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Post-October 7th in the Academy: Legacies of Nazism and the Resurgence of Antisemitism in Contemporary University Education

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ABSTRACT

The Lancet Commission on Medicine, Nazism and the Holocaust was published in November 2023, recognized the potential dangers for the medical profession that are echoed in this history. The tragic events on 7 October 2023 have revealed just how timely and important the Commission's publication is and have raised the question of the relevance to the Holocaust to this attack. One of the continuities from this past and which has dangerous implications for current medicine, is antisemitism. Examination of the antisemitism inherent to medical education in Nazi Germany raises the question of antisemitism in current academia. Since October 7th there has been a drastic rise in antisemitism and antisemitic actions in both the academy and in medicine. We have seen outright refusal to condemn the brutal perpetrators of the October 7th massacre and continue to observe explicit support for the perpetrators from both faculty and students. Medicine, a profession whose foundational tenet is the well being of humanity-all humanity-and that hallows moral clarity, cannot allow for antisemitic speech and actions to exist within the profession. Awareness and education on this history is crucial for the medical profession so that the tragic events of the past do not happen again.

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The Holocaust is distinctive from other forms of genocide because of the role that Nazi health professionals played in the formulation, support, and implementation of many atrocities that were perpetrated. In November 2023, the Lancet Commission on Medicine, Nazism and the Holocaust published calls for the inclusion of this history into healthcare professional curricula worldwide so that lessons from this tragic past could be learned [1]. The Hamas-led massacre on 7 October 2023 has been de-

scribed as the worst mass killing of Jews since the Holocaust. This massacre has resulted in public debate on the relevance of the Holocaust to the October 7th massacre. The inevitable question arises: can the events of October 7th be related in any way to the Holocaust?

I want to emphatically state that the October 7th massacre was not the Holocaust. Yet, there are tenable and logical reasons why this horrific attack has evoked the memory of the Holocaust in the consciousness of Israeli citizens, Jews, and non-Jews worldwide. Some of these connections are the antisemitic ideology behind the massacre, the violent methods of the torture and killings, the experiences of the survivors, and the emaciated conditions of the returning hostages. In addressing ideology, the historical trajectory of antisemitism within the Nazi medical academia, particularly preceding the Holocaust, presents a critical lens through which we can examine contemporary manifestations of antisemitism in the academy in general, and particularly the medical profession.

The German universities, considered to be the most prestigious and sophisticated in the world at the time, played a crucial role in the implementation of Nazi antisemitic policies. It began with the students. During the 1930s prior to the Nazi takeover, Nazi students organized boycotts of Jewish students, pressured universities to enforce racial laws, and supported Nazi policies aimed at eliminating Jewish influence in academic institutions.

After the Nazi rise to power in 1933, Jewish doctors were systematically excluded from their clinical and academic positions. By 1935 all Jewish faculty had been dismissed, and by the end of 1938 there were no Jewish students remaining in German universities [2]. The systematic exclusion of Jewish scholars and students from universities in Nazi Germany led to the loss of intellectual diversity and a narrowing of academic inquiry.

More doctors, medical faculty, and students were willing members of the Nazi party than any other free profession [1]. In addition, the Nazi medical curriculum was revised to include newly designed obligatory lectures that aligned with Nazi ideology, making Nazi Germany, ironically, the first country in the world to have compulsory courses in medical ethics across all German medical faculties. This course aimed to inculcate physicians with the regime's values, emphasizing the primacy of public health over individual patient care, the supposed moral imperative of preserving the Aryan race, and the subordination of medical practice to state objectives. All the faculty members delivering these medical ethics courses were members of the Nazi Party, one of whom was Rudolf Ramm, a family physician [3]. Ramm [4] has been called: the man in charge of German medical education because he wrote the influential textbook that was used for these courses. The book was called Medical Jurisprudence and Rules of the Medical Profession. The textbook served as a cornerstone in the indoctrination of Nazi physicians, embedding the regime's ideological fusion of eugenics and racial hygiene into medical ethics. The text delineated the physician's role as a guardian of the German nation's genetic purity, asserting that medical professionals bore the responsibility of safeguarding the hereditary health of the nation. Central to this duty was the identification and elimination of individuals deemed inferior, a category that under Nazi ideology, prominently included Jews. Thus, antisemitism was not merely a social prejudice but was institutionalized within medical practice, positioning the eradication of Jews as a perceived medical and ethical necessity for the preservation of the German nation's health. Ramm [4] summarizes the racist and antisemitic body of Nazi legislation as:

"milestones on the way towards restoring racial purity and promotion of the genetic health of the German people."

His rationale for ridding the medical profession of Jewish members reads:

"One of the first measures of the National Socialist Physicians' leadership was in cleansing of the profession of politically unreliable and racially foreign elements so long as the medical benefit for the Volk population was not endangered." "One can however today already grasp the blessings which are important to life and

to our Volk in the offices of the states that have emerged after the forceful expulsion of the Jews from the professions."

In line with traditional antisemitism, while using classic antisemitic tropes and conspiracy theories, Ramm explained to his students:

"It was the Jew who forced some German doctors into a crass materialistic employment of professionally unworthy methods of competition; the Jew who endangered the German Volk, and the one [the Jew] who, through extension of his soul-poisoning ideas, enabled the destruction of germinating life while generating the impression, through his methods of advertising in wide circles of the population that he was indispensable as a medical researcher and medical practitioner."

Leaving no room for any doubt, Ramm claims:

"Today no full-blooded German will allow himself to be treated by a Jewish doctor."

These paragraphs, echoing the fraudulent Soviet-era *Protocols of the Elders of Zion* (used as a pretext and rationale for antisemitism in the early 20th century) or Hitler's *Mein Kampf*, are excerpts from a medical text-book used by every medical student in Nazi Germany. The professional identity of these students was systematically reshaped to align with the regime's ideology which included antisemitism, and thus fundamentally altered their perception of medical ethics. This indoctrination facilitated their participation in atrocities under the guise of medical practice.

Reflecting on this period in the history of academia considering the October 7th massacre, esteemed historian of Nazism Sir Niall Ferguson [5] wrote:

"It might be thought extraordinary that the most prestigious universities in the world should have been infected so rapidly with a politics imbued with antisemitism. Yet exactly the same thing has happened before."

Nazi Germany was defeated, and their right-wing version of antisemitism was discredited, but a new mutated left-wing woke version of antisemitism lives on and has recently emerged among faculty and students in the most

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prestigious universities. These two strains of antisemitism have very different historical origins, but the results are precariously similar. What transpired on October 7th was a barbaric attack that required a response from international academia rooted in moral courage and leadership. The level of the violence and loss of life perpetrated on that day demanded the unequivocal condemnation from the world, including the academic world. Israel was tragically taken by surprise on that day, but what was even more surprising, and shocking, was the response that was so swift to arise from international academia, not in condemning the instigators and perpetrators of the violence but in blaming the victims, the Jews.

Just as in Nazi Germany in the 1930s, where the antisemitic protests began with university students' words, slogans, and hate speech, similar troubling behavior occurred on university campuses worldwide in response to the events of October 7th. It took only hours after the start of the massacre for over 30 groups of Harvard University students to claim that they "hold the Israeli regime entirely responsible for all unfolding violence" and students at other elite universities to praise the massacre [6]. University professors at Columbia University called the slaughter awesome [7]. At Cornell University, a professor said the murderous attack was energizing and exhilarating [8]. At New York University, students held posters that read "Keep the world clean." [9]

Following the events of October 7th, there has been a dramatic increase in antisemitism in the academy and in the medical profession [10]. These blatant expressions of antisemitism, clouded in political innuendos, both from students and faculty, have exposed the current reality pervasive in contemporary academia where moral relativism has become sacred and any opinion is morally accepted in the name of the right to free speech and so-called human rights.

Antisemitism was explicitly defined by the International Holocaust Remembrance Alliance (IHRA) in 2020 as an educational tool to define and demarcate Holocaust distortion and antisemitism [11]. The distinctive feature of the IHRA working definition is to examine when legitimate criticism of Israel's policies crosses the line and becomes a form of antisemitism and the definition explicitly states that criticism of Israel similar to that levelled against any other country cannot be regarded as antisemitic. The first example provided of contemporary antisemitism is: Calling for, aiding, or justifying the killing or harming of Jews in the name of a radical ideology or an extremist view of religion [11]. The justification of the massacre of October 7th ex-

pressed on the campus included slogans such as "Keep the world clean", "Glory to the martyrs", "From the river to the sea". These mantras explicitly voice support for the perpetrators of the massacre and is clearly in conflict with the IHRA working definition of antisemitism. These slogans, proudly exhibited by the students, carry genocidal freight and cannot, and should not, be ignored or understood as anything else other than antisemitism. In the words of the prominent bioethicist Emmanuel Ezekiel [12]:

"The academy may graduate students, confer degrees that certify their qualification as the best and brightest, but we have clearly failed to educate them. We have failed to give them the ethical foundation and moral compass to recognize the basics of humanity."

If the behavior of the students is morally unacceptable, then what can be said for the conduct of their leaders? In 1946, at the Nuremberg Medical Trial where, for the first time in history, Nazi doctors were tried for crimes against humanity, Chief of Counsel for the prosecution Telford Taylor [13] argued:

"Guilt for the oppression and crimes of the Third Reich is widespread, but it is the guilt of the leaders that is deepest and most culpable...That is why their guilt is greater than that of any of the other defendants in the dock. They are the men who utterly failed their country and their profession, who showed neither courage nor wisdom nor the vestiges of moral character...It is because of them and others like them that we all live in a stricken world."

The lack of moral courage and moral clarity of the leading figures in the Nazi medical profession was disconcertingly echoed on 5 December 2023 in a United States congressional hearing on antisemitism when the presidents of three Ivy League universities were asked directly if their students' calling for the genocide of Jews was against the universities' respective codes of conduct. All three replied that it depends on the context and explicitly refused to condemn the Hamas-led atrocities [14]. How can the events of October 7th be considered morally acceptable depending on the context? One does not have to be an expert on ethics or an Ivy league president to recognize the immorality of the October 7th massacre. No context is required to explain or justify the horrific attacks.

IRON SWORDS

Such inhumanity is abhorrent regardless of one's individual views of the origins and current events of the longstanding conflicts in the region. The tolerance of hate speech and conduct calling for the killing or harming of Jews in the name of a radical ideology is nothing other than antisemitism.

Just as in 1933 when the world underestimated Hitler's explicit Jew-hatred, now decades later, it refuses to take the genocidal proclamations of Hamas and other Islamist groups seriously. Disconcertingly, current academy has similarly ignored the original 1988 Hamas Charter, which is based in part on Soviet and Nazi antisemitic conspiration theories. It states the Islamist version of genocidal antisemitism [15]. Academic neglect of this radically antisemitic document has led to the contemporary underestimation of the centrality of the Jew-hatred that we are facing today [16].

Since October 7th, Jewish medical students are being forced to conceal their religious beliefs. They are being exposed to demonization of Israel diatribes and rationalization of terrorism. They are threatened and discriminated against simply because of their religion. Jewish physicians and other healthcare professionals have also endured unacceptable and blatant antisemitism [10]. Some have been forced out of their academic positions [17]. Medical professionals have been seen tearing down posters displaying Israeli hostages. Antisemitic symbols have been worn by some medical students at commencement ceremonies. Social media posts vilifying Israel and espousing Jew-hatred have been, and still are, circulated by both medical faculty and students. Last, the International Federation of Medical Student Associations has suspended the Israeli branch from this organization [18]. Some of these antisemitic expressions have been blatant and others couched in the more acceptable clothes of anti-Zionism.

Vassily Grossman, the first journalist to enter the Treblinka extermination camp [5], wrote:

"Antisemitism is a mirror of the failings of individuals, social structures and state systems. Tell me what you accuse the Jews of, and I'll tell you what you are guilty of."

The time has come for the academy to recognize the failure in identifying the dangers inherent to this modern new antisemitism, which is not about the Jews but rather is a warning symptom of the flaws of society. This dangerous trend should be taken very seriously.

During the Nazi regime, the medical world was silent while their Nazi counterparts fulfilled their identity politics and ended up committing antisemitic and racist crimes culminating in the murders of patients and in the slaughter of millions of others. The Nazi medical atrocities and the events of the Holocaust are examples of the dangerous consequences of what can transpire when those who have the power to speak out against moral injustice remain silent. Keeping silent in the face of immorality is being complicit.

The deafening silence from the international academy in refusing to condemn the Hamas attack on October 7th and the tolerance of the overt and blatant support for Hamas has darkened the future of educators in all professions, including the medical profession. In the wake of October 7th, the countless egregious displays of antisemitism in medical associations and medical schools raise the specter that a field entrusted with healing is instead becoming a vehicle for hatred. Medical students who support and celebrate a barbaric murderous terrorist organization are traversing a very dangerous avenue for members of a profession who will be entrusted with universal caring and healing.

The Lancet Commission, published only weeks before 7 October 2023, calls for an educational framework for healthcare professionals that includes learning the history of the Holocaust because it can help prepare medical professionals to confront antisemitism, racism, and other forms of discrimination [1]. This publication could not have been timelier. October 7th should be the occasion for a scientifically grounded recall of the Holocaust and for opposition to attempts to realize its historical significance. Teaching should be conducted in such a way that embraces not only the uniqueness of the Holocaust but also the uniqueness of the hatred that lives on after Auschwitz in the Middle East [19]. Never again is now. It is time for the writing on the wall to no longer be ignored.

Disclaimer

I am a member of the Lancet Commission on Medicine, Nazism and the Holocaust. The views presented in this article represent my views only and do not necessarily represent the views of other members of the Commission.

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Most truths are so naked that people feel sorry for them and cover them up, at least a little bit.

Edward R. Murrow (1908-1965), American broadcast journalist

Capsule

Graft-versus-host disease prophylaxis with cyclophosphamide and cyclosporin

Curtis and colleagues randomly assigned adults who were undergoing stem cell transplant (SCT) from a matched related donor after myeloablative or reduced-intensity conditioning to receive either post-transplantation cyclophosphamide—cyclosporin (experimental prophylaxis) or cyclosporin—methotrexate (standard prophylaxis). The primary endpoint was graft-versus-host disease (GVHD)-free, relapse-free survival. Among 134 patients who underwent randomization, 66 were assigned to receive experimental prophylaxis and 68 to receive standard prophylaxis. GVHD-free, relapse-free survival was significantly longer with experimental prophylaxis (median 26.2 months, 95% confidence interval [95%CI] 9.1 to not reached) than with standard prophylaxis (median 6.4

months, 95%CI 5.6–8.3, P < 0.001 by a log-rank test). GVHD-free, relapse-free survival at 3 years was 49% (95%CI 36–61) with experimental prophylaxis and 14% (95%CI to 25) with standard prophylaxis (hazard ratio [HR] for GVHD, relapse, or death, 0.42; 95%CI 0.27–0.66). The cumulative incidence of grade III to IV acute GVHD at 3 months was 3% (95%CI 1–10) in the experimental-prophylaxis group and 10% (95%CI 4–19) in the standard-prophylaxis group. At 2 years, overall survival was 83% and 71%, respectively (HR for death, 0.59, 95%CI 0.29–1.19). The incidence of serious adverse events was similar in the two groups in the first 100 days after SCT.

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