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Reflections on addressing antisemitism in a Canadian faculty of medicine

Réflexions sur la lutte contre l'antisémitisme dans une faculté de médecine canadienne

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Introduction

In June 2021 the Dean of the Temerty Faculty of Medicine (TFOM) at the University of Toronto (U of T) announced that, in response to reports of increasing antisemitism affecting Jewish learners, staff, and faculty members,¹ the Faculty had created a novel position in contemporary Canadian health professions education: Senior Advisor on Antisemitism. Located within TFOM's Office of Inclusion and Diversity, this role included: advising leaders (across TFOM and within teaching hospitals belonging to the Toronto Academic Health Sciences Network (TAHSN)) about preventing and addressing anti-Jewish discrimination; educating learners, staff, and faculty members about antisemitism; listening to Jewish staff, learners, and faculty, and providing or linking those who were experiencing discrimination with informal or formal support; contributing to relevant programs and policies; and engaging in relevant scholarly work. I was invited by TFOM leadership to take on this role as it was being created and I remained in it for a year.

During that year I was busy with teaching, listening, and advising as part of my new role. I worked closely with many senior leaders at TFOM, some of whom were and remain my friends and allies in this work. As a long-time academic, I understood that there were limits to the levels of public critique appropriate to a paid employee of any institution's leadership team. However, as a social scientist who, for

over fifteen years, has been doing interpretive and critical health professions education (HPE) research framed in social theory, I could not stop noting my personal encounters, observing my surroundings, and analysing my experiences in light of phenomena described in the academic literature. Having now compiled my reflections on this year spent understanding and addressing antisemitism at TFOM, I have turned my attention to distilling them in order to share them as a resource for health professions educators and researchers across Canada. In so doing I have two purposes:

- (1) I hope that those readers who are less personally familiar with contemporary manifestations of Jew-hatred as well as with its history will find this paper helpful in guiding further reading, learning/unlearning, and self-reflection as part of a process of becoming better allies in this space;
- (2) I also hope that those readers who, like me, are struggling with antisemitism in HPE will find my experiences and analysis helpful both for contextualizing their own troubling experiences and as a resource for the challenging work of explaining to others the discrimination they face.

Methodological considerations

In this section, I provide reflexive information about my own social and professional locations as the author of these words as well as a delineation of the types of data that I can share and comment on in this paper.

On my mother's side I am a child and grandchild of Polish Jewish Holocaust survivors who, from a UN Refugee Camp in post-war Austria, were resettled in Canada as refugees. On my father's side I am part of a large family of Orthodox Jewish religious scholars who moved from Lithuania to what is now Israel in the 1920s and 1930s. I was born in Jerusalem and raised in Montreal. In addition to my medical training and a master's degree in HPE, I have a doctorate from Oxford in Yiddish literature with a focus on publications by Holocaust survivors in post-war European refugee camps like the one in which my mother grew up. My husband and I, as well as our three Jewish school-aged children, are white-passing in appearance; I increasingly use that privilege to hide our Jewish identities under professional and personal circumstances when we are outside the Jewish community, including on or near the U of T campus. Professionally, I am an Internist and Education Scientist with clinical and faculty appointments in TFOM (including at the Wilson Centre and in the Department of Medicine), at Sunnybrook Health Sciences Centre, at U of T's Institute of Health Policy Management and Evaluation, at the Ontario Institute for Studies in Education, and at U of T's Anne Tanenbaum Centre for Jewish Studies. In those roles, I have been doing research and education related to social justice in HPE for over a decade.

Over the past year I have, in my official capacity as TFOM's Senior Advisor on Antisemitism, heard many confidential stories from learners, staff members, and faculty members and been part of many confidential discussions. None of that occurred under the auspices of a research protocol, and I will therefore not use those confidential stories or discussions as data. I have confined this paper to reflections on 1) my own personal experiences as a faculty member and clinician (including antisemitism that I personally witnessed or experienced), 2) stories shared widely within my community (including with me as a community member in non-confidential settings) and not in my professional role at TFOM, 3) public documents (including in the press and in social media), and 4) my analysis of the relevant academic literature. This paper is also not a formal systematic review as are often found in

medical education publications; I have instead brought together a range of concepts from my extensive reading of relevant literature that I have found to be particularly useful in understanding the current state of antisemitism in HPE. Finally, the need to use only my own data means that this paper necessarily focuses almost entirely on antisemitism at TFOM. However, antisemitism has been reported to be a problem at many other Canadian higher education institutions,²⁻⁵ and I anticipate that my experiences and analysis may resonate (perhaps analogously to how case study research can resonate across contexts⁶) with Jewish learners, staff, and faculty and their allies at those institutions.

While I describe in this paper my personal experience of discrimination, my purpose is not to name or shame the behaviour of the individuals (whom I will not name) who perpetrated that discrimination; my goal is to call attention to a growing social justice issue that is larger than any individuals. In cases where comments were made to me individually, where I have read them on an individual's social media account or where I am reporting on a widely shared story, I have minimized the details and taken care to distinguish only if the person in question is a faculty colleague, a staff member, or a learner. I do not otherwise include information intended to indicate to whom I am referring among TFOM's 9359 faculty members, 1060 medical students (or more generally 8075 learners), or 840 staff members.⁷ In keeping with this philosophy, I have also specifically not provided links to individual Twitter posts from people at TFOM that contain content that I experienced as antisemitic. However, given the need to identify the published sources that contribute to my analysis (as in all peer-reviewed articles), I have, of necessity, cited specific reports in the public press (e.g., newspapers, periodicals) related to antisemitism. In addition, I have identified other online sources that describe or analyze incidents of antisemitism. Some of these secondary sources do either name individuals accused of committing antisemitic acts or link to other websites or documents that contain such names.

As described in part in this article, it has been my experience that those who name, describe, or analyze their experiences of antisemitism or that of their community can experience formal or informal complaints. As a result, this paper was edited with the intent of ensuring that it falls within the regulations related to the social media and advertising policies of the College of Physicians and Surgeons of Ontario, of which I am a member.

Some reflections on combatting antisemitism at the TFOM

Over my year as Senior Advisor on Antisemitism (from June 2021 to June 2022), I was told dozens of times that the current environment of growing antisemitism at TFOM was triggered by the war in Gaza in the spring of 2021, which implies (as was sometimes said to me explicitly) that the cause of TFOM's 'antisemitism problem' is Israel government policy. However, this purported timeline, which also reproduces classic discriminatory victim-blaming,⁸⁻¹⁰ has generally been suggested to me by non-Jews who did not themselves experience the rise in antisemitism. From my personal experience and that of Jewish friends and colleagues at TFOM with whom I used to commiserate prior to taking on the Senior Advisor role, hateful attitudes about Jews have been on the rise at TFOM for at least three years. In addition, U of T as a whole has acknowledged contemporary concerns with issues of antisemitism on campus dating back to at least 2016;¹¹ this was formally acknowledged by the institution in its creation of its university-wide Anti-Semitism Working Group, the planning of which began in early 2020 in response to concerns that had arisen in prior years.¹² This occurred, in turn, in the context of a rise in antisemitism in Canada as a whole: the 2799 verified anti-Jewish hate crimes in Canada in 2021 (perpetrated on a community that comprises only 1.25% of the Canadian population) marked the sixth record-breaking year in a row for antisemitism in Canada.¹³ In addition, the COVID-19 pandemic has contributed to increasing antisemitism over the past two years, including national and international anti-vaccination movements that have used Nazi imagery^{14,15} and blamed Jews for everything from concocting or causing COVID-19 to making vaccines mandatory (through malign power and for their own financial gain);¹⁶⁻¹⁸ however, this particular discourse has thankfully not been prominent in medical institutions.

In the years before the war in Gaza, I overheard faculty colleagues complaining about "those Jews who think their Holocaust means they know something about oppression," heard about non-Jewish students who thought a Jewish classmate had the power to block their residency matches,

and offered to help address the refusal of student groups to provide kosher food for students at TFOM events. However, growing support for antisemitism at TFOM has been carefully re-framed since the spring of 2021 as political activism against Israel and as scholarly positions held under the protection of academic freedom. The resultant physician advocacy¹⁹ has, however, been rife with dog-whistles,²⁰ traditional antisemitic tropes,²¹⁻²³ and disingenuous claims of oppression. I personally experienced many instances of antisemitism, including being told that all Jews are liars; that Jews lie to control the university or the faculty or the world, to oppress or hurt others, and/or for other forms of gain; and that antisemitism can't exist because everything Jews say are lies, including any claims to have experienced discrimination. More specifically, I experienced the now-common strategy among those at TFOM who have made what I believe to be antisemitic statements to say that any Jew who calls them out is just racist and is lying in order to oppress Palestinians; this strategy was reportedly also explicitly taught to TFOM learners by faculty members during an off-campus event.

There are, of course, those who speak up for Palestinians (for example) who do so without being antisemitic. Indeed, I have many proud Jewish and non-Jewish colleagues and friends who support the existence of an independent Palestine in multiple ways (as I do) without also perpetrating hatred for Jews. However, it has been my experience at TFOM that there are those who not only cross over the line to anti-Jewish hatred but who do so proudly and perhaps sometimes as the primary goal, hiding behind the Palestinian cause all the while.

I also repeatedly noted instances of such 'advocates' appropriating the Jewish term "Zionism" and attempting to redefine it. The term Zionism refers to the belief that Jews have the right to national self-determination and, as a corollary to that right, that the only Jewish country in the world, Israel, should be allowed to continue to exist as a country³ (encompassing an incredibly wide range of beliefs about the ideal nature, composition, leadership, and politics of that State, with many staunch Zionists supporting the creation of a Palestinian State alongside

³There are innumerable definitions of Zionism in mainstream secular and Jewish sources that are similar but of course not identical; the definition I use in this article is an amalgam of these. For example, the Cambridge Advanced Learner's Dictionary defines Zionism as "a political movement that had as its original aim the creation of a country for Jewish people, and that now supports the state of Israel,"²⁴ the Cambridge Academic Content Dictionary defines it as "an international political and religious movement that supported establishing an independent Jewish state in Palestine and that supports the modern state of Israel,"²⁵ and the Merriam-Webster.com Dictionary defines it as "an international movement originally for the establishment of a Jewish national or religious community in Palestine and later for the support of modern Israel."²⁶ The BBC defines Zionism as a "[p]olitical movement which emerged in 19th Century Europe aimed at countering anti-Semitism, and establishing a Jewish homeland,"²⁷ whereas the Political Dictionary of the State of Israel defines it as "[t]he movement for national revival and independence of the Jewish people in *Eretz Yisrael* [the land of Israel]."²⁸ Similarly, the YIVO Encyclopedia of Jews in Eastern Europe defines Zionism as a "modern political movement [that] was created to achieve political independence for the Jewish people in the Holy Land."²⁹

Israel). Recent data show that 86% of Canadian Jews believe caring about Israel to be either essential or important to being Jewish, while 79% of Canadian Jews describe being personally very or somewhat emotionally attached to Israel.³⁰ Zionism (as defined within the Jewish community) is thus a normative belief within the Canadian Jewish community,³⁰ so much so that, although there are a small number of Canadian Jews who disavow Zionism, calling someone a Zionist in the Canadian context is almost the same as calling them a Jew. Nonetheless, there are those at TFOM who have insisted (to me and to others) that this term means various racist and hateful things, ranging from “hating all Muslims” to “wanting to murder all Palestinians.” Such false definitions are then used to justify hatred of any Jews who “admit” to being Zionists. I note that there have been documented instances elsewhere at U of T where Jewish learners have been forced to express their beliefs about Israel and/or Zionism prior to being allowed to participate in university activities.³¹ These same false definitions are also used as a smokescreen to deny Jewish concerns that hateful in-person and online statements by TFOM faculty members about Zionists are antisemitic.

There are also a small number of people who identify as Jews or as having Jewish heritage among the group of people whom I have witnessed to be encouraging antisemitism at TFOM. Some of those self-identified Jews have said discriminatory things to me about Jews; some of them have also described to me a deep embarrassment at being Jewish. However, their being Jewish is often used by them and by their non-Jewish colleagues to claim that what they are all saying or doing can't possibly be antisemitic. There is, of course, a substantial literature on the phenomenon of members of traditionally oppressed groups being made complicit in their own oppression (often theorized using the concepts of hegemony or symbolic violence),³²⁻³⁶ including coming to identify with or attempting to gain favour from members of the group that oppresses them. There is also a very specific history of non-Jews (especially on the political left) using a small number of co-opted Jews to hide behind²² in order to give them permission to be viciously antisemitic,³⁷ a practice sometimes referred to as Jew-washing.³⁸ I have attempted to explain this phenomenon (which has been taken for granted in every Jewish community I've been part of in three countries on two continents since I was a teenager)

to non-Jewish colleagues many times over the past year—and I offer to supplement my explanations with academic evidence—and yet I continue to encounter situations where the presence of a very small group of self-identified Jews among those committing acts of antisemitism is used to justify inaction on the part of those who are witness to that antisemitism. Are all those bystanders still so confused by the complexities of the issue that they really are not sure who to believe?

This phenomenon was in evidence in the most well-publicized episode of antisemitism at TFOM this year, which was covered in local,^{39,40} national,⁴¹ and international^{42,43} newspapers. The Honourable Irwin Cotler, a former Canadian Federal Justice Minister and Attorney General (and Emeritus Professor of Law at McGill) who is now the Government of Canada's Special Envoy on Preserving Holocaust Remembrance and Combatting Antisemitism,⁴⁴ gave a talk on antisemitism at TFOM in January 2022 in honour of International Holocaust Remembrance Day.⁴⁵ Several months after Professor Cotler's talk, a previously confidential letter of complaint about that talk to TFOM's leadership was leaked to members of TFOM's Jewish community. This leaked complaint letter,^b which had been signed by a small group of TFOM faculty members (including a few self-identified Jews), as well as by colleagues at other U of T Faculties, was seen as blatantly antisemitic by the members of TFOM's Jewish community who initially received it. They therefore decided, in conjunction with a local Jewish physician group,⁴⁶ to organize an open letter to TFOM's leadership to explain why the leaked complaint letter was antisemitic; this open letter was subsequently signed by over 300 Jewish TFOM faculty members.⁴⁷ Its authors specifically condemned the use in the leaked letter of “the moral cover of a number of Jewish signatories to tell Jews what is antisemitic and what is not, thereby stripping Jews of their last line of existential defence.”⁴⁷

They also documented multiple other ways in which the leaked letter was antisemitic, including (for example):

- Specifically denying that many well-documented and widely-accepted historical examples of antisemitism from around the world that Prof Cotler mentioned in his talk are legitimate examples of antisemitism (and perversely claiming that his purpose in mentioning

^bI have restricted myself to referencing descriptions of this leaked letter in the media³⁹⁻⁴³ as well as the open letter from Jewish faculty (which was published online) that was written in response to the leaked letter. I acknowledge that readers may be able to use the information in these secondary sources to find the leaked letter on their own, but (knowing that the letter is already in the public domain and could be found via a diligent online search) I am balancing that risk with the need for peer-reviewers and readers to have access to my citations in order to be able to evaluate my analysis (as for all academic writing).

them in a talk about antisemitism was to oppress non-Jews, particularly Palestinians);

- Falsely⁴⁸ claiming that the University of Toronto had forbidden reference to the International Holocaust Remembrance Alliance’s Working Definition of Antisemitism (the IHRA definition,⁴⁹ which has been accepted by large swathes of the Toronto Jewish community as well as by the Ontario government⁵⁰ and by 35 countries worldwide including Canada⁵¹), and thus that Canada’s Special Envoy on Antisemitism should have been banned by TFOM from discussing this important definition of antisemitism in his talk about antisemitism;
- Referring to Jews on campus and their supporters as racist “special interest groups” for standing up to antisemitism the previous year (thereby invoking the age-old canard of Jews as a secret cabal operating behind the scenes in non-Jewish institutions^{15, 21-23, 52}).

Although this allusion to the longstanding myth of “Jewish power”^{15,21-23,52} was only one of many antisemitic aspects of the leaked complaint letter, it is a reference to the traditional antisemitic trope that is, in my experience, invoked at TFOM more often than any other. In larger political contexts, Jews are routinely accused of controlling the media, the economy, and the actions of major nation-states.²¹ At the local level within HPE, I have heard it said (in person and on social media) within TFOM that Jews control CaRMS (the Canadian Residency Matching Service, which manages the residency selection process), Jews control faculty hiring, and Jews control TFOM’s promotion decisions. To share a specific example, when a lecture on religious discrimination was instituted within the medical school in the spring of 2021, I was asked by non-Jewish learners why content about Jews was “being forced on the students by the Jew who bought the Faculty.” Those learners explained that they meant James Temerty, who with his wife had made a sizeable donation to the Faculty (which was subsequently renamed in their honour⁵³), and who is not Jewish;⁵⁴ I was specifically told that a substantial number of students had assumed that the Temerty family was Jewish because of their obvious wealth. I have also heard repeated many times a pervasive belief in certain circles of faculty members and learners that anyone at TFOM who angers “the Jews” will have their career destroyed by “the Jews”—and I have had it explained to me on multiple occasions 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”! And of course, I have heard non-Jews who stand up for Jews, including in the face of these sorts of hateful comments, being accused of having been “bought by the Jews” or similar... None of this is unique to TFOM, to Canada, or even to the past centuries of Jewish history.²² However, I do suspect that this undercurrent of belief in Jewish power is being used very skillfully to deflect blame from those committing antisemitic acts by lending credibility to claims of victimhood.

Even some of the friendly, supportive non-Jews I know and like still seem to buy into (I assume unconsciously) the centuries-old stereotype of the rich and powerful Jew. For example, almost all TFOM faculty members are physicians, and so by definition^c are some of the highest earners in Canadian society; nonetheless, it is my experience that Jewish physicians who have comfortable lifestyles are sometimes talked about by other faculty members (as I have sometimes been) as having those lifestyles because they are Jewish, not because they are physicians. I have been subject to a long list of microaggressions perpetrated by otherwise lovely and reflexive people at TFOM and at its affiliated hospitals about Jews being pushy and demanding and in charge, Jews having (or wanting) lots of money, and Jews only looking out for other Jews. I’m sure those folks would be sad to learn that what they said stuck with me as a lump in my throat, but I’ve almost never seen those microaggressions called out or even noticed by non-Jewish allies. (This is incongruent with how TFOM learners and faculty are routinely taught to speak out on behalf of all equity-deserving groups, though to my knowledge never with Jews as the pedagogical example.) I certainly would not, therefore, be surprised if there is an implicit bias even within some of those non-Jewish TFOM community members and decision-makers who explicitly state that Jews deserve inclusion and freedom from discrimination. This bias may, for example, make them prone to believing that those who have committed antisemitic acts are to be pitied and supported because, when they have been found out and publicly called out, they will be punished and harmed by “the powerful Jews.” I fear that this insidious bias may be playing into TFOM’s refusal to address forcefully and openly even public antisemitic statements like the leaked letter. Furthermore, the antisemitic trope of

^cAverage Canadian physician payment (gross) in 2020 was \$354,000 (\$287,000 for family physicians, \$370,000 for medical specialists, \$497,000 for surgeons),⁵⁵ well over the top 1% income group threshold value of \$250,300.⁵⁶

excessive Jewish power means that Jews standing up to antisemitism (as I and others have tried to do in the absence of allies to stand up for us) only worsens antisemitism because it is used to justify further fear of a cabal of powerful Jews, turning us into the problem TFOM must solve instead of the victims of discrimination ourselves.

The racist belief in Jews' disproportionate power in the university (and in society) is also linked at TFOM (and elsewhere in academic circles) to an inability to accept Jews as victims of discrimination because of an inaccurate but pervasive belief in Jewish whiteness. At TFOM we teach our medical students in their first-year lectures about race as a social (not biological) construct that has been set up as an act of power, to locate and maintain power within certain groups of people while oppressing or dehumanizing other groups of people. Like many medical educators,⁵⁷ we specifically talk about whiteness as being about power, as being that which the dominant group uses to define itself as the norm. However, we make it clear that there's nothing inherent in skin colour (or any other physical feature) that makes it this sort of dividing practice. After all, it was simply decided to be important 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.⁵⁸⁻⁶⁵ Within this matrix of power,⁶³ Jews are not and have never been among the dominant group.^d The total Jewish population of 15.2 million worldwide⁶⁶ (which still has not recovered to pre-Holocaust levels⁶⁷) is about 0.2% of the total world population.⁶⁸ In recent decades in North America and Europe many of these Jews (especially Ashkenazi Jews, i.e. Jews of Central and Eastern European descent⁶⁹) have indeed sufficiently assimilated culturally (clothing styles, head coverings, public religious observances, food restrictions, names, languages spoken, etc.) to "pass" at first glance as non-Jewish and thus, if they are fair-skinned and European-appearing, to also pass as white. However, even those who are of Ashkenazi descent

(about 2/3 of American Jews⁷⁰ and about 45% of Jews in Israel⁶⁹) would not be considered to be white by any white person who would judge someone by what they would think of as their race: contemporary white supremacists continue to hate Jews as much as did their Nazi forebears.^{15,23} This can be seen, for example, in 1) the prominence of Jew-hatred within the increasingly-popular "Great Replacement" conspiracy theory,⁷¹ 2) the current QAnon-related conspiracy theory that Jews are kidnapping Christian children to use their blood and to sexually assault them¹⁵ (a version of the "blood libel" that Jews have been accused of since at least the 12th Century^{21,23}), and 3) the rampant antisemitism among the white supremacist groups who have been protesting against the Canadian government throughout the first half of 2022.⁷²⁻⁷⁴ Thus, if race is, as we teach our medical students, an expression of power as a dividing practice (rather than a biological fact about people's skin colour), then Jews can't actually be white as commonly understood.^e And yet, I have been repeatedly told by people who are otherwise well-versed in critical race theory⁷⁶⁻⁸⁰ and other forms of equity theory⁶¹ that my skin tone alone means I'm white, that I therefore have all the same privilege and ease in the world as any white person, and that I therefore can't possibly understand oppression. (For more on this issue, see David Baddiel's book "Jews Don't Count"⁸¹ and his brilliant explanation of Jews as "Schrodinger's whites, white or non-white depending on the politics of the observer."⁸²) Needless to say, one has to wonder if the ongoing, almost inexplicable levels to which otherwise knowledgeable scholars and activists cling to the notion of inherent Jewish whiteness represents something more insidious—whether an implicit (or explicit) belief in the trope of "the powerful Jew" (who is therefore white no matter their skin tone since they have so much power) or a politicized tool to paint a falsely stark contrast between "white colonial" Jews and others in the Middle East, including Palestinians.

I do, of course, walk through the world with fair skin and can indeed pass as white at first glance (with all the

^dThe form of sociological dominance I am discussing here refers to interactions and power relations between social groups in society at large. It is possible for members of a group that is minoritized in society as a whole to become the most prevalent or prominent group within a class at a school, a club, or a sports team—or (in the case of a medical faculty) a clinical Department or a hospital division. That local anomaly (which may be due to multiple factors including the clustering of members of different communities into neighbourhoods or within specific organizations, the timing and causes of waves of migration, or historically mediated norms within communities promoting various hobbies or vocations) should not be confused with being the dominant group in society overall. Similarly, the existence of a small number of politically or economically influential individuals from any marginalized community does not change the status of that community as a whole. This is as true of Jews in Canada as it is of Muslims, BIPOC people, people who identify as 2SLGBTQIA+, people with disabilities, and members of all other equity-deserving groups.

^eAgain, this does not mean that many Jews do not have pale skin. Needless to say, if Jews are faced with a forced choice on a survey that asks a group of Jews about their skin colour, most pale-skinned Jews of European ancestry have to pick white (as opposed, to use the classifications in a recent American study, to Black, Hispanic, Asian, or multiracial)⁷⁰ – but that limitation of self-identification options confuses skin colour (linked to what used to be thought of as biological race) with the social construct of race as it is currently used by equity activists, by critical race theorists, and increasingly by medical professionals.⁵⁷ In addition, in the tradition of respecting community self-identification, I note that in response to the only TFOM survey of which I am aware that has allowed Jews to self-identify their race/ethnicity as Jewish (an option alongside white, Black, Asian, etc.) in addition to specifying their religion (the 2021 TFOM Department of Medicine's inaugural self-identification survey), a very large number of Jewish respondents self-identified their race/ethnicity as Jewish.⁷⁵

privileges that such passing entails) until I share my name or other information about myself. Many (but certainly not all) of my Jewish faculty and learner colleagues can similarly pass as white when walking down the street—unless, of course, they are wearing a religious symbol or particular clothes or speaking Hebrew or Yiddish or Ladino—or unless someone asks where they worship or (for some) send their children to school or summer camp, or unless someone visits their home and notices the mezuzah on the door post or the lack of Christmas decorations.

Thus many Jews, including those in Canada, continue to live in fear of the coordinated attacks on Jews that have arisen in almost every generation for centuries,⁸³ knowing that they would be easily identifiable as Jews in our age of linked databases powered by AI. In addition, any false appearance of whiteness (which is, as I have pointed out, a social construct about relative power) belies personal histories of microaggressions, macroaggressions, and sometimes even physical violence as well as almost-unbelievably painful personal and family histories of deportation, torture, and mass murder. This is magnified at TFOM since, due to historical immigration patterns, a large proportion of Jews in Toronto (and thus Jews at TFOM) are descendants of Holocaust survivors and/or close relatives of those who did not survive.^f The level of intergenerational trauma (a concept first described in the psychiatric literature in studies of Holocaust survivors and their children⁸⁵⁻⁸⁷) among this population is profound. Yet even before I took on my Senior Advisor role, I had already heard many stories from Jewish faculty and learners at TFOM of being silenced when they tried to speak about their own personal and family histories of oppression, particularly in EDI-related spaces.

Several years ago, when I taught and debriefed anti-oppression training for medical students, I learned that white-passing Jewish TFOM students were being told by their peers that their pale skin means that they aren't allowed to claim to have any experience of oppression. This transpired even in settings where white students with intersectional identities such as being 2SLGBTQIA+ or being female were simultaneously encouraged to talk about discrimination they had experienced due to those identities. I've been told by colleagues that being born in Israel and refusing to denounce the existence of my place of birth as a Jewish state means that I am inherently racist

and that any discrimination I encounter as a Jew in Canada is therefore deserved. I was told by yet another TFOM faculty member that Jews mustn't be allowed to speak on their own behalf about antisemitism and shouldn't even be subject to the protection from discrimination as outlined in the Ontario Human Rights Code (which focuses on the impact of discriminatory acts rather than on their intent⁸⁸) on the grounds that what Jews call antisemitism isn't real (so it wouldn't make sense for us to be allowed to speak to the impact of something that did not exist). In another form of personal silencing leading to epistemic injustice,⁸⁹ as a child and grandchild of Holocaust survivors I have been berated over the past several years (by non-Indigenous colleagues who claim to be acting as allies to Indigenous people) for using the concept of intergenerational trauma and told that Jews are "appropriating" the term.

There is also curricular silencing, with antisemitism (despite currently being the cause of the plurality of hate crimes in Toronto⁹⁰) continuing to be largely ignored in general EDI curricula at TFOM despite such inclusion being formally agreed to by TFOM⁹¹ and by U of T centrally⁹² in response to the U of T Anti-Semitism Working Group Report.⁹³ While the MD Program now has the stand-alone lecture on religious discrimination mentioned above, I have personally advocated to have one case related to antisemitism included as one of the many cases used in EDI-related workshops and interactive seminars scattering throughout the MD Program; to my knowledge, this has not yet happened. I have also tried to help the Jews (and a few allies) working to have antisemitism acknowledged within the EDI curriculum of one of TFOM's residency programs; this has similarly been entirely unsuccessful thus far. While some of this might be due to curricular inertia, there are also structural elements involved. For example, I was told by educators that one equity-related session being planned at TFOM couldn't address antisemitism because the cases included were decided by student EDI leaders, and that those students weren't interested in addressing antisemitism—a deflection of responsibility by faculty members that would not be permitted if we were selecting topics related to respiratory physiology or neuroanatomy. I was told by another TFOM faculty member that antisemitism could not be addressed in a teaching session they controlled because such teaching

^fWhile exact proportions of Holocaust survivors, of their descendants, and of other relatives of Holocaust victims and survivors in Toronto are unavailable, in 2010 31.2% of Jews over the age of 65 in Toronto were Holocaust survivors. This likely underestimated the prevalence of Holocaust survivor families as many adult survivors would have died by 2010 (65 years after the end of the Holocaust) and their children and grandchildren would not have been captured in those statistics. As of 2010, just over half of all Holocaust survivors in Canada lived in Toronto.⁸⁴

might normalize the existence of a Jewish state in Israel, which would be beyond the bounds of acceptable speech.

Both the leaked complaint letter about Professor Cotler and the open letter in response⁴⁷ (discussed above) provide an example of another form of silencing: the misuse of the discourse of academic freedom to prevent the teaching of Jewish-created definitions of antisemitism at U of T in general and at TFOM in particular. While U of T's Anti-Semitism Working Group Report did not endorse any particular definition of antisemitism as regulatory for the university as an institution,⁹³ it certainly did not prohibit the mention, use, or advocacy for any definitions of antisemitism accepted by the Jewish community.^{48,93} However, the leaked complaint letter^g disingenuously used that report to argue that Jews at U of T were now banned from endorsing or even talking about the International Holocaust Remembrance Alliance's Working Definition of Antisemitism (the IHRA definition).⁴⁹ While there are lively discussions within the Jewish community about the strengths and weaknesses of the IHRA definition, such attempts (of which this is only one example) by non-Jews to tell Jews how they may or may not define their own oppression goes against the principle of agentic social justice for all equity-deserving groups. We teach that principle at TFOM (and it is reflected in the Ontario Human Rights Code). It is, put plainly, the equivalent of a group of white people telling Black people how to define anti-Black racism—and it is just as unacceptable.

However, while this specific attempt at silencing made headlines,³⁹⁻⁴³ a more insidiously pervasive form of structural silencing arises from the social identity surveys that TFOM and other related healthcare institutions have begun to use to gather EDI data. With one very recent local exception,^h most such questionnaires from clinical departments, extra-departmental units, and education offices that I have been sent or shown (directly or by concerned colleagues) leave many Jews with no options under the category usually labelled "race/ethnicity." This has included surveys intended to record experiences of discrimination or exclusion, document issues with physician wellness, and/or inform other contexts in which antisemitism would be important to identify. While it is possible for people to select "other" and to write in "Jewish"—or to conform to non-Jews' assumptions and check off an ethnicity that appears congruent with one's skin tone—this absence can easily be experienced as an

implicit message that Jews (and antisemitism) do not matter enough to be explicitly counted. It also means that anti-Jewish discrimination within TFOM and its partner institutions can easily be overlooked or minimized (unintentionally or otherwise) because of a lack of relevant systematic data (which is well-established in the health care space as being key to improving equity and inclusion for a wide variety of equity-deserving groups^{75,94,95}).

Discussion

All these complex issues point to the significant degree of nuanced, complex knowledge required, particularly by a non-Jewish ally, to understand the antisemitism space. Allies who are trying to combat antisemitism must be reflexive, analytical, and willing to unlearn stereotypes that are so deeply ingrained in Christian European and now mainstream North American settler colonial culture that many do not even recognize them in themselves. They must understand and be able to work with the classic conundrum of antisemitism—that Jews are defined by those who hate them as both 'less than' and 'more than'⁹⁶—and that the nicer-sounding stereotypes and conspiracy theories associated with being 'more than' (power, privilege, wealth, etc.) are both untrue and materially harmful. They must be willing to address antisemitism just as clearly and forcefully (and with as much attention to structures and processes) as they would address any other form of hate or discrimination. They also must have the moral courage to cope with backlash (including the classic slur of "Jew-lover") from anyone they call out as expressing unacceptable attitudes toward Jews. Finally, they must continue to listen to and believe Jews who have experienced antisemitism, to walk with them, and to stand up to those who would silence them. This is all hard, risky work, yet it is nothing more than we expect from our faculty members and trainees with respect to all other equity-deserving groups.

While I hope this paper can support the development of such non-Jewish allies, I unfortunately do not have easy solutions for Jewish faculty, staff, and learners who want to address antisemitism on campus. Even as an experienced educator, social justice scholar, and leader, I was frequently at a loss as to how to escape from the circular reasoning that dismissed my experience of discrimination while dehumanizing me, calling me out as racist for defending myself against racism, and ascribing to me sinister, hidden power. Although I am very practiced at

^g See earlier footnote re: why I am not directly citing this leaked letter

^h See earlier footnote re: the 2021 TFOM Department of Medicine's inaugural self-identification survey.⁷⁵

speaking out against the oppression of members of many other social groups, it has sometimes been impossible to defend myself against those who twisted any form of defense against the oppression of Jews into ‘proof’ of a powerful and controlling Jewish cabal. There is, nonetheless, plenty of work to be done. This includes 1) educating those who want to be allies but need specific information and skills, 2) teaching those who might simply be less knowledgeable about Jews and so might believe antisemitic tropes or be vulnerable to indoctrination into more virulent antisemitism, and 3) practicing standing up loudly for each other as Jews.

The history of the countries that have comprised the Jewish diaspora—whether in 20th century Europe or in any century over the last two millennia—teaches us that antisemitism can easily spiral out of control. I therefore encourage all of you to learn more (see Box 1), to speak up, and to bravely stand with Jewish learners, staff, and faculty in combatting what has often been called the world’s oldest form of hate¹⁵—a form of hate which has become increasingly apparent at TFOM and which is likely to continue resurfacing in other Canadian health professions education institutions.

Box 1. Resources for further learning

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