Written Testimony of Eveline Shekhman
CEO, The American Jewish Medical Association

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Subcommittee on Health, Employment, Labor, and Pensions
Hearing On "Bad Medicine: Antisemitism, Unions, and Politics in Health Care"

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I. Introduction

Chairman Allen, Ranking Member DeSaulnier, and members of the Subcommittee on Health, Employment, Labor, and Pensions, thank you for inviting me here today to testify on the rising danger of antisemitism in healthcare and what must be done to address it.

My name is Eveline Shekhman, and I serve as Chief Executive Officer of the American Jewish Medical Association, a non-partisan 501(c)(3) nonprofit that represents thousands of Jewish healthcare professionals and medical students. I have more than 25 years of experience across the healthcare and nonprofit sectors, including as an administrator for one of Connecticut's largest and most comprehensive health systems. I have also seen the medical system up-close as the wife of a surgeon. I am a granddaughter of Holocaust survivors and a first-generation American born to a family of Jewish refugees, and I am testifying before you today, during Jewish-American Heritage Month, with a sense of urgency I did not expect to feel in the United States of America in 2026.

Public trust in healthcare depends on neutrality, scientific integrity, and respect for all communities. Allowing ideological activism, particularly activism that intersects with rising antisemitism, to infiltrate public health institutions risks damaging that trust in ways that directly affect all Americans.

Antisemitism in medicine is, at its core, a patient care crisis. When a physician is harassed or marginalized because of their faith, patient care suffers. When a researcher loses their position for opposing antisemitism, cures go undiscovered. When a nurse is targeted for her religion, her focus moves from nursing to her own safety. When a patient is treated poorly or denied care because of their faith or nationality, the healthcare system has failed at its most basic obligation.

Every American healthcare professional, no matter their race, national origin, religion, or sex, deserves the right to work in an environment that fosters excellence, collaboration, and quality patient care. But Jewish healthcare professionals are being denied that right. They are being abandoned by the unions and administrations meant to protect them, and their patients are paying the price. That is the focus of my testimony.

According to our research, there are approximately 250,000 Jewish healthcare professionals in the U.S.: physicians, nurses, mental health professionals, pharmacists, allied health workers, administrators, researchers, and faculty. Jewish Americans represent roughly 14% of all U.S. physicians according to the latest studies.[1] For generations, they have been among the most significant contributors to American medicine.

That contribution has not been without obstacles. For much of the early twentieth century, medical schools imposed quotas on Jewish enrollment, Jewish physicians were denied hospital privileges, and Jewish patients were at times excluded from hospitals or segregated into separate wards. Institutions like Mount Sinai Hospital in New York City and Cedars-Sinai Medical Center in Los

[1] Curlin FA, Lantos JD, Roach CJ, Sellergren SA, Chin MH, "Religious characteristics of U.S. physicians: a national survey," *J Gen Intern Med*. 2005, July;20(7):629-34.

Angeles emerged in part because exclusion made independent institutions necessary. For decades, many believed those barriers had been permanently relegated to history. They were wrong.

The aftermath of Hamas's heinous attacks on October 7, 2023, showed not only that the barriers were still there, but that they were concealing a rot. Jewish healthcare professionals who navigated their careers largely without incident found themselves suddenly facing rampant antisemitism without institutional support and without anywhere to turn.

AJMA's goal is to counteract this trend, to ensure that healthcare is free from bias and discrimination, and to help Jewish healthcare professionals do what they were trained to do — focus on the patient in front of them, without fear, and without distraction.

II. Defining Antisemitism

Jews are considered a protected class under Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, national origin, and color in any program or activity receiving federal financial assistance, and under Title VII, which prohibits employment discrimination based on race, color, religion, sex, and national origin. These protections extend across the entirety of American healthcare; virtually every hospital and medical school in this country receives federal funding through Medicare, Medicaid, NIH grants, or graduate medical education payments. There is no ambiguity about whether the law applies. Yet too many hospitals, medical schools, and other healthcare institutions have failed to protect their Jewish professionals and patients from discrimination, in direct violation of it.

For the purposes of our work and for this testimony, AJMA is guided by the widely adopted International Holocaust Remembrance Alliance (IHRA) Working Definition of Antisemitism.[2] The U.S. Department of State adopted this definition, and the U.S. Department of Education utilizes it to evaluate complaints of discrimination under the Civil Rights Act of 1964.

Antisemitism is not new, but we have entered a new era of Jew-hatred in which individuals are masking their antisemitism under the guise of antizionism. The vast majority of American Jews identify as Zionists or support Israel's right to exist as a Jewish and democratic state.[3] When healthcare professionals call to fire Zionist doctors, refuse to treat Zionist patients, or demand that Jewish professionals renounce their affiliation with the State of Israel as a condition of workplace acceptance, they are targeting Jews. The IHRA definition helps organizations identify and combat antisemitism, not to restrict or sanction speech. Criticism of Israeli government policies is not antisemitic. The IHRA definition itself affirms that criticism of Israel similar to that leveled against any other country is not antisemitic.

[2] International Holocaust Remembrance Alliance, "Working Definition of Antisemitism," https://ihra.combatantisemitism.org/.
[3] JFNA, "2025 Survey of Jewish Life since October 7th," https://www.jewishdatabank.org/databank/search-results/study/1277

III. The Covenant of Medicine

Medicine has an ancient covenant: treat the patient in front of you, without prejudice, without exception. It is the promise every medical professional makes when they take the Hippocratic Oath. The growing intrusion of political ideology into clinical spaces, ideology that, in too many documented cases, has manifested as antisemitism, is a direct violation of that covenant. When political statements become normalized and allowed within healthcare institutions and physician education, whether in the form of doctors wearing political symbols in the workplace, chanting antisemitic, pro-terrorism political slogans in hallways, or embedding political opinions in curricula, the clinical environment becomes a political battlefield unconducive to quality healthcare.

The Joint Commission, which accredits over 20,000 U.S. healthcare programs and organizations, acknowledged that "intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments."[4]

Healthcare institutions routinely regulate conduct, speech, and behavior that interferes with patient care, creates hostile working environments, or undermines professional standards. This is not a contested authority, it is well established in law and affirmed by the courts.

Patient care demands medical professionals leave their ideologies at the door. Politics have no place at the bedside and should never have an impact on how patients, colleagues, or others are treated in a healthcare setting.

IV. From Global Crisis to the Clinic: Antisemitism Has Reached American Healthcare

Immediately following Hamas's October 7th attacks, a coordinated campaign of celebration and funding of "resistance" to Israel's existence was unleashed. Unbelievably, the healthcare sector was designated as fair game for the promotion of a campaign of demonization and distortion, in particular around the notion that any Jewish healthcare professional was "complicit" in genocide.

Jewish professionals have faced antisemitism in hospitals, medical schools, and unions. They have been excluded from professional opportunities, faced harassment, been retaliated against for filing complaints, and subjected to hostile work environments where antisemitic imagery, political symbols, and open expressions of support for U.S. designated Foreign Terrorist Organizations go unpunished by healthcare administrators. Within American healthcare, a 2025 peer-reviewed study published in the Journal of Religion and Health found that 75% of Jewish-identifying medical students and professionals reported exposure to antisemitism, which, according to the authors, demonstrates "that antisemitism is escalating within the U.S. healthcare community."[5] This

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[4] Joint Commission, "Behaviors That Undermine a Culture of Safety," *Sentinel Event Alert* 40, no. 40 July 9, 2008: 1–3, https://pubmed.ncbi.nlm.nih.gov/18686330/.

[5] Schwartz DM, Leiba R, Feldman CL, et al, "Social Media, Survey, and Medical Literature Data Reveal Escalating Antisemitism Within the United States Healthcare Community," *J Relig Health*. 2025;64(1):206-223. doi:10.1007/s10943-024-02191-5.

treatment comes in addition to the already high stakes work environments healthcare professionals must navigate.

V. Unions and Antisemitism

The institutions designed to support medical professionals, namely a multitude of prominent unions, have also become hotbeds of antisemitism contrary to their stated mission of advancing their members' collective interests. Rather than protecting Jewish members from discrimination, unions across multiple professions and states, including those representing physicians, nurses, residents, and early-career professionals still in training, have circulated antisemitic materials, endorsed numerous boycotts of Israel while passing no comparable resolution targeting any other group or nation, including countries with well-documented human rights abuses.[6] On the ground, they have actively cancelled or sabotaged antisemitism training, making it significantly harder for Jewish healthcare workers to find institutional support or to report concerns safely.

For example, National Nurses United (NNU), the country's largest nurses' union, alongside the United Electrical, Radio, and Machine Workers of America (UE), issued a letter accusing Israel of committing "genocide" and demanding an end to U.S. support for Israel. While framed as political advocacy, such rhetoric often goes beyond criticism of Israeli policy and instead vilifies Zionism – a core component of Jewish identity. No comparable letter has been sent regarding Russia, China, Sudan, or any other nation. NNU's activity goes beyond public letters, it has also encouraged its members to raise anti-Israel positions in conversations with coworkers, motivating healthcare workers to proactively bring politics into a clinical setting.[7]

Additionally, the Committee of Interns and Residents (CIR), the largest housestaff union in the United States representing more than 40,000 resident physicians and fellows across more than 60 hospitals, has become inhospitable to its own Jewish members. As an affiliate of the Service Employees International Union (SEIU), a national labor organization with roughly 2 million members, CIR operates with significant institutional backing and political reach across major teaching hospitals nationwide.[8]

In May 2024, CIR delegates passed two resolutions explicitly aligning the organization with the Boycott, Divestment, and Sanctions movement:

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[6] Alana Goodman, *Washington Free Beacon*, "Largest Teachers Union in United States Erases Jews from the Holocaust," July 23, 2025, https://freebeacon.com/america/largest-teachers-union-in-united-states-erases-jews-from-the-holocaust/.

[7] National Nurses United, "Nurses Speaking Out: General Education on Palestine," 2024, https://www.nationalnursesunited.org/sites/default/files/nnu/documents/NursesSpeakingOutGeneralEducationOnPalestine.pdf.

[8] Committee of Interns and Residents, "About CIR – Committee of Interns and Residents," Cirseiu.org, 2024, https://www.cirseiu.org/about/.

- "Housestaff for Human Rights" established that CIR will not endorse political candidates who accept donations from what it calls "the Israel lobby."[9]
- "Housestaff Against Apartheid" demanded a permanent ceasefire, an end to all U.S. military aid to Israel, and uplifted the Boycott, Divestment, and Sanctions movement.[10]

Since then, CIR has celebrated member participation in a picket at Massachusetts General Hospital alongside BDS Boston, applauded foreign workers striking "in solidarity with Palestine," pledged open support for terror sympathizers, and framed Israeli policy as "apartheid" and "genocide" in official organizational communications. AJMA members report CIR-branded posters displayed at their workplaces depicting bloody raised hands alongside accusations of genocide and apartheid, imagery that evokes the 2000 Ramallah lynching of two Israelis, in which one killer famously held his blood-soaked hands up to the cheering crowd. At the same institution, when a Jewish physician suggested in the union's organizing group chat that discussions remain focused on workplace issues rather than politics, they were told not to post like that again and their messages were moved to a separate channel inaccessible to other members.

This is not merely a political disagreement at the union. It has direct consequences for Jewish residents and betrays the Jewish physicians and members of CIR who helped push back against exploitative training conditions for all the Union's members. CIR collected $21.4 million in dues in 2024 while spending $419,606 on political activity and lobbying – including passing resolutions supporting the Boycott, Divestment, and Sanctions movement and vowing not to endorse candidates who accept donations from "The Israel Lobby." Because CIR functions as the exclusive bargaining representative at its hospitals, Jewish residents cannot opt out of the contract it negotiates on their behalf, and the opt-out window for union dues is limited to just fourteen calendar days per year. Simultaneously, Jewish residents are working an average of 80 hours a week[11]; unweighted, average stipends for residents and fellows were $68,166[12]; and the average medical school debt balance in 2025 was $216,659.[13] The limited window, combined with residents' lack of time and energy and their urgent need to address payment concerns, creates a serious obstacle to their awareness of this option and their ability to opt out of financially supporting an organization that has institutionalized hostility toward their community.

For Jewish residents, there is the sense that the very organizations that are meant to support them, by fighting for improved training, advancing patient care, and bargaining for better working conditions, are instead excluding or pressuring them into fighting for causes that are not their own, and unrelated to the healthcare space entirely. The union that controls their contract, shapes their workplace

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[9] Committee of Interns and Residents, "CIR Stands Against U.S.-Backed Occupation and Genocide," October 22, 2025, https://www.cirseiu.org/cir-stands-against-u-s-backed-occupation-and-genocide/.

[10] Ibid.

[11] Matthew D. Weaver et al., "Public Opinion of Resident Physician Work Hours in 2022," *Sleep Health* 10, no. 1 November 6, 2023: S2352-7218(23)001936, https://doi.org/10.1016/j.sleh.2023.08.016.

[12] Georgia Garvey, "Resident Physician Pay Still Rising, but Growth Trails Inflation," *American Medical Association*, January 22, 2026, https://www.ama-assn.org/medical-residents/residency-life/resident-physician-pay-still-rising-growth-trails-inflation.

[13] Ibid.

environment, and holds influence over their career trajectory has made its political allegiances and alliances unmistakably clear, creating a chasm between labor solidarity and identity-based concerns.

The CIR's and other medical-related unions' exclusionary tendencies undermine the very source of their power: that they represent every member of the bargaining unit. Labor unions must refocus on their critical goal of securing better working conditions for all who work there.

VI. The Scale of the Crisis

Antisemitism in healthcare is not confined to a single institution, region, or specialty. It exists at every stage of the healthcare continuum, from research to medical school, to patient care, in private and public institutions, and in unions. AJMA has recorded antisemitism at hundreds of medical institutions and organizations across the country, including many at university-affiliated medical facilities. Specific antisemitic incidents do not define an institution as a whole. No hospital, university, or company is immune from misconduct. What defines an institution is how it responds.

These incidents have manifested in several distinct ways.

- **Discrimination against Jewish and Israeli professionals**: Jewish doctors, nurses, students, and other healthcare practitioners report being excluded from professional opportunities, passed over for advancement, and removed from roles after speaking out against antisemitism. At one university, a faculty member was placed on administrative leave and stripped of lab access after advocating against antisemitism.

- **Hostile Work Environments**: Jewish healthcare workers are subjected to antisemitic imagery, political symbols, and open expressions of support for foreign terrorist organizations, both in person and on social media.[14] Jewish healthcare professionals have been accused of supporting genocide and ostracized for their national origin. In one notable example, in California, individuals circulated an antisemitic flyer on campus stating "We do not want any Zionists or former IDF soldiers who support or have participated in this genocide, taking care of our families."[15] AJMA also has reports of medical students shunning their Jewish classmates, kicking them out of study groups, and even refusing to converse with them in professional settings.[16] This behavior often goes unchallenged by administrations until significant public pressure forces action.

- **Retaliation Against and Silencing of Those Who Speak Up**: When Jewish professionals file complaints, they have often faced pushback, not protection. A Jewish doctor at a public university was told by her own department chair that "the cure for antisemitism is worse than

[14] Gordon, M., Teitel, J., Rosenberg, T., Oratz, R., Katz, N., & Katz, D. (2025). "Antisemitism in Medicine: An International Perspective." Rambam Maimonides Medical Journal, 16(1), e0004. https://doi.org/10.5041/RMMJ.10536.
[15] UCSF Office of the Chancellor, "Antisemitic Flyer Distributed at UCSF (Statement)," October 3, 2025, https://chancellor.ucsf.edu/news/antisemitic-flyer-distributed-ucsf.
[16] Columbia University Task Force on Antisemitism, "Second Report of the Task Force on Antisemitism" (2024), https://www.columbia.edu/content/sites/www.columbia.edu.content/files/content/about/Task%20Force%20on%20Antisemitism/Report-2-Task-Force-on-Antisemitism.pdf.

the disease," meaning leadership didn't want to upset people by enforcing codes of conduct related to harassment and targeting of Jewish doctors. In Dallas, two therapists were fired after attempting to provide insights to a colleague on how to treat a Jewish client who was facing discrimination in her personal life.[17] AJMA has received numerous complaints from members whose efforts to report antisemitism in the workplace were rebuffed.

- **Double Standards in Discipline**: Institutions are not applying the same rules to everyone. In New York, a physician who praised the October 7 massacre was initially fired but later reinstated, while a Jewish physician fired for condemning Hamas has not been rehired and has been forced to sue.[18] Meanwhile, a Columbia medical student who was arrested for an unlawful protest that included display materials from the "Hamas Media Office" went largely unpunished.[19]

- **Direct Threats to Patient Care**: The most alarming incidents involve direct threats to patient care itself. A nurse in Portland posted publicly that she would "refuse to treat" Jewish patients because she does "not take care of animals."[20] At another hospital, patients could hear nurses and doctors chanting "intifada, intifada, long live the intifada," from their rooms.[21] A practitioner who was treating an Israeli woman halted treatment midway through the procedure due to her nationality, a story that has not been reported out of fear for the patient's safety. Elsewhere, Israeli students have reported that medical professionals refused to treat them because of their nationality.[22] Yardena Schwartz, an award-winning journalist, was receiving care while wearing a necklace in support of the Israeli hostages kidnapped by Hamas. Her certified nurse-midwife (CNM) asked her for information about the necklace, and once Yardena described its meaning, the CNM replied "Oh yes, the genocide in Gaza is

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[17] Jennie Taer, *New York Post*, "Jewish Therapists Fired from Texas Clinic for Pushing to Help Client with Trauma from Antisemitism: Lawsuit," July 3, 2025, https://nypost.com/2025/07/03/us-news/jewish-therapists-fired-from-texas-clinic-for-pushing-to-help-client-with-trauma-from-antisemitism-lawsuit/.

[18] Leena Ahmed, *Washington Square News*, "Jewish Nurse Sues NYU Langone, Claiming Revoked Bonus Over Pro-Israel Posts,", September 8, 2025, https://nyunews.com/news/2025/09/08/langone-nurse-sued-antisemitism-instagram/.

[19] Jessica Costescu, *Washington Free Beacon*, "Columbia Med Students Condemn University After Anti-Israel Radical Who Stormed Library Returns to Class,", May 5, 2025, https://freebeacon.com/campus/columbia-med-students-condemn-university-after-anti-israel-radical-who-stormed-library-returns-to-class/.

[20] Anthony Effinger, *Willamette Week*, "OHSU Investigating Antisemitic Comments Allegedly Made by Employee on Social Media,", February 26, 2025, https://www.wweek.com/news/2025/02/26/ohsu-investigating-antisemitic-comments-allegedly-made-by-employee-on-social-media/.

[21] Heather Knight, *New York Times*, "Doctors and Nurses Are Taking Sides on the Gaza War. Patients Are Caught in the Middle," June 24, 2024, https://www.nytimes.com/2024/06/24/us/israel-hamas-war-sf-doctors.html.

[22] Columbia University Task Force on Antisemitism, "Second Report of the Task Force on Antisemitism" (2024), https://www.columbia.edu/content/sites/www.columbia.edu.content/files/content/about/Task%20Force%20on%20Antisemitism/Report-2-Task-Force-on-Antisemitism.pdf.

horrible." From that moment, the quality of Yardena's care deteriorated as a standard clinical encounter became politically charged. AJMA has numerous reports of patients who feel as if they received lesser treatment because of their religion or national origin.

Further, environments that are hostile to some health care employees impact team cohesion and effectiveness to the detriment of patient care. While this impact is difficult to calculate, AJMA has heard firsthand that AJMA members have left institutions, declined to report concerns, or altered their clinical behavior out of fear, each of which carries consequences not only for those individuals, but for the patients who depend on them.

VII. Why Healthcare Antisemitism is Dangerous

Antisemitism in a hospital, clinic, medical school, or residency program is not an abstract ideological problem. It is a direct threat to patient safety, institutional integrity, workforce stability, and the ethical obligations that govern healthcare. Patient care is uniquely sensitive because it relies on trust, neutrality, concentration, teamwork, and the unwavering focus on patient welfare. When ideological hostility enters clinical spaces, patients suffer, trainees are intimidated, communication breaks down, and confidence in the very system of providing healthcare erodes.

Healthcare institutions routinely, and constitutionally, regulate conduct, speech, and behavior when they interfere with patient care, create hostile working environments, undermine professional standards, or compromise institutional functioning. Healthcare settings need to remain or return to environments where all patients and practitioners are treated safely, fairly, and professionally, without intimidation, ideological coercion, or identity-based hostility.

- **Patient Safety:** A provider who harbors bias against Jewish patients may dismiss or minimize patient concerns, communicate differently with Jewish patients or colleagues, delay treatment or referrals, compromise teamwork, or allow political assumptions to interfere with clinical judgment. Even when overt discriminatory treatment cannot be conclusively proven, the perception of hostility alone damages the relationship that medicine depends upon. This is particularly felt among Jewish communities, discouraging Jewish Americans from seeking care at all.

- **Moral and Ethical Concerns**: Antisemitism violates the ethical principles of medicine, including beneficence, nonmaleficence, and respect for human dignity. The physician's duty is to place the patient first - not ideology, politics, activism, or collective identity. Healthcare professionals are entrusted with extraordinary authority precisely because society expects them to subordinate personal bias to professional obligation. The medical profession has repeatedly shown that when ideological movements enter healthcare unchecked, ethical erosion follows. Physicians and other healthcare practitioners are not immune from political radicalization, social pressure, or dehumanizing narratives.

- **Public Health Consequences:** When patients fear their practitioner, they stop seeking care. Jewish patients and healthcare workers are increasingly hiding visible Jewish identity markers, avoiding discussions about family or Israel, declining to report incidents, transferring physicians, or delaying treatment. Public health is the protection and promotion of health at the community level. It is based on trust and safety. Eroding that with

antisemitism - real and perceived - has real health consequences for them and for the public.

- **Talent Pipeline:** Jewish physicians and scientists have historically played an outsized role in advancing medicine despite comprising a tiny percentage of the American population. Yet today, young Americans are increasingly turning away from medicine in favor of career paths that are less expensive, less intensive, and more financially rewarding. For Jewish students, that broader trend is compounded by something more troubling: growing concerns about hostility, exclusion, and isolation within medical education itself. Students describe environments where they feel pressure to remain silent, fear retaliation for reporting discrimination, and worry that speaking up could damage their career advancement. Some report lectures and classroom discussions infused with political content unrelated to medical training, leaving them feeling marginalized in spaces where they are among the most vulnerable participants in the profession's hierarchy. The result is that some young Jewish Americans are increasingly choosing to avoid the medical profession altogether. The cost of that loss – in talent discouraged, discoveries never made, and patients never treated – cannot be fully measured.

In summary, a healthcare system that drives out its Jewish workforce and fails its Jewish patients is not just failing Jewish Americans. It is failing medicine itself. That is exactly what we are seeing today.

VIII. Institutional Responses

Across numerous medical institutions nationwide, a consistent pattern has emerged: antisemitic incidents are reported, and institutions often fail to act appropriately. Jewish faculty are retaliated against for speaking out. Jewish students hide their identities. Jewish patients fear for the care they will receive. Meanwhile, the same institutions enforce robust protections for other protected classes. This is not a capacity problem. It is a choice.

Not every institution has made that choice. A Nevada university treated antisemitic social media posts as formal professionalism violations, actively partnered with Jewish students for Jewish American Heritage Month, and hosted annual Holocaust Remembrance Day panels with survivor testimony and administration participation. Other universities have taken concrete steps to signal that antisemitism will not be tolerated on their campuses. A California university launched a new curriculum, in partnership with AJMA, that provides education to its healthcare system employees about bias, discrimination, and antisemitism in healthcare, and how to prevent and counter it.

These institutions demonstrate that enforcement is possible when leadership decides it matters.

Federal Title VI investigations have accelerated reforms. This push has spurred institutions to implement structural and procedural changes, including the creation of antisemitism task forces, the establishment of formal definitions and guidance on antisemitism, and the introduction of policy revisions, training requirements, and revised protest rules.[23] Additionally, other institutions have

[23] Harvard University, "Administrative Infrastructure, Policies, Procedures, and Training," April 9, 2026, https://www.harvard.edu/task-force-on-antisemitism/administrative-infrastructure-policies-procedures-and-training/.

increased reporting mechanisms and publicly acknowledged failures, underscoring that this acknowledgement is a crucial step alongside taking concrete measures to remediate the current situation and develop rules to prevent future incidents.[24]

A consistent pattern of institutional failures emerged as university administrations delayed action against antisemitism, often requiring external pressure from Jewish students, congressional committees, federal agencies, and other Jewish organizations to compel the establishment of internal review boards and address allegations. Universities should not require this compulsion to protect their Jewish students, faculty, and patients. A reliance on outside groups to prompt investigations into the "world's oldest form of racism" is unacceptable. In fact, this committee opened investigations into several medical schools.[25] At one university, specific shortcomings included a tendency to frame antisemitic incidents as issues of "free speech" or "academic freedom" rather than harassment concerns, resulting in delayed disciplinary enforcement criticized as "slow walking."[26] Furthermore, some institutions denied violating Title VI even while agreeing to reforms, failing to provide the crucial acknowledgment of wrongdoing that is considered a critical element of remediation.[27] For those institutions that have decided to act, the federal government must.[28] Inaction in the face of documented civil rights violations is not neutrality, it is complicity.

IX. Congressional Recommendations

The American Jewish Medical Association urges Congress to take immediate steps to address antisemitism in healthcare and medical education as a civil rights, patient safety, and institutional integrity issue.

Specifically, Congress should:

- Ensure robust enforcement of Title VI and Title VII of the Civil Rights Act at medical schools, teaching hospitals, residency programs, unions, and healthcare institutions that permit hostile, discriminatory, or retaliatory environments for Jewish students, faculty, healthcare workers, and patients.

- Pass the Antisemitism Awareness Act, requiring the Department of Education to utilize the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism

[24] James Iseler, "Regents, Ono Address U-M's Handling of Campus Tensions," *University Record*, June 20, 2024, accessed May 17, 2026, https://record.umich.edu/articles/regents-ono-address-u-ms-handling-of-campus-tensions/.

[25] Carl Campanile, "House GOP Probes Antisemitism Claims at 3 Blue State Medical Schools," *New York Post*, August 25, 2025, https://nypost.com/2025/08/25/us-news/house-gop-probes-antisemitism-claims-at-3-blue-state-medical-schools.

[26] U.S. Department of Health and Human Services, "HHS' Civil Rights Office Finds Columbia University in Violation of Federal Civil Rights Law," *HHS.gov*, May 23, 2025, https://www.hhs.gov/press-room/ocr-columbia-violates-federal-civil-rights-law.html.

[27] Bianca Quilantan, "Brown University Reaches Deal with Trump Administration to Restore Funding," *Politico*, July 30, 2025, https://www.politico.com/news/2025/07/30/brown-funding-deal-trump.

[28] Todd Wallack, "Trump Administration Sues Harvard, Alleging It Failed to Protect Jewish Students," *Washington Post*, March 20, 2026, https://www.washingtonpost.com/education/2026/03/20/justice-department-sues-harvard-jewish-students/.

when evaluating federal anti-discrimination laws.

- Advance legislation to strengthen protections for religious objectors subject to union collective bargaining agreements.

- Open and re-open investigations by the Department of Education Office for Civil Rights (OCR), Department of Health and Human Services OCR, and the Department of Justice Civil Rights Division into institutions where credible allegations of systemic antisemitic discrimination, retaliation, or exclusion have emerged.

- Tie federal funding and grant eligibility to meaningful civil rights compliance, including demonstrable enforcement of nondiscrimination protections, anti-retaliation safeguards, and transparent corrective action processes, specifically but not solely for those in violation of Title VI for antisemitic activity.

- Require greater transparency and accountability through anonymized reporting of discrimination complaints, institutional response timelines, and corrective actions taken in federally funded healthcare training environments.

- Mandate uniform enforcement standards so that antisemitic conduct is treated with the same seriousness, urgency, and institutional response as discrimination against any other protected group.

- Clarify and amplify that antisemitism in healthcare is a patient and practitioner safety issue, particularly where discriminatory conduct interferes with clinical training, professional advancement, team cohesion, patient trust, or delivery of care.

- Protect freedom of conscience and viewpoint diversity within healthcare education and employment, ensuring that Jewish and Zionist healthcare professionals are not excluded, coerced, professionally marginalized, or retaliated against because of their identity or beliefs.

X. Conclusion

Thank you for the opportunity to testify before the Subcommittee and for elevating attention to this critical issue. The American Jewish Medical Association stands ready to assist Congress, federal agencies, healthcare institutions, and professional organizations in ensuring that healthcare environments remain grounded in professionalism, merit, ethical responsibility, and equal treatment under the law, and that all medical professionals and patients, no matter their background, are treated with dignity and respect.

We appreciate the Committee's leadership on this issue and welcome continued partnership in protecting both the healthcare workforce and the patients who depend on it.