Anti-Semitism and Anti-Zionism in the Field of Psychiatry

20

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Anti-Semitism and Anti-Zionism: A Background History

Anti-Semitism is prejudice and violence against individuals and communities who identify as Jewish. Free speech is when negative opinions about Israel are legitimate criticism of Israeli policy. It is perfectly possible to argue the rights and wrongs of international politics without hate speech [1]. However, anti-Zionism, blanket criticism of Israel, may be a cover for anti-Semitism [2].

A useful objective measure to determine when sentiment crosses into anti-Semitic hate speech is former Israeli member of Knesset, Natan Sharansky's 3D test of Anti-Semitism: originally published in the *Jewish Political Studies Review* in 2004 [3]. The three *D*s stand for *Delegitimization* of Israel, *Demonization* of Israel, and subjection of Israel to *Double standards*. This test has been used by the US State Department for identifying when criticism of Israel is in fact anti-Semitic [4]. Delegitimization of Israel refers to denying Israel's right to existence [3]. Demonization of Israel is often seen through comparisons made between Israel and Nazis or between Auschwitz and Palestinian refugee camps [3]. Lastly, subjection of Israel to double standards consists of singling Israel out for human rights abuses at the United Nations while being more lenient with human rights abuses in other countries [3].

Even after controlling for numerous confounding factors, hate crime experts, such as Kaplan and Small, have found that anti-Israel sentiment consistently predicts the probability that an individual is anti-Semitic, with the likelihood of measured anti-Semitism increasing with the extent of anti-Israel sentiment observed [5].

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Thus, anti-Israel sentiment that is not necessarily anti-Semitic, per say, is nonetheless serious. However, the linkage between anti-Israel sentiment and anti-Semitism is often contested by anti-Israel activists, especially in the United States, where most Americans support the State of Israel while simultaneously questioning aspects of its policies toward the Palestinians [6].

Because the connection between anti-Israel speech and anti-Semitism remains somewhat disputed in certain circles, addressing it can be controversial. Since anti-Zionist and anti-Israel rhetoric qualify as protected speech under the First Amendment in the United States, they are permissible in certain forums in spite of their offensiveness. What then is the best response for a psychiatrist when faced with anti-Israel rhetoric? Experts in law and history—such as Bernstein and Alterman—advocate for educating the public to "see that [anti-Zionist rhetoric] is not helping the cause of peace" rather than publicly condemning these types of speech [7]. Other experts—such as Professor Alan Dershowitz, a distinguished law school professor at Harvard University and scholar of the US constitution—encourage aggressive pro-active discourse to ensure that pro-Israel voices are not silenced in the face of increasingly vocal anti-Israel and anti-Semitic critics [8]. As academics and proponents of maintaining open and honest discourse, this is most certainly relevant in the field of psychiatry.

Given the history of Jewish persecution, the recent resurgence of general xenophobia makes a robust response to such speech essential [9]. The Jews are no exception to xenophobia. In fact, although the Jewish people have lived in various "host nations" for about 2000 years—following the Roman exile from the Land of Israel—majority of the populations have continually perceived and treated the Jews in the diaspora as *different* and *less-than.*

One such example can be seen in pre-Enlightenment Europe, where anti-Semitic treatment often included pogroms, blood libels, social restrictions, occupation marginalization, ghettoization, forced conversions, and expulsions [10]. Following the Western Enlightenment of the nineteenth century, Jews were given the option of emancipation and full integration into European society only on the condition that they identify fully as a religious group and strip away any national aspects of their peoplehood [4]. Despite the fact that many Jews did so (creating in the process the various modern religious streams of Judaism that still exist today in the West) [11], the deeply embedded anti-Semitic feelings toward Jews persisted, eventually culminating in the twentieth century with the Holocaust. This tragedy is notable as the largest genocide in the world's history. It also coincided with the expulsion of close to 1 million Jews of Sephardic heritage from Northern Africa, Iran, and the Greater Middle East [12]. Here there is clear evidence that "there was collusion among the Arab nations to persecute and exploit their Jewish populations" [12].

In the twenty-first century, there has been an increase in anti-Semitic attacks; the number of severe and violent incidents worldwide had reached almost 400 in 2018—a 13% increase from the previous year. Additionally, in 2018, the world witnessed the largest number in decades of Jews murdered for being Jewish in a

single year. Western European countries accounted for the largest increase in violent anti-Semitism. One example is Germany that documented a 70% increase in violent attacks against Jews compared to the previous year. However, the country with the highest number of total incidents of major violent attacks against Jews was the United States, with over 100 cases (making up more than 25% of cases worldwide) [13]. Each one of these is significant as it holds the potential to lead to consequences for the victims, ranging from humiliation and shame to death [14].

Physicians are not immune to anti-Semitism. In a particularly troubling incident that occurred at one of Sweden's most prestigious teaching hospitals affiliated with the Karolinska Institute in November of 2018, a senior surgeon was observed bullying Jewish colleagues [15]. He insulted Jewish staff members and put obstacles in the way of their professional success [16]. Jewish staff members were denied the chance to attend international conferences and to perform specific surgical procedures. Despite being equally qualified, they received lower wages than their colleagues [16]. The surgeon's remarks included "there goes the Jewish ghetto" when walking past a Jewish colleague in the hospital [16]. The management at the Karolinska Institute knew about the "obvious and open anti-Semitism" since February of that year, but the complaints were "ignored" [15]. Eventually, the surgeon was placed on a paid "time-out" [17] and the manager left for "A combination of personal reasons, but also because he has not handled the situation [efficiently] enough" [15].

Anti-Semitism and Anti-Zionism: Clinicians' Attitudes Toward Patients

Despite the fact that the American Medical Association revised the Code of Medical Ethics in 2001 to include the statement that "a physician shall support access to medical care for all people" [18], stories of physicians discriminating against specific patients are not rare.

One of the more publicized cases occurred in September of 2018, when the Cleveland Clinic fired Dr. Lara Kollab, a first-year medical resident. She had tweeted, "I'll purposely give all the [Jews] the wrong meds" in 2012 [19]. Following her dismissal, it was revealed that Dr. Kollab had a history of expressing anti-Israel sentiment, which could be seen in her social media posts. It should be noted that Dr. Kollab received her D.O. (Doctor of Osteopathic Medicine) degree from Touro College, a New York City–based Jewish college that is "rooted in Jewish tradition, built on Jewish values" [20]. Touro College enjoys extensive collaboration with Israeli academics and students and even has overseas offices in Israel, and this may have contributed to and/or exacerbated Dr. Kollab's anti-Israel sentiment.

Another prominent case was reported in Antwerp in July of 2014 when a Belgian physician refused to treat an elderly female patient named Bertha Klein. She had fractured a rib and the physician told her son, "Send her to Gaza for a few hours,

then she'll get rid of the pain." When questioned about it, the doctor confirmed that he had made that statement and explained it as an "emotional reaction" [21].

Case 1

Eyal is an American-Israeli male with dual citizenship, born in Northern Israel and raised in Miami, USA. After graduating from high school, he enlisted in the Israeli military where he followed in his father's footsteps and served as an army tank driver for 3 years. He was injured during a training accident and was subsequently honorably discharged. Shortly upon his discharge, he developed symptoms of post-traumatic stress disorder (PTSD) and decided to return to America to be with his family. Eyal's family encouraged him to seek psychiatric care for his low mood, insomnia, and frustration. Eyal went to his local academic mental health center. When the treating psychiatrist, who was of Irish descent, took note of his having served in the Israeli Defense Force, he asked Eyal if he felt that, "He was on the right side or the wrong side." Eyal responded that he felt he was doing the "right thing serving in the Israeli Defense Force and protecting the Jewish people." The treating psychiatrist suppressed a laugh and said, "I think you mean the Israeli Offensive Forces." Eyal left and refused further treatment. His family filed a formal complaint against the psychiatrist, the department, and the hospital.

Incidents such as this threaten the well-being of patients by driving them away from psychiatric care and indirectly endangering their lives. It should be explicitly noted that the hospital's ethics board found the family's complaint to be worthy of further investigation. The associated psychiatrist was later dismissed from the hospital for what was referred to as "disciplinary reasons." Eyal himself was able to find a clinician in the outpatient setting with expertise in treating veterans and sensitive to both his clinical and cultural needs.

Patients' Attitudes Toward Clinicians and BDS (Boycott, Divestment, and Sanctions)

Not only are Jewish and/or Israeli patients on the potential receiving end of anti-Semitism and anti-Zionism but so are Jewish and Israeli physicians.

One of the most blatant examples of anti-Semitism and anti-Zionism is the BDS movement (Boycott, Divestment, and Sanctions). BDS is a global smear campaign that promotes various forms of boycott against Israel on a personal, institutional, and governmental level. The campaign claims its goal is to use various forms of non-violent punitive measures against Israel until it complies with "Its obligations under international law" [22]. However, its methods include libeling, demonizing, and viciously attacking the Jewish state, often equating Israel with Nazi Germany, an analogy that the European Union has defined as anti-Semitic [23]. BDS's co-founder Omar Barghouti has said, "We oppose a Jewish state in any part of Palestine … Ending the occupation doesn't mean anything if it

doesn't mean upending the Jewish state itself" [24]. The BDS movement has seen its greatest success at American universities. This is in spite of the fact that by calling for a boycott of Israeli universities, they are fundamentally stifling the very open discourse which characterizes progressive modern academics. Its supporters organize demonstrations and protests on campuses and pass resolutions at meetings of student governments calling on their universities to divest from Israeli companies.

The movement on university campuses has been linked to several cases of anti-Semitism. In December of 2018, the Bronfman Center for Jewish Life at New York University was forced to temporarily shut its doors due to a security threat. They were made aware of several public online postings by an NYU student just days after NYU's student government passed a resolution in support of the BDS movement. This ruling was made despite warnings by Jewish students that BDS has led to an "Unsafe environment for students … [who are] being targeted just because they support Israel" [25]. The student posted on Twitter that his account was suspended because, "I expressed my desire for Zionists to die [sic]" [25]. Another post applauded Hitler, and a third read, "Remember to spit on Zionists, it's proper etiquette [sic]" [25].

Similarly, in May 2019, a few weeks after the University of Oregon's student government passed a resolution in favor of boycotting and divesting from Israel, a welcome sign on the campus Hillel [*an international campus organization for Jewish university students*] was vandalized with graffiti that read "free Palestine you f∗∗ks" and other racist slogans [25].

A team of professors at Brandeis University conducted an extensive study across 50 campuses and found that Jewish students reported increased campus harassment, intimidation, and hostility with rising BDS activity. BDS student leaders have been known to post on social media messages such as: "Every time I read about Hitler, I fall in love all over again" and "Let's stuff some Jews in the oven." BDS supporters on campuses are also known to regularly heckle and even shut down Israel-related events organized by Jewish student groups [26].

The AMCHA Initiative, a California-based campus watchdog, has claimed a direct correlation between anti-Israel and anti-Semitic activity on campuses. Their report, released in August 2018, revealed that "Israel-related incidents are … more likely to contribute to a hostile environment for Jewish students" [25]. According to the study, there were 578 anti-Semitic incidents on more than 142 US campuses in 2018, which included being targeted, harassed, and physically threatened in blatantly discriminatory ways [24]. This is up from 204 anti-Semitic incidents on US campuses in 2017 (a more than 280% increase), as reported by the Anti-Defamation League [25].

Case 2

Dr. Simcha is a resident physician at a prominent teaching hospital in Chicago. Having done exceptionally in her first 3 years of the program, she was selected as

the Chief Resident in Psychopharmacology. She was very excited to pursue her career in academic psychiatry. With an impeccable record and a unique idea for a research project focusing on post-traumatic stress disorder (PTSD), Dr. Simcha applied for an overseas grant to travel to Israel and work as a Primary Investigator in an ongoing study about secondary PTSD in family members of terror victims. Dr. Simcha's grant proposal was initially accepted and she was offered 1-month award, funded by a number of sources, in order to participate in this research project. Conducting research abroad was common practice, with the previous year's Chief Resident having traveled to Peru to work with an indigenous population and her fellow classmate and Co-Chief Resident planning to travel to do a public health project in Jordan. Dr. Simcha was therefore quite surprised when she was told by her Program Director that she would be unable to travel to Israel. When she discussed it with him, it became clear that this decision was not because of her obligations as Chief Resident, nor was her presence needed in the psychopharmacology clinic, but, rather, it was because he had "concerns about maintaining academic relationships with an Apartheid State." Dr. Simcha filed a formal complaint with the medical school, arguing that the Program Director was applying a double standard given that Jordan denies citizenship and equal rights as citizens to its majority Palestinian population yet her Co-Chief Resident's research project in Jordan had been approved [27]. *Therefore, the Program Director's decision—according to the US State Department's definition of anti-Semitism, "Applying double standards by requiring of it (Israel) a behavior not expected or demanded of any other democratic nation"—qualified as anti-Semitism* [28]. *Following a lengthy appeal, Dr. Simcha was able to eventually gain her Program Director's approval to participate in her chosen program. However, by the time she went, the research program had already begun. She had endured unnecessary hardship and had been unable to fully benefit from her grant.*

BDS advocates who seek to limit the collaboration between Israeli academics in all fields of medicine, with psychiatry being no different, would be loath to learn that many important academic and clinical breakthroughs in medicine occur in the Jewish state. Legendary PTSD researcher, Dr. Arieh Shalev, who is currently Psychiatry Professor at NYU, also served as the Chair of Psychiatry at Hadassah Medical Center and Hebrew University Medical School from 1997 to 2011 [29]. Additionally, Harvard-trained bipolar disorder expert, Dr. Robert H. Belmaker, has been a Professor of Psychiatry at Ben-Gurion University of the Negev for over 30 years [30].

Israel is legendary for developing innovative treatment modalities such as Brainsway, a deep transcranial magnetic stimulation (TMS) methodology. This was invented by Israeli researchers, Zangen and Yiftach Roth, while they were working at the National Institutes of Health (NIH) [31]. Brainsway has been shown to effectively treat severe brain disorders and has been FDA-approved to treat forms of depression that are refractory to other treatment methodologies [32].

Not only is Israel a leading source of academic expertise and methodology but also of psychopharmacology. Teva—one of the world's leading psychopharmacology manufacturers and one of the largest producers of clozapine tablets—is

headquartered in Tel Aviv [33]. These examples serve to point out the irresponsibility of BDS advocates who would seek to destroy the critical academic and industrial productivity of the Jewish state even within the apolitical field of psychiatric medicine.

Case 3

The same discrimination faced by American physicians like Dr. Simcha who want to spend time in Israel is also experienced by Israeli-trained physicians who want to practice in America. One such example is that of Dr. McAlister who completed medical school in Israel and elected to do his residency training in America. After graduation and passing his board exams, Dr. McAlister joined a well-known local practice in Boston. Upon his arrival, Dr. McAlister proudly hung his medical school diploma, residency diploma, and board certification on the wall. Dr. McAlister was taken aback when his first patient—an attorney originally from Pakistan with a history of an anxiety disorder—walked into the office and began questioning the doctor's credentials. In an example of demonization of Israel, the patient then said, "I understand that you are Board Certified, but I am not working with an Israeli thug." When Dr. McAlister responded by pointing out that he was neither Israeli nor Jewish, the patient answered, "Then why would you go to work in a country with International War Criminals?" Dr. McAlister answered that his training at Ben-Gurion University was unaffiliated with any political entity. The patient continued, "You cannot be complicit in Israeli war crimes and also be my doctor," before storming out of the office, still cursing Dr. McAlister. The patient then reentered the room, "That's right, I'm BDS-ing your sorry behind back to Tel Aviv!" before he slammed the door a second time.

Examples such as these may potentially be transference reactions stemming from the patient's own experiences. They may also be learned reactions based on personal exposure, culture, or propaganda. What is certain is that patients can miss out on high-quality treatment because of such unfounded prejudice. Moreover, psychiatrists who are perceived to have any association with Israel can be vulnerable to anti-Semitic and anti-Israeli abuse.

Conclusion

Anti-Semitism and anti-Zionism are seemingly irrevocably intertwined in academia. In the field of psychiatry, it is particularly important to be aware of anti-Zionistic sentiment as it can be explored within the therapeutic relationship and lead to deepened understanding on both sides. Barriers of communication, whether they arise from transference and countertransference reactions or from brainwashing, are difficult to surmount. Politics doesn't belong in psychiatry—what does belong is understanding of where the other person is coming from and engaging in a dialogue

that allows both parties to see each other as human beings and not as representatives of "the enemy."

Unfortunately, BDS's efforts to delegitimize the Jewish state serve as a powerful tool that anti-Semites use to legitimize their beliefs. They take advantage of a platform that is protected by the First Amendment for scurrilous purposes. As psychiatrists, it is our duty to break down barriers and ensure that patients can receive the treatment they require. One of the ways that this can be achieved is by promoting academic freedom through the recognition that anti-Israel sentiment is a blatant form of anti-Semitism.

Furthermore, supporting Israel as a lone democracy in a sea of dictatorships within the Middle East should be a priority for the field of psychiatry, which has historically set as its goal the championing of the right of every individual to live a peaceful and healthy life on his or her own terms, free of religious or military oppression. Rev. Dr. Martin Luther King Jr. famously recognized Israel "as one of the great outposts of democracy in the world, and a marvelous example of what can be done, how desert land can be transformed into an oasis of brotherhood and democracy" [34].

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