see the traditional bundle of centuries-old anti-Jewish stereotypes being used by people who claimed to be at the forefront of a new era of anti-oppression and social justice in healthcare – but we certainly recognized the familiar tropes when we started encountering them in classrooms, on social media, at social events, on campus, and in teaching hospitals. In some Faculties [the hate became overt a few years ago](#); in others it only became overt after October 7 – and now our learners and faculty members are encountering it everywhere on an almost daily basis. Jews, we have been told, have all the money. Jews have all the power. Jews control the universities, the hospitals, the government and the media. The leaders who aren't Jews are "Jew-lovers," there by the grace of "the Jews" and as their puppets. A corollary to these tropes that we have heard repeated many times is a pervasive belief among advocacy-oriented faculty members and learners that anyone at a Faculty of Medicine who angers "the Jews" will have their career destroyed by "the Jews" – and many people who are otherwise involved in social justice work have taken to heart the notion that this fear of Jews, instead of being a bias to be combatted, is actually

the reverse: that those who fear Jews based on this egregious stereotype are actually the ones being discriminated against, since they have to cope with their fear of “the powerful Jews”. Imagine, then, that a learner is trying to report an antisemitic incident – and the faculty employee to whom they have to report it is more worried that “the powerful Jews” will harm the career of the person being reported than they are about the learner experiencing overt and hostile discrimination.

While these particular stereotypes date back centuries, other prevalent beliefs within Faculties of Medicine define Jewish power in more contemporary terms related to race. Medical students are taught about race as a social construct rather than as a biological truth, learning that race doesn't change the workings of the human body but rather that the idea that skin colour is important was made up to take power away from some people and give it to others. Medical curricula specifically talk about whiteness as being about power, as being that which the dominant group uses to define itself as the norm, but they are supposed to make it clear that there's nothing inherent in skin colour or any other physical feature that makes it this sort of dividing practice, since it was simply decided to be important several hundred years ago by a group of powerful white Europeans – almost all of whom were also male, Christian, cis-gender, and heterosexual – as part of a tactic to improve their own wealth and status and that of their nation-states.

Jews are not and have never been included within that dominant group.

The history of the Jews is a neverending list of expulsions, murderous mobs, organized killings, public torture and humiliation, and mass murder, punctuated by short periods in specific places where small groups of lucky Jews were able to live safely for a generation or two, building up communities and establishing themselves with the permission, or at least the blind eye, of the non-Jewish authorities – until the political climate changed and everything came crashing down. Even today, those of us who are European-appearing would not be considered white by any white person who would judge somebody by what they would think of as their race, including the white supremacists who have again become increasingly vocal and active in the United States, Canada, and Europe over the past few years. Moreover, about a third of American Jews and over half of Israeli Jews aren't European-appearing, and even those of us who happen to have pale skin only “pass” as white if we choose to change our clothing styles, names, languages, head coverings, etc in order to face less discrimination. If race is, as our medical students are taught, an expression of power as a dividing practice, Jews can't actually be white as that term is commonly understood. And yet we are repeatedly told by anti-oppression activists in our faculties who claim to otherwise know all about critical race theory and other forms of equity theory that all Jews are white, and that we therefore have all the same privilege and ease in the world as any white person. This is compounded by the false narrative now circulating, including in Faculties of Medicine, that Jews are all white Europeans who chose to move to what is now Israel (to which they are accused of having no actual historical connection) after the Holocaust – erasing all non-Ashkenazi Jews, erasing Jewish indigeneity to Israel, erasing millennia of yearning to return to Zion, and erasing the continuous presence of Jewish communities in Israel over all that time. Zionist Jews, which based on local estimates across the country comprise 97-99% of Jewish medical faculty members in Canada, are therefore derided by the anti-oppression activists in our faculties as white colonial oppressors – which, given the rightful emphasis in medical curricula and healthcare on the need for reconciliation with Indigenous people in what is now Canada, has become one of the worst things one can be called in the Canadian context.

This is not just a belief in Faculties of Medicine. There is now a commonly held belief in North America that Jewish people are inherently “oppressors”. For example, as per a [Harvard CAPS Harris poll conducted in December 2023](#), 67% of Americans between the ages of 18 and 24 – the age of many medical students – and 44% of Americans between the ages of 25 and 34 believe that “Jews as a class are oppressors and should be treated as oppressors”. This is also becoming a structural problem in medical education that is threatening Jewish faculty members and learners because of the ways in

which anti-oppression and anti-colonialism are increasingly being written into accreditation and curricular requirements. Terms like oppression, anti-oppression, anti-colonial, and decolonization have found their way into proposed revisions both [of the CanMEDS framework](#) that strictly governs the training of medical residents and [of the CACMS accreditation requirements](#) for medical schools that determine what medical students need to learn. While they may have been put in for other reasons (e.g., to emphasize concepts related to Indigenous people in what is now Canada), such requirements to be anti-oppressive and anti-colonial are increasingly weaponized against Jewish medical faculty members and learners who are accused of being inherently incapable of being either one. These terms are also being inserted into the documents used by the regulatory colleges that license physicians, leading to a worry that physicians may eventually need to “prove” that they are anti-colonial and anti-oppressive to remain in the profession – and that this, in a system run by current EDI/anti-oppression leaders, would include a requirement to disavow Zionism. This would of course have a profound impact on the ability of Jewish medical faculty members to continue to teach and for Jewish students to even consider enrolling in medical school.

Another key mechanism used in medical schools to portray Jews as oppressors is to reframe any standing up to antisemitism as a form of oppression of others. Our members have heard and read claims by fellow faculty members and learners, especially by those who are otherwise champions of inclusion and anti-discrimination, that antisemitism doesn't exist. Instead, or so our colleagues have been openly arguing, Jews just pretend that antisemitism exists in order to oppress other people, especially Palestinians in the Middle East, but also, so we have been told, Palestinians in Canada, Muslims in Canada, Muslims anywhere, people of Middle Eastern descent, all racialized people, and/or members of other equity-seeking groups, all of whom are the people who actually “deserve” equity. In this framing, every time a Jew speaks out against antisemitism they are actually being deliberately racist against one or more of these other groups. This denial of antisemitism and reframing any accusation of it as hatred on the part of Jews makes it almost impossible to combat antisemitism in our institutions. This denial has particularly flourished since October 7, and has been used to reframe hurtful and discriminatory personal interactions experienced by our members, wildly inflammatory social media posts aimed at Jews, openly antisemitic occurrences at public events (e.g., [a recent valedictory address at the University of Manitoba's Rady Faculty of Medicine](#)), and of course the hate many of our members have experienced during the current campus encampments (e.g., Jewish medical students having to walk by signs and chants saying “Go Back to Europe” and “All Zionists are Racists” to get to the University of Toronto's Temerty Faculty of Medicine building). These have all been reframed as Jews lying about antisemitism in order to be racist oppressors. This false and blatantly antisemitic narrative is repeated over and over again in tweets, Instagram posts, hallway conversations, responses to attempts at discipline, classroom comments, and increasingly even in the media.

In summary, medical schools are so unsafe for Jewish faculty members and learners that it is hard to imagine recommending that any Jewish learner apply to a Canadian medical school. The people who are tasked with the wellbeing and safety of equity-deserving groups on campus often play lead roles in justifying antisemitism in medical schools. Jews who report antisemitism are not believed and are instead accused of being racist themselves. Trending terms such as anti-oppression and anti-colonialism are consistently weaponized against Jews. Medical schools, and universities as a whole, need to have their funding and accreditation tied to solving their antisemitism problem, including adopting the IHRA Definition of Antisemitism as a regulatory tool.

Submitted by Dr Lisa Salamon on behalf of the Canadian Federation of Jewish Medical Associations (CFJMA), a member of the Alliance Combatting Campus Antisemitism (ALCCA)