



Season 7, Episode 7

Antisemitism in Healthcare

Maayan Hoffman:

Hello, and welcome to Hadassah on Call: New Frontiers in Medicine. I'm your host, Maayan Hoffman. Today, however, you won't hear directly from me. Instead, we are bringing you a special episode produced in collaboration with Hadassah Magazine Presents. Recorded in Detroit earlier this month, this conversation explores a growing concern in healthcare, the rise of antisemitism and anti-Zionism, and its impact on Jewish professionals, students, and patients.

Moderated by Lisa Hostein, host of Hadassah Magazine Presents, the discussion features physicians and healthcare leaders who share first-hand experiences and examine how the medical community is responding. Antisemitism is rising at record levels across the United States. Last year, the Anti-Defamation League tracked more than 6,000 incidents, including an increase in violent attacks.

One of the most troubling places this trend is emerging is within the healthcare system, a field that is supposed to be safe, ethical, and healing. In Israel, the picture is different. As you'll hear from our speakers from Hadassah medical organization in Jerusalem, Arabs and Jews work side by side caring for patients.

Sometimes that work is complicated, including treating terrorists who attempted to murder Jews. But as she explains, a physician's responsibility is clear: save the patient. The doctor is not the judge. In the United States, however, a different reality is taking shape. As another panelist explains, antisemitism has increasingly appeared across healthcare settings since October 7th, 2023, affecting relationships between physicians, nurses, mental health professionals, students, and colleagues.

We hope this discussion provides insight into these challenges and the efforts underway to address them.

Ellen Hershkin:

Thank you, Hadassah Greater Detroit, for hosting this incredibly important event.

Thank you to all those who worked behind the scenes tirelessly on behalf of Hadassah to make this event even possible.

It gives me great pleasure to introduce the esteemed members of our panel. Michelle Elisberg is a pediatrician at a federally qualified health center in Louisville, Kentucky, where many of her patients are refugees and immigrants. She attended the University of North Carolina Chapel Hill for medical school, also earning a Masters in Public Health, in Maternal and Child Health.

She completed her residency at North Shore University Hospital in Manhasset, New York, not far from where I live, before moving to Columbia, South Carolina, to work at a federally qualified health center to fulfill her obligation as a National Health Corps scholar before moving to Louisville 20 years ago.

Michelle, part of a five-generation Hadassah family, currently serves as president of the Louisville Hadassah chapter, co-chair of the Hadassah Physicians Council, and a member of Hadassah's Writers Circle.

In January, she joined a critical meeting about the epidemic of antisemitism in healthcare with the United States Department of Health and Human Services Office of Civil Rights.

Dr. Uri Hadelsberg is a spine surgeon; neurosurgeon focused on innovation and spine surgery. He grew up in Staten Island, New York, and then moved to Israel, graduating from the Ruth and Bruce Rappaport Faculty of Medicine at the Technion, Israel's Institute of Technology, before pursuing a neurosurgery residency at the Hadassah Medical Organization.

During his residency, he also completed his MBA at Reichman University. He is currently a spine fellow at the University of Miami's Miller School of Medicine.

Michelle Stravitz is the Chief Executive Officer Emeritus of the American Jewish Medical Association, which was founded in response to the alarming rise in antisemitism following October 7th, 2023.

The AJMA is the first non-political, non-profit nationwide organization representing all Jewish healthcare professionals and students. I was privileged to represent Hadassah when we co-sponsored the AJMA's rally in New York City, Healthcare Free from Hate, to increase awareness around this surge of antisemitism in medicine.

Michelle, a life member of Hadassah, is also the former CEO and co-founder of 2Unstoppable, a non-profit organization dedicated to inspiring and providing oncology

Ellen Hershkin:

exercise for women. She has served as CFO of Spectrum Management Consulting, was a management consultant with Booz Allen, and has worked with and for many Jewish communal organizations in the Washington, D.C. area.

Our moderator and my extraordinary Hadassah Magazine partner, Lisa Hostein, became the executive editor of Hadassah Magazine in November 2015, making her the first female journalist to lead the 100-plus-year-old publication. She has decades of experience in the field of Jewish journalism, including serving nearly 15 years as editor-in-chief of JTA, the global Jewish news agency in New York, and as the executive editor of The Jewish Exponent in Philadelphia.

She has personally won numerous journalism awards- And led Hadassah Magazine to win more than 70 Rockower Awards for Excellence in Jewish Journalism from the American Jewish Press Association, including 17 awards just last week.

She has been recognized by the AJPA with its Distinguished Service to Jewish Journalism Award. Lisa is also the host of Hadassah Magazine Presents, a program and podcast of the magazine which brings you this program in collaboration with Hadassah's other podcast, Hadassah On Call, which spotlights the Hadassah medical organization and its cutting-edge work in Jerusalem.

Lisa, panelists, the stage is yours.

Lisa Hostein:

Hello, everybody. It is just such a joy to be here. Thank you, Ellen. Thank you, Marcy. Thank you, Hadassah Greater Detroit and your team. Stephanie Brovenick, you've done an amazing job to welcome us here. We're so delighted. I love going on the road with Hadassah Magazine Presents, and this is the first time into Detroit, and I hope to come back another time.

It's wonderful to be here. Thank you.

Hadassah Magazine Presents is a program and podcast produced by Hadassah Magazine in partnership with Hadassah's outreach-- membership, outreach, and engagement division. And we offer conversations with acclaimed Jewish authors, thinkers, and celebrities. And I'm so delighted to be partnering tonight with Hadassah On Call, the other Hadassah-produced podcast, on this important subject. If you have questions during this program, you have all gotten cards and pens on your chair. Please write them and they'll be collected toward the end of the program.

So there's so much to talk about that I really wanna dive right in. And Michelle... And by the way, we have two Michelles, which makes things a little complicated. Maybe not so much for you, but when we are, when people are listening to the podcast, it might be a little complicated.

Lisa Hostein:

So we're gonna distinguish between Michelle and Dr. Michelle. Michelle. And then, uh, it's okay if we call you Uri, right? Yeah. Okay. No one has that name. Unless you want another Uri. So Michelle Stravitz, I wanna start with you, and I want you to help set the stage and explain to us what happened in particular post-October 7th that created the need for an organization like AJ- AJMA, and what's transpired since.

Michelle Stravitz:

So first of all, I wanna thank you so much for having me here. Thank you all for being here. Uh, being here is actually a little bit of a dialectic. I'm humbled to be on the panel with all of you, inspired to be here, and I'm really sorry that we have to be here to talk about this topic, right? It's like a Debbie Downer topic.

Um, as we know, and as Ellen talked about a little bit, after October 7th, it unleashed a swarth of, of antisemitism in all kinds of areas. We were very familiar with what happened on the university campuses. People were talking a lot about what happened in K through 12 schools, or what was going on.

But fewer people knew about was that there was this unbelievable onslaught of antisemitic and anti-Zionist expression in the healthcare space. And if you haven't heard about this, I'm sure you're a little shocked. Who would think that in a space like healthcare that this would emerge? But that is in fact what we were seeing, and shortly after, only weeks after October 7th, a group of doctors started a WhatsApp group to respond and discuss what they were seeing.

Fast-forward to December of '23, and they looked around and said, "Where's the organization that is here to support us? Who's gonna address these issues in the healthcare space?" And there wasn't one. And so, a group of physicians founded the American Jewish Medical Association in December of '23. What were they seeing?

They were seeing antisemitism in every relationship that you can imagine in healthcare. So they were seeing physician to physician, or provider to provider, nurse to nurse, mental health professional to mental health professional. Of providers doxing their colleagues, um, you know, calling saying, "I won't work with this person," or, or things like that.

And just that one relationship alone, and I'll talk a little bit about the others, but think about the way an OR works, think about the way an ER works. Everyone needs to work together. As soon as you've got this, "I won't work with you, I can't speak to you, I can't, associate with you," you've got a problem.

And so as Ellen said, antisemitism in healthcare does not just affect the Jewish community. Antisemitism in healthcare endangers everyone's healthcare, so it's an issue that we all need to be aware of. We were seeing med students saying, you know, "I will not work with another med student." So if you know anything about the way medical schools work, for example, they have study groups, they work together, they need to

Michelle Stravitz:

support each other. And we're also seeing a decline in the percentage of Jewish medical students in a, a particular class. We have a long history in this space, right? Jews have a long history in medicine, but the numbers have been declining, so anecdotally they tend to be closer to 2 to 4% than the 20% we might imagine.

And so when there's only two or four med- Jewish med students in a class and they're being ostracized by their peers, they're not able to get the education they really need in the way they need to get it. We had faculty members putting med students on the spot. We had med students saying, you know, submitting complaints about Jewish faculty members, so both directions.

We've had-- we've seen physicians threatening Jewish patients. And when I say physicians, I actually mean all healthcare providers. So we've had mental health professionals threatening Jewish patients. We've had nurses talking about it. I don't know if any of you saw, raise your hand perhaps if you saw the video out of Australia, there were two nurses that threatened Jewish patients.

The only difference between that video and many other incidents that were happening is they were recorded, and so more people heard about it. These were happening all over the country in every discipline of healthcare, in every kind of institution. We were seeing a hijacking of the healthcare platform for antisemitic and anti-Zionist political rants.

So we had speakers at conferences, talking about the medical genocide in Gaza. Okay? So using that platform, and of course using a term that was not true. But what happens when a physician adopts an ideology or speaks about these issues? Physicians are a very well-respected field, okay? Medicine is well-respected.

They're not 18-year-old innocent students. They're well-educated professionals whose lives are in their hands. So when they speak, people listen, and they respect that. And we know that history has shown that when the medical community adopts an ideology, society follows. So our physicians were seeing a lot of these things happening, and they realized that they needed to do something and they needed to organize.

Lisa Hostein:

I wanna give a few statistics that put a fine point on what you're saying in terms of the extent of what's going on. So a 2024 study published in the Journal of Religion and Health found that more than twice as many Jewish health professionals reported antisemitic experiences after the events of October 7th, 2023.

Again, we know that it was happening to some extent before but clearly was exacerbated after. And another survey published by the Journal of General Internal Medicine found that nearly 40% of Jewish health professionals reported experiencing antisemitism in the workplace. So that really shows the extent.

Lisa Hostein:

So Dr. Michelle, you are in the workplace. You are a pediatrician. You work in a, um, in Louisville, Kentucky, in a community health center, and you've experienced some of this. And not only have you experienced this, but you've also been very active, and we'll get to that later. But I want you to tell everybody some of what you have personally experienced re- with regard to this.

Dr. Michelle Elisburg:

So I'm gonna say that, I mean, initially, um, I really haven't experienced that much antisemitism. I really feel that after October 7th, things really changed, and changed in the workplace. And a lot of it is maybe not intentional. It's not meant to be hateful. But the things that I experienced show how ignorant people are about the Jewish faith, what, what it means.

Um, I work in a, uh, Louisville's a huge re- refugee resettlement area, so the refugees, you know, are from Sudan and Congo and Burmese, Somalia, lots of, I have lots of Muslim patients. I don't have any Jewish patients. Lots of Christians, lots of Muslims, Hindus, but there are a lot of Jewish staff in our, in our clinic.

And- It just comes when you're not expecting it. So I think I, I, I write in a blog, so if anyone wants to read The Times of Israel blog, the, there's two incidents that really come to mind about what happened in my clinic. One, you know, I'm a pediatrician. I ask all the kids, "What do you wanna be when you grow up?"

And, God, the kid was, like, 10 years old, and he says, "Well, I wanna go to Palestine and become a fighter and get Palestine back." So I'm like, "Okay. Well, how do I," you know, "Oh, well, what does that mean to you?" You know, and it's, "Well, I wanna, you know..." I wear a Magen David at, at work. I have a Star of David.

I, I feel I'm pretty obviously Jewish, and he, he... The mother, they just... She wears a hijab. She was clearly, you know, Muslim. They just didn't even get that that could be, um scary for me to have to, to deal with. So that, you know, I was not expecting. And the other one that happened more recently is from a colleague.

So we have a lot of, we have four Spanish interpreters, and then we use a telephone for the rest of them. So we have an in-person Spanish interpreter, and they have a code of ethics. They're trying to interpret and make the patient feel comfortable and, you know, everyone is welcome here at our, at our clinic and, and all kinds of, you know, really culturally aware kinds of things.

And we give books to kids. So, from birth to age 12, they're, they get a book when they come for their well child check, and they're multicultural books. They're from Scholastic. They're kinds of, all kinds of things. And one book was on a guy who saved the Yiddish language. He brings Yiddish books over and he saves the Yiddish language.

Dr. Michelle Elisburg:

And I look at this book and I think, "Well, who do I give this book to?" And I ask the interpreter, you know, he's like 25-year-old guy. I'm like, "Do you, do you think that, a kid, somebody would like this? Who should I give it to?" And he said, "Well, it depends. Is it about a good Jew or a bad Jew?" And I'm like, "Well, well, what is a good Jew?"

What's a bad Jew?" "Well, a bad Jew is a Zionist Jew, and a good Jew is not a Zionist." And so I look at him, and I'm thinking to myself, I mean, this is... I have been to Israel, well, now four times. I've been three times to Israel since the war started. I come back, I bring Israeli chocolate to all of these people.

They know I go to Israel. They know I'm Jewish. So I'm like, "Well, well, you know, I'm a Zionist Jew, so am I a bad Jew?" So that led to a conversation of, "Well, what does this, what does that mean? What does Zionism mean to you?" I mean, it was a very open conversation, but it was not one that I thought I was gonna have to have, um- Hmm in my clinic.

Lisa Hostein:

Wow. Incredible to hear these stories. Uri, you have a very different experience, and we're gonna talk later about your Hadassah experience, 'cause that is relevant also. But right now, you're doing a fellowship in Miami, and you've been confronted with some uncomfortable situations, in, in Miami of all places, right?

Which everybody says, "Florida, Miami, who has to worry there?" Can you share some of your experiences?

Dr. Uri Hadelsberg:

Yeah, I mean, yeah, um, again, thanks for having me, guys. Um, you know, people have stories, right? I mean ... When I arrived at the fellowship in Miami, it's a very busy program, great program, um, the chairman's Jewish, and, um- You know, like I said, we love stories.

So this, I was in, um... I'm a spine surgeon, right? We're, like, finishing up the case, and I sometimes I'm maybe a bit loud about my Jewish remarks, like, oh, you know, whatever, we talk, and we make, you know, we make some fun. In a professional manner, you're still o- in the OR, but you're also kind of, you know, kind of passing time, right?

So, you know, we had this time where I was saying, you know, I don't, I don't know where it came from, but people know I'm from Israel, right? I don't know, it's my, my name or accent, whatever. And, um, one of the scrub techs was literally like saying, like, you know, "Allah will finish his job that with your people."

So I forget the, I, you know, I was... And at first, like, you know, I was in the military, so maybe, and I'm getting old. Not like you guys, I'm getting old. I'm, I am, I'm, you know,

Dr. Uri Hadelsberg:

I'm starting to be, you know, maybe, maybe misinterpreting, not listening well, and not hearing good, uh, things well. But I mean, then, then I was like, "What did he say?"

And he repeated that again. I was like, at that moment, that must have struck me that, you know, I'm facing the scrub, scrub tech, whatever, and, and, you know, having that statement and you being as a fellow, so you're not like, you know, you're not like 20, you're attending in the OR, you don't own the OR.

You're just there to do your fellowship. Kind of struck me there. I was kind of moved away by it, and I went to, I actually went to the manager in, in the hospital. Said, "Who's," like, the... He's, like, the surgeon, but he kind of oversees the ORs. He's a, guy's Jewish, right? And like, you know, I tell him, "Listen, this happened.

Listen, this happened." Before doing that, I talked to a friend of mine who's another Israeli fellow. She's a general surgeon. And like, "Do I do anything with this? Should I take it to the..." Because again, I'm here for a year or two, and then I head out, so I don't wanna, you know, raise a havoc about all this.

And you know, she said, "Definitely talk to, talk to, uh, that, you know, that surgeon and, and tell him what happened." And he said, "Oh, who's that guy? I think I know who you're talking about." And yeah, I didn't want to go and, I mean, press charges or a complaint or... But it is there, and, and it's not only, you know...

W- we, I know we're talking about the hospital, by myself, I, I live in Surfside, a very Jewish area, and on, on Saturday morning, I go, but with my kid, and, you know, I go back for Shul, and you hear, you know, some- happened to me already once or twice that you hear people, you know, driving by and saying, you know, hissing at you and saying, you know, things which, you know, as, as a kid growing up in Staten Island, I've never, never seen that before.

But again, 30 years have passed, so.

Lisa Hostein:

Hmm. So I wanna ask the doctors first a question about medical ethics, right? You took the oath, right? There's a t- basic tenet that I think everybody's always believed in terms of, you know, do no harm, save everybody, and suddenly this is getting, like, really undermined in this situation.

So Dr. Michelle, how do you, um, how do you interpret this? How do you wrestle with this? How do you deal with this?

Dr. Michelle Elisberg:

So this is what I find the most disturbing part of all of this, and I've been out practicing 24, 24 years, and y- we took two oaths actually, University of North Carolina. I just found an old program from my m- I didn't even remember that I did this.

We did the Hippocratic Oath, and we also took the Oath of Maimonides. Um, even though, you know, it wasn't a Jewish school, but you know, everyone knows Hippocratic Oath is first, do no harm. The Maimonides Oath, and for those who don't, you know, Maimonides is a medieval scholar, but he was a physician. And it's, uh, something about, you know, I, I see the pat- I will only see the patient in front of me as a, as a human.

So you are supposed to take care of the patient. You don't have to like your patients. You don't have to like what they believe in. You're supposed to do what's in the best interest of your patient and take care of the patient. And so I find it very troubling that people feel there are certain kinds of patients they won't take care of, there are certain kinds of patients based on their political beliefs, ideologies, and that they will make comments on social media, which supposedly is maybe free speech, you know, that they wanna cause...

Not that they won't even treat them, they want to cause harm to them. Or, you know, they're going to let them die. They're not going to treat them. And I don't understand this.

You know, I was in North Carolina, and I'm from Maryland. I was, you know, kind of a Yankee down there, and I had a patient it, and you know, and I was a young person at the time, and he said something, the patient said something racist to me that he thought I was gonna agree with, and I had to figure out how to Not take it personally, not let him think I agreed with him, but take care of the patient.

And that feels like something now that students don't have to do. They're learning that they can pick and choose which kind of patients are worthy of being taken care of, and it's just something, like, I just don't even understand. There's just no way for my brain to compute what that means, that somehow there are worthy patients and there are not worthy patients.

This just feels violates any kind of oath that we take.

Lisa Hostein:

Mm. Ori, do you have any comment on that?

Dr. Uri Hadelsberg:

Yeah, yeah. Well, you know, I d- y- people love stories, right? Like, again, w- we- our whole life is experiences. And, and residency in Hadassah, neurosurgery, you, we

Dr. Uri Hadelsberg:

operated, uh, bunch of times on terrorists, literally people who have, you know, have s- seek to kill out other people, Jews or whatever.

And you've seen a lot of people from, um, you know, eastern part of Jerusalem, and they go do a terror attack. And then they bring you, they bring everyone over, but then, again, that terrorist was shot by the police or whatever happened, you have to operate on that person. That person then, you know... And I'm a, I'm a surgeon, so it's very binary.

It's one or zero. You have to save this person's life. I'm not, I'm not the judge. I'm not the, you know, the jury trial. This, this pa- this person, human being, whatever, he needs, he, she needs to be saved. And we have, have a bunch of stories about it. We all have as, as doctors. We have these stories where you don't look at someone's political views or religion.

In front of you, you have, okay, he has a brain hemorrhage and I have to evacuate that brain hem- um, that hematoma from his brain to save his life. What happens afterwards, and, and even in the ICU, these patients, neurosurgical patients will stay with, in the neurosurgical ICU a, a matter of a month or two months even. I've had, you know, in, in Had- in Hadassah we, we've taken great care of them and then they, you know, they go to jail through rehab or whatnot. But we don't, I'm not, you know, I'm not a police officer. I'm not a judge, and I'm not, I'm there to, to help save people's lives like, you know, Dr. Michelle here. And, and, you know, that's where we're at.

Lisa Hostein:

Mm. Michelle, you mentioned about, uh, medical schools, and it seems that from the literature, from the articles, and from your experience that it's worse there than in so many other areas. And again, kind of the, to the point that you're ma- you're all making, this is where students are getting taught?

Michelle Stravitz:

Correct

Lisa Hostein:

how to, how to be doctors, who to treat, and how to ignore or not ignore, and it's just so bad there. What can you tell us about what, if anything, how it was exacerbated after October 7th? And are there any medical schools that are trying to, like, tamper this down?

Michelle Stravitz:

So, um, there was actually a study in addition to the ones that you mentioned that was maybe came out about a year ago, um, in cooperation with the research department at StandWithUs that said that the antisemitism is more prevalent in academic institutions.

Michelle Stravitz:

So it's not just what we're seeing anecdotally, but there was a study that showed that. Right.

Lisa Hostein:

Actually, I actually have a figure that I think may be the same study. 63.8% of all the reported incidents in the healthcare were affiliated with academic institutions.

Michelle Stravitz:

Yeah. And so we're seeing it a lot in the medical schools, but I want us to realize that it's also in...We, we had issues in nursing schools, schools of graduate social work, grad-schools of graduate psychology, and so on. So we're seeing it in a lot of fields. We've heard from physical therapists. We've heard from speech and language pathology therapists. So it's actually in all of these fields of healthcare, never mind, um, all of the, um, you know, all of the support.

Like, he was talking about specifically about a tech who said that. I think what has changed, and it, it speaks to what they were talking about, is the normalization of antisemitism, the normalization and acceptance of expressions of hate. So we know that there was antisemitism before October 7th, right?

And there were issues in the healthcare space before October 7th. They were more prevalent in certain fields. I think we saw more in pediatrics, internal medicine. Um, those are the ones that have a, a higher social justice factor involved, and so it's coming a lot of times from that group. But- After October 7th, we saw it in all spaces, right?

Where it was unleashed, and it was acceptable. And so where may- maybe a few years ago, 10 years ago, a physician might have had maybe some hate in their heart, maybe some concerns about someone's political vi- they would never express it. They would never feel comfortable expressing it on social media, in the hallways of the hospital.

You know, I spoke to some physicians who said, "Oh, well, we- I haven't really had an issue directly directed at me, but you should hear what they say at the nurse's station." And they're comfortable doing that. That tech was emboldened to say what they said. That's, I think, part of the issue, and it is coming from the academic institutions.

So it's definitely the, the new generation, the med students. They're taught about all sorts of diversity, equity, and inclusion concerns. Jews are never discussed as a minority or sensitivities so that somebody would be aware that their comment might be offensive or even threatening. They're not taught that.

And so that was one of the things, for example, that the AJMA worked on, was how can we educate people? How can that be included in their education? There should be cultural sensitivity for all groups, including Jewish patients, including Jewish

Michelle Stravitz:

colleagues. Um, so I think that was-- I think that's the biggest change, is that people are emboldened.

It's acceptable. It's even considered socially justified to say that Zionists are bad, and therefore, you, if you're a Zionist, are probably bad. Or it's okay to say, "We're gonna finish the job." I think that's the difference.

Lisa Hostein:

So these concerns extend to medical organizations, right? And, and unions has been-- there's been a lot of, of talk about that as well.

And Dr. Michelle, you have been very involved with the association, the Academy of American Academy of Pediatrics ... American Academy of Pediatrics.

Dr. Michelle Elisberg:

Yeah. Thank you.

Lisa Hostein

And I think you even filed a complaint at one point, but yet you've also stayed involved.

Dr. Michelle Elisberg:

So can you talk about kind of wrestling with that issue?

What do you do with your own medical association that is very problematic? So this is a really challenging issue. Um, and again, the issues in pediatrics actually were a few years ago f- before October 7th. It was, I think, maybe 2021. There was some bombing in Gaza, and the, the... You know, these are professional associations.

It's for networking with other people. You, um, have special interest groups. I'm in an immigrant health group and a global health group because I've, I've been to, um, Africa and done some medical missions. And so, um, these groups are naturally caring about other marginalized people in the world, and especially children.

And even years ago, that started with a lot of hostility towards Israel. And if you said, "Well, you know, these are the other, you know, these people are doing bad things, too. You know, Hamas is not good," and it always turned into, um, pretty much Israel is bad. And so that was beforehand. After October 7th, it exploded in a way that was very silencing.

So I was in Israel November 2023. I went with the Moment of Unity mission, and, you know, it was really raw and fresh. And in this Listserv talking about, you know, they are already, uh, you know, bombing Gaza. And look, I don't want Gazan children, I don't want any children to die, okay? It was war. It's very bad.

Dr. Michelle Elisberg:

And I made some comments about these children that were hostages, and one of the guys said, "Well, if you aren't only gonna talk about the Gazan children, then you are morally bankrupt." And so, you know, that makes it very hard to want to ha- There's no conversation that you can have. There's nothing in the f- there's no way...

It became a lot about your privilege, and you're very privileged, and, you know, your trauma isn't really any, you know, w- you're, you're privileged to have your trauma, and really, this other trauma is, is worse. And really, that's very odd. Pediatricians are really caring people. We're supposed to solve problems and friendly, and it, it was very shocking to me how hostile they were.

And this continued, um, for months and months and months. And the other, well, the same guy months later made comments of, you know, "If you are..." I mean, these are discussion forums, and if you are not, um... What did he say? "If you are not willing to only center the Palestinian children, then you better just sit this one out and be silent."

So how do you... You know, these are violations of our code of conduct. You know, you are supposed to be professional and collegiate to each other, and telling someone to be quiet and not talk on a discussion forum feels like a pretty clear violation. So in the end, many pediatricians left, and in the AJMA WhatsApp groups, you know, there's a lot of comments on What they're doing isn't good enough.

We don't like this. You know, the AAP wrote a letter about the, um, one of the Hamas hospital people who's a pediatrician, so of course they want him to get out, and we filed, um, wrote letters, Hadassah, the Physicians Council, many groups, about how that was inappropriate for them to advocate. You know, they are a neutral organ- They should be a neutral organization.

And so it just became, um, untenable whether you leave or whether you stay, and I decided to stay and fight. I did file an ethics complaint that did finally just get resolution. I don't know what happened. It was trying to, you know, scary. Do you put your name out there? Then I'll be doxxed. How do you, what do you do?

So in the end, they disciplined the person. He's had a year without any issues, and, you know, we'll go from there. But it's, um, it just feel- It's stunning how, how much people think is appropriate conversation among colleagues.

Lisa Hostein:

Mm. Uri, I wanna turn to what happens at HMO Hadassah Hospitals in Jerusalem, because we all know that those hospitals are an oasis, a multicultural oasis where Arabs and Jews and Christians and Muslims and Orthodox, ultra-Orthodox, and secular people.

Lisa Hostein:

You walk into a Hadassah Hospital and it's really a beautiful thing that you see. I mean, talk about differences of opinions. When you're working with Palestinian or Arab doctors or nurses or scrub, whatever, why... How does it work there? How does it work there?

Dr. Uri Hadelsberg:

Yeah, so, so, um, you know, again, stories, right? So it's...

I- I've spent a lot of time not only in the OR but also in the neurosurgical intensive care unit of Hadassah. It's on the 12th floor in the Ein Kerem main building there. It's a beautiful desolate island of where you have probably the best nurses I've seen in my life take care of neurosurgical critically care patients.

Like, a, they have a whole, this whole nursing school. And I'm not pushing Hadassah to say how good it is, but, I mean, the- It's okay ... majority of... But, because it is, it is, it is. But the majority of... I don't know the majority. I don't, I don't know the numbers by now. I haven't been there in a while, but I mean, probably, like, at least 50% of the nurses are, are Arabs or Muslims who are, like, Arab Israelis or li- live in Eastern Jerusalem and, you know, they're not Jews, okay?

They're not Jews. Christians, Muslim, mostly Muslims maybe, or I don't know the exact demographics. And we work, you know, we talk, we talk politics, we talk everything is out in the open. We're friends, right? They go to their weddings. Um, you know, they, they're not old like me. They get married, I go to their weddings.

They invite me and I go, you know? And, um, we, we talk about everything. When they treat the patient, you have a critically ill patient, you will see how, how, how professionally, how, how... Even though, you know, that patient is whatever, I don't know, however he looks like, he has a, he has a kippah on his head or he's, you know, he's a, was a terrorist or whatever, it doesn't matter, you know?

I, that works really well. Just to give you an... I don't know who has LinkedIn, and you see, like, the, just, you know, I follow this guy. The manager, like, the chairman of the ER at Hadassah is, is Arab. He's from East Jerusalem, if I'm not mistaken. The guy goes around the world- You'll probably see him soon here, right?

Dr. Uri Hadelsberg:

Ahmad Nama, his name is. So I was, I was a resident, and he's like, guy's a phenomenal physician. Okay, the chairman of the ER is, is, is, you know, he's from East Jerusalem, he's Muslim. I work with him. He's super professional, and he takes care- great care of everyone, and never got to the point of, like, me not trusting anyone in the institution, in Hadassah, because they're not Jewish.

Dr. Uri Hadelsberg:

Just doesn't work that way, you know? Mm-hmm. And it's, it's, it's, it's funny because it, it works very well in Israel where, you know, we have all this... You know, we have the war, we live through October 7 daily in Iran and whatnot. But here, for some reason, this is, I guess this, you know, idiocy and like, you know, racism is kinda rampant unfortunately in a lot of parts, whereas in Hadassah, it's, it really, we work together.

Michelle Stravitz:

Good. I was gonna say, I think that you just touched on a word that's really important in the healthcare space, and that word is trust. So you just said, "I can trust you know, I can trust that they're gonna give every patient good healthcare," that all of those other issues, color of their skin, what they, what their faith is, what their politics are, is not gonna come into play.

And I think that sacred trust is so important. Mm-hmm. When you go to the physician, when you go to, to get your own healthcare, you trust that they're gonna... You need to be able to trust that they're gonna take good care of you, no matter what your beliefs or their beliefs. Um, I think in this country what's happened is that there's a break in that trust. There's been a crack in that trust. Because, providers feel emboldened to express hate or discrimination, and they're often not held accountable. They're not held to those standards that you talked about. That's a change. Mm-hmm. And because they're emboldened to do that, it's hard to know who you can trust.

So I wear a star as a ring. Many of you might wear them around your neck. Are you afraid to go into the ER wearing that? You know, if you, if, if you're questioning it, then that sacred trust is cracked, and that is a huge problem. I think that most providers, most hospitals, most physicians, most nurses are doing the right thing.

I mean, they're doing what you're saying. But there are others that are questionable, and that's where it becomes this huge- break because of that crack.

Lisa Hostein:

Mm. I wanna talk about, uh, Hadassah's activism on this issue because Hadassah has been very active engaging with Congress, le- the legislation, the Physicians' Council.

And Dr. Michelle, you have been a fierce activist, I would say. You're writing a blog on The Times of Israel. You're outspoken. You're the co-president of the Physicians' Council. And you also testified, or you had a meeting at the Department of Health and Human Services Office of Civil Rights recently with a group of Jewish organizations.

So what was the message? Just give us that example. What was the message that you and this group were bringing to this department, governmental department, and what was the outcome?

Dr. Michelle Elisberg:

So the, the... Hadassah was a participant. There were many groups. The leader of the group is the Lawfare Project through the Brandeis Center, and they are really working on the legal civil rights aspect of that.

Many of these things are really a violation of Jewish civil rights, Title VI, Title VII. And they had a... This was a follow-up meeting where they had AJMA, Hadassah, ADL, Federation, and Stand with Us. And the intent was to talk to, and Health and Human Services 'cause that's where the medical things are under, the civil rights aspects of what is happening, and that it's not just bad or a trust, it's a violation of the law, and it's a violation of our civil rights as, as Jews that being discriminated against based on your national origin, your ethnicity, your religion, any of these things are really violations of the law.

And so the intent was... I mean, I was there as the physician to talk about my experiences with the AAP and the personal parts of it. Other people talked about patients who were treated, were, were concerned and, and not sure if they were really treated fairly based on the physicians that they had and what they know those people believed.

And the outcome, I'm gonna say I'm not really sure all of the outcome. But I think the, that they heard the message, and the idea is if there really are some clear legal discrimination cases, these are things that they will be willing to look at. And I think it's that level and changing the narrative.

Again, it's been normalized that somehow this is okay that, that you don't have to take care of certain patients 'cause you don't like them. And getting rid of that normalization and showing, like, these are civil rights violations, and it's against the law, and it's unacceptable. And so I think they, they heard us.

It was a very good conversation. They asked a lot of questions. And I think that will continue to move forward.

Lisa Hostein:

Mm. So we promised at least some discussion about potential treatments, right? I mean, this is obviously a very difficult issue, but you've all been involved in it to a certain extent. So what can be done?

What can be done? What can patients do if they confront this issue? What can and should be done? Michelle?

Michelle Stravitz:

So I think there's a few different things we can lean on, um, in this fight. One is, um, something that Dr. Michelle just referred to, which is the law, right? There are laws. Uh,

Michelle Stravitz:

Title VI has to do with being able to access your education equally, so if you talk about the medical students, or we've heard a lot about this with university campuses.

Um, Title VII has to do with the workplace, so it might be a hostile work environment for some people in a hospital that are hearing the kinds of things that, Uri was describing. So that's another area of the law that you can lean into. Another is simply institutional regulations and, and rules of an institution.

So for example, I mean, the medical community is very regulated. There's a lot of rules. I'm pretty sure that if you work in a hospital, you can't come in open-toed shoes, and everyone follows that rule. Most institutions have rules about what you can wear on your clothing or your white coat when you're serving as a provider, a medical provider.

And yet, lots of people were starting to come in after October 7th with political garb or keffiyehs or pins, um, or messaging on their clothing that might be threatening to a Jewish patient. We heard a story of a patient that came into the ER, and, uh, s- somebody in the ER was wearing, I don't know if it was a Palestine, you know, a pin showing Israel, but as Palestine, or it was a watermelon pin, I'm not sure what it was.

And the patient said, "That's making me uncomfortable. Could you take it off?" And they refused to do that. This is in an institution that has rules about not wearing those, so that wasn't enforced. So it's looking at the rules that you're supposed to be following in the first place, never mind the obvious ethics that should be... people should be held accountable. And then there are standards of, you know, conduct and behavior in various fields. So it's state, you know, it's, by, at, at the state level for physicians, nurses, various mental health professionals, right? So for certifications. Um, that can, that needs to be enforced. So a lot of it is really using the tools that are already in existence.

From a practical perspective, while I said, you know, most providers are doing the right thing, and you can trust most physicians to take good care of you, you might wanna check their social media You might wanna do a little research and Google them just to see if they've been publicly expressing hateful opinions. That can't hurt. Or if there's been any articles, um, that might be a starting point.

Lisa Hostein:

Mm-hmm. Do you have anything to add to that?

Dr. Michelle Elisberg:

So I think that maybe some of the question is also what c- patients can do, and I think that you have patient rights, and- I mean, our clinic has, you know, expectations. I think hospitals are probably easier, but, you know, everyone has an office manager, everyone has an HR department, and if you feel you're being discriminated against, you can ... I think what has to happen is you have to feel empowered to, um, make claims and call people and report it and let it be known. Because part of the thing is if we're silent about

Dr. Michelle Elisberg:

it and you just, you know, take it in, nobody really knows it's a problem. Mm. They are really, I mean, to the detriment of the doctor-patient relationship, making this a consumer kind of a thing, they want the patients to be happy.

So if you are a patient and you are not happy with the service, by all means complain, but hopefully you're not complaining that you're waiting a long time, 'cause you're getting good care, but that you've been discriminated against and that you feel threatened coming into their practice. So I think that if you see something, I think you should feel comfortable to take it up the chain, 'cause the more people who report and complain, the more administration will figure out what they need to do to keep their patients satisfied and feeling safe.

Michelle Stravitz:

Mm. I think one more thing we have in our, in our playbook is education. So there might be ... You can make an assumption that someone intentionally said someone hurtful or threatening or offensive. Mm. Or you can make the assumption that maybe they didn't know. So I do see a lot of, um ... There were a lot of things like resolutions and expressions that came up through, for example, medical associations, various professional associations like, uh, AAP.

There are obviously ones in every specialty. And sometimes they were, um, fully intentional, and sometimes they weren't. Sometimes the organization didn't understand- Yeah ... the meaning of a particular symbol or the meaning of a particular term. We went through something with the term, there's a term that was coined, I don't know, in the past couple of years out of a group of lawyers in Canada called anti-Palestinian racism.

If you hear that term, it sounds bad. It's a type of racism, right? Racism is bad. You shouldn't do that. You shouldn't think that way or express that. But if you dive into the meaning of it, anyone who disagrees with the Palestinian story of the Middle East is a racist. And so if you pass a resolution that says, you know, that, uh, that supports, you know, or is against anti-Palestinian racism, a lot of people are gonna say, "Yeah, that sounds like a good idea.

We don't want that. That's bad." But if you look more carefully and educate people on the meaning, it's actually, it actually means that probably everybody in this room is considered a racist, and that's not accurate. Mm. So education, not just about the story of the Jews and how we're a nation, and we know all of that, right?

And what Israel means to us and why Zionism is, is important, but also just what terms mean and what symbols mean to us and why they're threatening, and why the expression that we all know, from the river to the sea, is threatening, not just interesting.

Lisa Hostein:

Mm. We have a lot of good questions from the audience, so I'll get to as many as we can. Several people are asking something along the lines of why aren't those in charge... Why are those in charge allowing this to go unchecked? Are there any, is there any recourse, um, on the top that people should be taking action?

Michelle Stravitz:

I'm happy to address some of that. Um, some of it, like I just said, is lack of understanding. Okay, we did deal with... So one of the things that the American Jewish Medical Association was in a position to do was work with some of the other medical associations that were having issues peer-to-peer. You know, we represented this constituency, and as long as our members stayed members of those associations, we could say, "We represent a large group of your members."

And so we could, you know, educate them on why this issue that they're allowing is a problem. But you know what they came back and said to us? "Well, there's an awful lot of the other side telling us that this is important or this should go through," so it's important to have that representation, that membership.

It's just like any other democratic process. You have to vote. You have to be part of it. You have to be represented. Um, so some of it is what they're hearing. Some of it is that medical institutions, hospitals, they don't want scandals. They don't want conflict. They don't want anyone to think that you're not getting the best medical care in their facility, so they wanna hush-hush the problem.

And so they don't want things to get loud and ugly and uncomfortable, so they just kinda let things slide. It's a little easier. It's, "Let's keep it quiet. Let's not cause trouble." Um, so there are some institutions that we saw that had hundreds of complaints about antisemitism, and they weren't really addressed.

Lisa Hostein:

Mm-hmm. And Dr. Michelle, you touched on this before, but in terms of the organization, right, and staying and fighting and being represented, like Michelle said, or leaving because it's just so frustrating in a hostile environment.

Dr. Michelle Elisberg:

This is, this is really challenging. And again, the doc- doctors don't agree. I mean, in this, this chat with the doc, you know, some...

You know, you vote with your money and your feet, and you're gone. And why give to an organization that not just doesn't represent you, but actively does harm to you? And it- that's not an invalid position. Everybody can't, uh, you know... It, it takes a toll on your mental health trying to, you know... It's exhausting to be vigilant all the time and always trying to do something, and not everybody can do that.

Dr. Michelle Elisberg:

However, if everybody leaves, then you have no voice at the table, and the other side really just ta- There's more of them than there are of us just by default. That's why Jews are a minority in the world, right? There are more of them than there are of us. They're very vocal. They're very organized. And if you walk away and don't counter the conversation, then the leadership thinks that's a valid thing.

So if I'm talking to the executive director of the AAP about the things, right, he's getting equal complaints from, you know, the Jewish faculty who feels that they're marginalized and having hate, and the Palestinian advocates who feel that their voices are being silenced. And it- there are some legitimate concerns.

It's medicine and healthcare, and people are being harmed. So I mean, there's, there's a conversation to have. Um, but y- you know, you have to balance the needs. You have competing values and competing needs. But if you walk away, you have no voice, and that seems kind of self-destructive.

Lisa Hostein:

We have several questions related to the point that was made about the decline in Jewish students at medical schools.

So I'll combine them.

What are the main reasons that's happening? Is there evidence that the decrease is a result of purposeful, systematic actions to accomplish this, and what can be done?

Michelle Stravitz:

We did. You did good. So there hasn't been a study to determine why. Um, we know anecdotally that we're seeing lower numbers.

You know, some of our physicians at the AJMA who, you know, were in med school 20 or more years ago would say, you know, "My class was 20%." And there was a statistic there was a number about 20 years ago that the estimate was 14% of physicians in this country are Jewish, and so that was the numbers in the med schools, right, that brought those up.

We're seeing much lower numbers, but we don't necessarily know why. Um, again, a study hasn't been done, and also we don't have... We're not really able to pull together official numbers because no one's collecting it. When they collect DEI information, they're not asking you your, if you're Jewish or Zionist.

And the only place to even report that in, let's say, an application or a registration is under other, and so it's entirely optional and most don't opt in for obvious reasons. In fact, we hear med students, residents saying, "Should I, you know, hide the, my Jewish experiences off of my resume because I'm not sure it's gonna be seen as a positive?"

Michelle Stravitz:

So if I volunteered with Magen David Adom or I did a residency in, you know, a year in Hadassah, should I say so or should I leave it off?" Um, but the, um... So we don't know exactly why. It could be that Jewish mothers aren't telling their kids to go be doctors anymore. They're telling them to go into finance and engineering, right?

It's easier. It's more lucrative. It doesn't cost as much to get the education. That's entirely possible. Um, but we do know that the numbers seem to be lower. We do also know that med schools t- had, in recent years, had a heavier emphasis on DEI, and Jews aren't considered a minority, so we're not included in that.

So it's almost like an opposite... You know, like, it's not a quota, but it's certainly not helping us. And because we're more, like, 2% of the population but we tended to be over-represented in this field, you know, the trend would be to reduce that, right, if you're looking at equity. So it doesn't help us. Let's put it that way.

Dr. Michelle Elisberg:

This was o- this was one of the things that the AAP, we actually, with the AJM group, because again, there's strength in numbers, that the, the people who were in the AAP, there's a leadership forum in the summer where you can, anyone can put resolutions, and there are a lot of very harmful resolutions. But last year we did manage to get one to recognize Jews as a minority.

Cause I think this is really the place to go is you're not in this DEI space, and yet you are a very marginalized minority group. And so again, working with the systems that exist and making it work for you. So that was a successful challenge. I don't know about if there's not as many Jewish medical students.

I, you know, have students who come from University of Kentucky, University of Louisville, and luckily they are not anti-Zionist 'cause they're gonna have a hard time working with, with me if they are. Um, but it, it's not... I think the, the issue even, like, with colleges and, and medical schools, there is so much in medical school that- is so, I think, I mean, it's anti-Zionist.

I think there's a lot of Jew hate. I think that, you know, if you wanna go to sc- maybe you don't wanna do that. Maybe you don't wanna put yourself in that situation. So I think that it's kind of a circular thing of being afraid to go... You know, at the beginning of the war, there were all these petitions coming from medical schools on boycott Israel and boycott Israeli medicine, and the Israeli Medical Association, the student med- Israeli Student Medical Association was, um, kicked out of this international student, Medical Student Association.

Yeah. So I think if you see that going on, you know, maybe you'll choose a different path- Mm-hmm ... because why, you know, why put yourself in a hateful situation?

Lisa Hostein:

Mm-hmm. So several people are asking kind of to the point about, you know, how do you, how do patients protect themselves? Should they say that they're Jewish because you don't know who you're gonna be, um, confronting?

And one particular person is asking, "My husband will be seeing a Syrian nephrologist. I'm concerned. Should we ask for another one?" Any advice? Do you wanna go?

Dr. Uri Hadelsberg:

You know, you know, I'm, I'm, I'm more of a bystander in the sense of, like, doing the fellowship here. Most of my life I've been living in Israel. I think we're facing the bigger picture, right, folks?

The bigger picture is that this generation, not, the younger generation is exposed to, you know, Snapchat, TikTok, Instagram. These are, you know, multi-billion dollar industry, but the whole AI, right? I'm have a talk tomorrow about AI. Everything is the whole information is, like, all our understanding of medicine and a lot of stuff is kinda getting involved with- Everything's superficial, right?

There's no, "Oh, where is Israel?" People don't even know, you know. You have these Instagram reels I like watching, and people don't even know where Israel is, but they're rioting from the river to the sea. And, you know, it's, it's, it's like, it's like, you know, it's just stupid, right? So you know, we're the age of like people come to you, to the doctor and say, "Listen, I ChatGPT'd my MRI.

I need surgery." I'm like, you know, there's a certain extent of like, yeah, okay. Well, so I think the superficial knowledge people are sharing is not really helping us funnel in. You know, from the side, how do we tackle this? It's a problem, and that's why we have two Michelles here who are gonna help us, because I'm-

I'm pessimistic. You know, I see a lot of this going on. You call it antisemitism, anti-Israel, anti-Zionism, anti-American jewelry, whatever you wanna call it, at the end, there is a problem. And I don't know, you know, that's why we have these two ladies on the panel. I- Right.

Dr. Michelle Elisberg:

So I think the answer to the very specific question...

So you know, and as Michelle said, the other Michelle said, that it's very, um, most doctors wanna do the right thing, okay? You're not talking... I mean, it is, it is not every doctor. I think from my perspective and being interested in history and medical history and, you know, watching just in general in all kinds of spaces where Jews were the ones who were the social activists who made these spaces open to everyone are now being excluded and excluded from professional societies, excluded from publication in journals, and all of these things, that most people...

Dr. Michelle Elisberg:

I mean, you're trying to- prevent the problem from getting worse. It's recognizing it and trying to stop it before it really implodes. But most doctors wanna do the right thing. And so I think it's important to look at the person, not their background. So a Syrian nephrologist, I don't know, is he the best nephrologist in town?

I'd go see the best nephrologist in town. And the fact that he's Syrian, you know, Israel takes care of Syrian patients. Our, our federation partnership is the, the Western Galilee, and they have Syrian patients come up there all the time. So I think that it's, it's the person. Um, and I actually did this in reverse.

I had a patient who was Muslim, and I don't remember where she was from, and the baby needed a pediatric urologist, and the guy's from Israel. And I kind of said something like, "Is that okay?" And she's like, "I don't know. Is he a good doctor? Like, I wanna see a good doctor. I don't really care, you know, who it is."

So the presumption that it's gonna be a problem, I think is you have to be careful. And doing your research, is it a good doctor? Social media can give you a good idea. If they're out there posting, you know, "I would let a, a Zionist die," m- maybe- That doctor ... then you wanna switch. But I would, if it's a, the best doctor in the field and they're good at what they do, you know, I think I would start out with, um, being curious and, and go in good faith until you see something- Yes

that proves there's a problem. Don't make a problem where there isn't one. Um, but, um, I mean, in the end, you want the good doctor to take care of you.

Lisa Hostein:

Right.

Michelle Stravitz:

I also wanna point out that fear of telling your doctor that you're Jewish is not a good idea either. There are some, many issues that are associated genetic, genetically hereditary with being an Ashkenazi Jew, and you don't wanna hide that.

They need to know what your genetic background is, and, and therefore decide perhaps what to test, how to treat you. Um, I've had that in a, in a medical condition of my own, where my, my Ashkenazi Jew- Jewish background made a difference in what kind of tests they were gonna run. I would not wanna have had to hide that.

So you don't want to necessarily hide that. Um, and, and again, most people are doing the right thing. Like, we wanna, we wanna make sure people don't leave here in so much fear that you don't have faith in the medical system at all, but we also wanna make sure people recognize to be vi- vigilant, and that there is an issue that needs to be addressed, um, in a, in a big way.

Lisa Hostein:

I think that's a great note to end on. So I thank you all very much for, um, really a lot of important insight and, and education. Thank you all And I'm gonna throw Ellen Hershkin back to the podium.

Ellen Hershkin:

Not a rosy picture, but not completely bleak either. It's one that we need to confront and understand. We will always have hope that through education, advocacy, determination, and a refusal to accept things the way they are, we will persevere and continue to make a positive impact on the world.

In 2024, Hadassah conducted a survey to better understand how the dramatic rise in antisemitism is impacting Jewish women. The results gathered from over 1,000 responses are alarming. Antisemitism is making women feel isolated, afraid, and threatened, threatened at work and in their communities, causing them to hide and, in some cases, stop practicing their faith.

That's unacceptable. Combating antisemitism in all areas is more than challenging, but in healthcare it is absolutely, vehemently unacceptable. We must be vigilant and therefore prepared to do whatever we can do to advocate for a society free from hate, especially that of antisemitism. And now, I am honored to introduce our Hadassah National President, Carol Ann Schwartz.

Carol Ann Schwartz:

Thank you. I love our Hadassah doctors. Thank you to each of you for being here with us this evening. I'm humbled and I'm privileged to serve in this role. Sunday night when I get the text message, Iran is firing missiles. I get the WhatsApp, actually I say to my husband, "You have to switch to I24 so I can follow what's happening in Israel."

Whatever time it is in Israel, my son is on the phone and he's telling us what's happening. He's outside of Jerusalem, so it's not because it's up in the north. I'm talking to Israel. Uh, you know, they're telling me what's happening We're moving the NICU. That's immediate. We have to move the NICU because the babies have to be taken care of.

What had taken us one year before four hours to move the NICU, we were able to do in 40 minutes That's how good our staff is now that we were able to do that. The next morning, I talked to Yoram Weiss at 7:00 AM. Yes, seven hours ahead. It's in the afternoon. And I told him, I said, "Tomorrow I'm going to Greater Detroit."

He said, "You're going to Greater Detroit? I have a special message for Greater Detroit." He said, "But you guys, you have to remember in 2012 when we built the Sarah Wetsman Davidson Hospital Tower, I was in charge of Ein Kerem. I was the director of the Ein Kerem campus, and I had an amazing, wonderful relationship with Detroit."

Carol Ann Schwartz:

I had an amazing, wonderful relationship with the Davidson family Tell them I said hello. Tell them I said thank you so much because they had the foresight, we had the foresight to put the ORs underground, and we built 12 ORs underground at that time. And we built the extra space to build additional ORs underground.

And now we're finishing out that space for six additional ORs, and two of those Rs, two of those ORs are dedicated to pediatric ORs, and we're building them right now. So I appreciate still that special relationship that I have with Detroit so much. So you have to tell them that from me, that I send them my love, and I send them my appreciation for everything they have always done for the hospital and for me.

Carol Ann Schwartz:

So I send that special message to each of you from our director general, Yoram Weiss. So please know that he is with you, his heart is with you, his appreciation is with you. He appreciates everything you do and the support that you have always given to Hadassah Hospital. Because he knows we could not do what we do without your support, your financial support, your love, your appreciation of Hadassah Hospital without you.

So thank you so much for joining us. Thank you to Lisa. Thank you to each of our speakers. Toda Rabah

Maayan Hoffman:

Hadassah. On Call. New Frontiers in Medicine is a production of Hadassah, the Women's Zionist Organization of America. Hadassah enhances the health of people around the world through medical. Education, care, and research innovations at Hadassah Medical Organization. For more information on the latest advances in medicine, please head on over to hadassa.org/news.

Maayan Hoffman:

Extra notes and a transcript of today's episode can be found at hadassah.org/hadassahoncall. When you're there, you can also sign up to receive an email and be the first to know when new episode. Episodes of the show are released. Subscribe to our show on Apple Podcast, Google Play, or your favorite podcast app.

If you haven't already, please leave us a review on the Apple Podcast store. It only takes a minute, and when you do, it helps others to discover Hadassah on Call. This show is produced by the team at the Hadassah offices in both New York and Israel. I'm your host Maayan Hoffman, and thanks again for joining us today. We'll see you next month.