Brief Submitted to the Standing Senate Committee on Human Rights (RIDR) Study on Antisemitism in Canada

Submitted by: Association des Médecins Juifs du Québec (AMJQ)

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Executive Summary

The *Association des Médecins Juifs du Québec* (AMJQ) represents over 550 Jewish physicians, residents, and medical trainees across Quebec. We welcome the Senate's renewed study on antisemitism in Canada.

Since October 7, 2023, antisemitic incidents in medical faculties, teaching hospitals, and clinical environments have increased in frequency and intensity. This is consistent with what was documented in our earlier submission to the House of Commons: Jewish physicians and trainees encounter a double standard whereby racism against most minority groups is swiftly condemned, but antisemitism is minimized, redirected, or ignored by academic leadership.

A February 2025 *Journal de Montréal* report based on a survey we conducted amongst our members found that nearly 1 in 2 Jewish physicians in Quebec have faced antisemitism in hospitals and the clinical environment. When almost half of a minority group in a profession says they've faced hate in the workplace because of their religion or ethnicity, it is not a perception issue — it is a system issue. At the same time, there is still no mandatory antisemitism education in Quebec medical faculties, and the deans of the four medical schools in Quebec have declined to take part in anything truly actionable.

This brief therefore has two purposes:

1. To place on the public record the reality of antisemitism in Quebec's medical education and healthcare institutions, using concrete examples our members have lived; and
2. To recommend concrete, federal-provincial and accreditation-level measures that will oblige medical schools and hospitals to act.

1. Who We Are

The AMJQ was created in November of 2023 to unite Jewish physicians and to protect Jewish medical trainees who were increasingly reporting harassment, social exclusion, and administrative indifference after October 7. Our mission is to promote the safety, dignity, and full participation of Jewish physicians, residents and students in Quebec's healthcare system.

Our earlier deposition to the House of Commons documented, with examples, how antisemitism was surfacing in medical schools, how reporting mechanisms failed Jewish students, and how administrators often opted for avoidance over accountability. Since the House does not share submissions with the Senate, we are re-filing this material here, updated, so that this Committee has the complete picture.

2. Definition and Framework

We align with the IHRA working definition of antisemitism, cited in our earlier brief: "a certain perception of Jews, which may be expressed as hatred toward Jews…" and which includes rhetorical, physical, and online manifestations targeting Jews, Jewish institutions, or those perceived to be Zionist. This is the most widely accepted contemporary definition and should be the reference point for medical faculties and hospitals.

What we are seeing in Quebec health-care settings maps clearly onto IHRA examples:

- Holding Jews collectively responsible for the actions of Israel.
- Denying the Jewish people their right to self-determination or branding Zionism as inherently racist.
- Applying double standards to Jewish students and physicians that are not applied to any other group.

3. The Current Situation in Quebec Medical Faculties

3.1 Lack of antisemitism education

None of the Quebec medical faculties currently has mandatory training on antisemitism, even though all of them have EDI or anti-racism content for other groups. We have written to deans and received either no answer at all despite multiple attempts at outreach, or very general replies with no follow-up actions

proposed. There is no curriculum, no faculty-development module, no student-orientation session on antisemitism at any of the four medical schools in Quebec.

This absence has consequences: for example, when a student or resident reports that a classmate posted "resistance" content celebrating the October 7 attacks, the administrator handling the file often does not recognize it as antisemitism and sends the complainant elsewhere, delays, or refuses the complaint. This labyrinth of offices, narrow mandates, and re-direction was described in our House submission, where a McGill medical student was bounced between the McGill Faculty of Medicine Office for Respectful Environments (ORE) the Ombudsperson, and the medical school administrators before anyone would even meet with them.

3.2 Administrative inertia and avoidance

Our members report the same pattern: when antisemitism is the allegation, leadership delays meetings, suggests "dialogue," or says the matter is "politicized." In one case, the McGill undergraduate medical dean declined to meet a Jewish student for almost five months about a classmate's pro-Hamas online rhetoric, even though the student identified herself publicly on the platform as a McGill medical student. To this day, there have been no consequences for her actions, and, in part because of the delay, the classmate who was the subject of the complaint successfully graduated.

This sends the message that antisemitism is the one form of discrimination that does not trigger institutional urgency.

Case study – the Université de Sherbrooke Discord incident:

In May of 2024, screenshots from a private Discord chat among prospective and current medical students in Quebec surfaced, revealing messages celebrating Hamas's October 7 attacks, mocking kidnapped Israelis, and making explicit antisemitic remarks about Jews, prospective Jewish applicants, as well as Black, Indigenous, LGBTQ2+, and female prospective applicants and doctors. Jewish and allied students immediately filed complaints and requested institutional intervention. Despite the severity of the content — which clearly violated university codes of conduct and professional standards expected in medical training — the administration at the Université de Sherbrooke, where one medical student and one prospective applicant who had made racist, antisemitic and inflammatory comments was admitted,

refused to take disciplinary action. Officials cited "freedom of expression" and claimed the comments were made in a "private" setting, even though they involved identified students enrolled in a professional program.

The incident sent a chilling message to Jewish medical students and Jewish patients across Quebec: that open antisemitism, even by future physicians, carries no consequence. It also eroded confidence in Quebec medical faculties' willingness to uphold the ethical and professional standards on which patient trust depends.

3.3 Independent student bodies

The Committee should know that some of the worst pressure on Jewish medical students is happening through student societies (e.g. medical student associations) that universities describe as "independent." In December 2023, a motion for a permanent ceasefire and solidarity with Gaza was brought forward by a McGill medical student who had previously posted on social media about her support of Hamas and the "Palestinian Resistance". It was defeated only because Jewish students mobilized at the last minute — not because of Faculty intervention. The dean never issued a message to the cohort, did not meet with Jewish students, and Jewish students were left to handle it alone, despite their discomfort with being in clinical situations and academic environments with these classmates who had attempted to pass the motion.

4. Weaponization of Healthcare and Academic Spaces

This is a new and worrying development. We have seen:

- Accredited medical lectures on Gaza whose only sources of reference were Instagram slides and activists' social media posts, presented as part of an academic program.
- Departmental invitations to speakers where administrators were warned of likely disruptions but declined to provide security, forcing Jewish or Israeli guests to speak in a hostile environment.
- Posters with images of weapons and messages threatening violence against Jews posted **inside** medical teaching buildings, which the faculty declined to remove — students were forced to remove the posters themselves.

These are not simply "political disagreements." They are examples of medical and academic platforms being used to normalize hostility toward Jews and Israel. For a profession whose core principles include impartiality, evidence, and care for *all* patients, this is profoundly corrosive.

5. Evidence of Harm: Testimonies from Jewish Physicians and Trainees

Below are anonymized accounts that mirror what was documented in our earlier House brief, supplemented by what AMJQ has heard since:

- "I was told by my supervisor not to mention I'm Israeli if I wanted to pass my rotation."
- "A colleague told me not to wear my Magen David necklace at work because 'it could provoke people right now.'"
- "I filed a report through the official university channel. The other student found out and confronted me: 'I know it was you.' I dropped the complaint because I was scared."
- "Since October 7, people keep asking me where my last name is from. I now say 'Romanian' because I don't know if it's safe to say 'Israeli.'"
- "Graffiti saying 'Death to Zionists' stayed in a hospital bathroom for weeks. No statement. No email. Nothing."

6. Structural Problems in Reporting

Your Committee should be aware of a specific structural failing: in Quebec medical schools, complaints of antisemitism are dispersed across multiple offices — ombudspersons, respectful environments offices, equity officers, postgraduate offices, departmental chairs — and none of them has (1) subject-matter expertise in antisemitism and (2) the authority to compel significant action. The result, as we wrote earlier, is that "the convoluted disclosure process… permits university and hospital administrators to continue claiming that antisemitism is not a prevalent or serious issue."

This is why, even though Jewish trainees are clearly distressed, the official numbers look low:

- many cases are refused and never recorded;
- many students give up halfway;
- many fear retaliation from peers or supervisors;
- Because of the discrepancy as to where to direct cases, students are left perplexed about whether anyone would even bother to answer, feel they have little or no support, or get caught in a "re-direction syndrome";
- and some incidents (e.g. "you're Jewish, you can pay for everyone," said to a Jewish Sherbrooke trainee) are not even considered "reportable" under current policies.

7. Silence of Leadership

One of the most demoralizing elements for our members is the silence of deans and chiefs of hospital departments. **We have written to medical faculties to offer collaboration, to share our data, and to propose education. We have been repetitively ignored or thanked politely with no follow-through.** Despite representing over 550 physicians and trainees in Quebec, they do not even answer our emails. In the meantime, hospitals and universities have issued numerous statements on other forms of racism and on international conflicts — but not on antisemitism. This discrepancy is felt very strongly amongst Jewish physicians.

8. Consequences for Patient Care and Public Trust

This Committee deals with human rights. We want to underline that antisemitism in medicine is a human rights issue. It directly threatens:

1. **Psychological safety of providers** — a physician who hides part of their identity or fears colleagues cannot fully contribute to clinical teams.
2. **Academic freedom and scientific exchange** — speakers from Israeli institutions were disrupted, and administrators refused to remove threatening posters.
3. **The ethical foundation of medicine** — the Geneva Declaration explicitly warns against letting nationality, religion, or political affiliation interfere with duty to the patient. Yet we now have physicians being told to hide their Jewishness. That is unacceptable in Canada in 2025.
4. **Patient safety and public confidence** — Beyond its impact on healthcare professionals, antisemitism also affects patients. Members of the lay Jewish community are increasingly worried about whether their healthcare providers hold antisemitic views, or whether such attitudes could influence the quality of care they receive. This perception—grounded in real incidents within hospitals—undermines confidence in the healthcare system and represents a genuine patient-safety concern.

9. Recommendations

We urge the Standing Senate Committee on Human Rights to recommend the following:

1. **Mandatory antisemitism education**
    - For all medical schools, undergraduate and postgraduate medical programs, medical students, residents, faculty, and hospital staff, using the IHRA definition to define antisemitism. Without shared, clear definitions, universities will continue to mis-classify or ignore cases of antisemitism.

2. **Unified, transparent reporting mechanisms**
    - Each faculty of medicine should have a clearly defined reporting framework with **one** intake point for antisemitism complaints, with jurisdiction across student societies, social-media conduct, and clinical teaching sites.
    - Refusals must be logged so that the institution can no longer claim "we have no cases."
    - Annual anonymized reports must be made public.

3. **Leadership accountability**
    - Require deans of medicine and chiefs of medical departments of teaching hospitals to issue statements and action plans on antisemitism, just as they do for other forms of racism.
    - Tie provincial/Federal funding for EDI initiatives to demonstrable action on antisemitism.

4. **Curriculum and event audit**
    - Mandate that courses or lectures touching on international conflicts be evidence-based, medically relevant, and not sourced from social media alone.
    - Prohibit the use of medical classrooms for events that advocate for recognized terrorist organizations or that create a hostile environment for Jewish learners.

5. **Protection from retaliation**
    - Students and staff who file an antisemitism complaint must be expressly protected from being confronted by the alleged perpetrator (which happened in the McGill case).

6. **National working group on antisemitism in healthcare**
    - Bring together AMJQ, our sister Jewish Medical Associations across the country (the Jewish Medical Association of British Columbia (JMABC), the Jewish Healthcare Association of Alberta (JHAA), the Jewish Physicians Association of Manitoba (JPAM), the Jewish Medical Association of Ontario (JMAO), and the Jewish physicians group of the Atlantic Jewish Council), our umbrella organization which is the Canadian Federation of Jewish Medical Associations (CFJMA), the Alliance of Canadians Combatting Antisemitism (ALCCA), and the major national medical bodies

(e.g., AFMC, CMA, RCPSC, CFPC, CMQ) to develop Canada-wide standards for addressing antisemitism in healthcare.

10. Conclusion

Antisemitism in Quebec's medical faculties and hospitals is now **documented** — by the AMJQ, by the CFJMA, by national Jewish organizations, and by Quebec media. It is experienced by nearly half of Jewish doctors in this province. It persists because reporting is fragmented, because administrators do not recognize it, and because leadership has chosen silence over action.

Medicine cannot tolerate any form of racism or discrimination. We therefore call on the Senate to use its moral authority to say clearly: antisemitism in healthcare is a human-rights issue, not a campus dispute. It requires the same urgency, the same training, and the same accountability as every other form of hate.

Respectfully submitted,

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