Written Testimony of Deena Margolies

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Before the U.S. House Committee on Education and Workforce

Subcommittee on Health, Employment, Labor, and Pensions

Hearing On "Bad Medicine: Antisemitism, Unions, and Politics in Health Care"

May 20, 2026

Chairman Allen, Ranking Member DeSaulnier, and distinguished Members of the Subcommittee, thank you for the opportunity to testify.

My name is Deena Margolies, and I am a Litigation Staff Attorney at the Louis D. Brandeis Center for Human Rights Under Law, a nonprofit, nonpartisan civil-rights legal advocacy organization dedicated to advancing the civil and human rights of the Jewish people and promoting justice for all. The Brandeis Center uses legal advocacy, education, and research to combat anti-Semitism wherever it appears — in schools, on campuses, in workplaces, in healthcare settings, and across other institutions.

In my role, I represent and advise Jewish and Israeli students, faculty, healthcare professionals, and other employees facing anti-Semitic harassment and discrimination. Since the October 7, 2023, Hamas terrorist attacks, the deadliest massacre of Jews since the Holocaust, the Brandeis Center has seen an unprecedented surge in requests for help from individuals who are being targeted not only for being Jewish or Israeli, but for refusing to disavow Israel or Zionism as part of their Jewish identity.

This matters because Judaism is not merely a set of religious beliefs. It is an ethno-religious identity rooted in shared ancestry, history, culture, peoplehood, and a centuries-old connection to the land of Israel. For most Jews, Zionism — the belief that the Jewish people have a right to self-determination in their ancestral homeland — is central to Jewish identity, history, and peoplehood. Hostility to "Zionists" often functions as a proxy for hostility to Jews, particularly when the term is used to exclude, demonize, or demand that Jews disavow a core part of their

identity as the price of admission to a school, workplace, professional association, or union.

Before joining the Brandeis Center, I worked in healthcare compliance at Healthcare Quality Strategies, Inc., formerly the Peer Review Organization of New Jersey, which conducted utilization review, medical audits, and project monitoring to address quality-of-care concerns and ensure that hospitals and physicians met Medicare and Medicaid standards. For more than a year, I have also been part of a Brandeis Center task force examining anti-Semitism in healthcare settings. In that role, my colleagues and I have spoken with Jewish and Israeli practitioners, reviewed reports of discrimination in healthcare workplaces and professional associations, and asked HHS's Office for Civil Rights to investigate anti-Semitism in federally funded healthcare-related institutions.

Today, I will focus on one part of that problem: healthcare labor organizations that use the power and privileges of union representation not to protect workers' rights, but to promote anti-Semitic and anti-Zionist campaigns that demonize Israel and marginalize Jewish and Israeli healthcare workers — campaigns that have little or nothing to do with wages, hours, working conditions, or patient care.

The issue before this Subcommittee is not whether healthcare workers may hold political views about the Middle East, Israel, or any other subject. Of course, they may. Nor is the issue whether unions may advocate for their members on matters connected to the workplace. They can and they should.

The problem arises when healthcare unions use the authority and resources of their status as all employees' exclusive representative to promote anti-Semitic and anti-Zionist campaigns. Jewish and Israeli healthcare professionals are then placed in an impossible position: the union that is supposed to represent them is also creating a hostile work environment against them.

That concern is no longer hypothetical. We are seeing healthcare labor organizations move well beyond traditional labor advocacy and into one-sided foreign-policy activism, including campaigns that demonize Israel, promote boycotts, accuse Israel of genocide, and create an environment in which Zionist Jews and Israelis are treated as morally suspect and are unwelcome. These campaigns, while morally suspect in general, do not remain outside the workplace. They enter hospitals, teaching programs, union meetings, member communications, and professional relationships.

The Committee of Interns and Residents, a local of the Service Employees International Union (CIR/SEIU), is a striking example. CIR/SEIU represents

interns, residents, and fellows at hospitals across the country. We have learned that in some hospital settings, CIR/SEIU representatives are encouraging coworkers to ostracize Jewish and Israeli doctors because of their perceived Zionist identity and support for Israel. In a hospital, that is not merely a matter of speech or political disagreement. It is discriminatory workplace conduct. Healthcare depends on teamwork, trust, and professional cooperation. A campaign to shun Jewish or Israeli physicians undermines their equal participation in the workplace and threatens the patient-care environment.

CIR's public-facing activities are equally troubling. This includes resolutions and statements accusing Israel of genocide, promoting BDS-related action, and urging the SEIU to take positions far removed from resident salaries, staffing, training, workplace safety, or patient care

For example, CIR/SEIU materials include the "House Staff Against Apartheid" resolution, which calls on elected officials to oppose military aid to Israel, calls for an end to "Israeli apartheid," supports BDS-related action against Israel, and urges SEIU to divest pension-fund resources from Israel-related investments.[1] These are not demands about the conditions under which residents work or train in their hospitals. They are extraneous political demands that alienate and demonize all who support the Jewish state, including the very workers the union supposedly represents.

CIR/SEIU also published a statement titled "CIR Stands Against U.S.-Backed Occupation and Genocide," which states that CIR delegates passed resolutions calling for a ceasefire, an end to military aid to Israel, and support for BDS.[2] The same statement praises CIR members for organizing with Healthcare Workers for Palestine and Doctors Against Genocide. Again, whatever one's view of foreign policy, this is not ordinary labor representation on workplace issues. It is a healthcare union using its exclusive bargaining platform to advance a one-sided campaign against Israel and Jews.

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[1] Labor For Palestine, *House Staff Against Apartheid (CIR-SEIU)* (May 5, 2024) https://laborforpalestine.net/2024/05/05/house-staff-against-apartheid-cir-seiu/.

[2] Committee of Interns and Residents SEIU Healthcare, *CIR Stands Against U.S.-Backed Occupation and Genocide*, (Oct. 22, 2025) https://www.cirseiu.org/cir-stands-against-u-s-backed-occupation-and-genocide/.

Most disturbing, CIR/SEIU issued a statement regarding the "sale of [alleged] unconsented bodies to train foreign military."[3] The statement refers to the use of cadavers in medical education and trauma training — a common, lawful, and regulated practice in the United States. To the extent there are legitimate questions about consent, transparency, or safeguards in a particular program, those questions should be addressed on their own terms. But CIR did not stop there. It used the cadaver-training issue to accuse Israel and the IDF of exploiting human bodies and then framed that allegation within broader claims of occupation, apartheid, and genocide. This is not ordinary labor advocacy. It is anti-Semitic demonization in medical language.

The accusation that Jews or Israelis abuse, desecrate, or traffic in bodies echoes one of the oldest and most dangerous forms of anti-Semitism: the blood libel. For centuries, blood-libel accusations portrayed Jews as bloodthirsty, inhuman, and uniquely cruel. Here, that same logic is repackaged for a modern (and often uninformed) audience, circulated through a healthcare-union platform, and aimed at the Jewish state and those associated with it. The International Holocaust Remembrance Alliance's working definition of anti-Semitism specifically recognizes that using symbols and images associated with classic anti-Semitism, including blood libel, to characterize Israel or Israelis can be anti-Semitic.[4]

Blood libel is not a loose metaphor. It is a specific and ancient anti-Semitic accusation. The United States Holocaust Memorial Museum similarly explains that blood libels were false allegations that Jews used the blood of non-Jewish children in rituals, and that such accusations were a major theme in Jewish persecution throughout the Middle Ages and into the modern period.[5]

When a healthcare union representing doctors-in-training circulates allegations connecting Israel to the exploitation of human bodies, it gives an ancient anti-Semitic trope new life in the language of medicine and human rights. That alarms

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[3] Committee of Interns and Residents SEIU Healthcare, *Statement from CIR/SIEU on the Sale of Unconsented Bodies to Train Foreign Military*, (Oct. 9, 2025) https://www.instagram.com/p/DPmj9wbkvQO/.

[4] International Holocaust Remembrance Alliance, *IHRA Non-legally Binding Working Definition of Antisemitism*, (May 26, 2016) https://holocaustremembrance.com/wp-content/uploads/2024/01/IHRA-non-legally-binding-working-definition-of-antisemitism-1.pdf.

[5] United States Holocaust Memorial Museum, "Blood Libel", https://encyclopedia.ushmm.org/content/en/article/blood-libel.

the Jewish and Israeli employees represented by CIR/SEIU, and it should alarm this Committee.

We have also heard concerns involving the National Union of Healthcare Workers ("NUHW"), including from Jewish and Zionist healthcare professionals who report that, after October 7, union spaces became increasingly hostile to members who objected to one-sided anti-Israel advocacy. They have experienced pressure to adopt anti-Zionist statements, hostility toward Zionist members in union leadership, requests for meaningful anti-Semitism training that were not adequately addressed, and concerns that Jewish or pro-Israel members who objected to the union entering Middle East politics were marginalized or pushed out of union leadership altogether.

One healthcare professional and union board member reported that after October 7, the union environment became increasingly hostile to Zionist Jews. She reported pressure to adopt anti-Zionist or anti-Israel statements, symbolic anti-Israel displays in union settings, failures to meaningfully accommodate Jewish religious observance in scheduling, and a lack of meaningful anti-Semitism training despite requests for such training. She also reported feeling pressure to remain silent or disengage to avoid retaliation.

Shortly after October 7, an NUHW member was told by union leaders and members that Jews are not indigenous to Israel and that, to remain in the union, Jewish members would have to hide their religious and ancestral identities. Recently, this same member was told by both union leaders and members that Jewish people are not marginalized people because they are white colonizers. (Of course this lie ignores the miraculous melting pot that is modern-day Israel, a nation filled with Jews hailing from the world over, including Yemen, Morocco, Ethiopia, Iran and Iraq).

A former healthcare union board member reported that he objected to his union taking a one-sided position on the Israel-Hamas war because, in his view, "this was not the place of a labor union." He made clear that he supported humanitarian relief and protection for civilians but objected to his union adopting a statement that demonized Israel and accused it of genocide, which goes well beyond the union's proper representational function. After raising those concerns, he reported that he was not effectively notified of the process for remaining on the board, missed the deadline, and later felt ignored, publicly criticized, and pushed out after raising objections to anti-Israel union advocacy.

We have received similar reports from a major academic medical center, where graduate and post-graduate healthcare researchers felt excluded from union activity and feared the union would not fairly represent them because they objected to anti-Zionist hostility in union spaces.

These examples illustrate the same core problem: healthcare unions are using labor institutions and their workplace influence to advance political campaigns that fall outside their proper representational function, and thereby discriminate against the Jewish and Israeli healthcare professionals they are supposed to represent.

These dynamics are not confined to union resolutions. A Jewish physician and medical researcher at a major academic medical center recently gave me permission to describe a "Wanted" poster that was placed on campus using his name and photograph and accusing him of complicity in "ethnic cleansing." (See Exhibit 1). He explained that the poster created a threatening workplace, affected his work in the hospital for months, and led patients and colleagues to question him about Israel, even though Israel had nothing to do with his work as a physician or researcher. These are not ordinary political disagreements. Under the International Holocaust Remembrance Alliance ("IHRA") definition of anti-Semitism, holding Jews collectively responsible for the actions of the State of Israel can constitute anti-Semitism. This poster singled out a Jewish doctor in his workplace and treated him as personally culpable for alleged acts of the Israeli government. That is not advocacy. It is anti-Semitic intimidation in a healthcare setting.

In healthcare, that danger is especially serious. Doctors, residents, nurses, psychologists, and other practitioners depend on trust, professionalism, and teamwork. A hospital, clinic, or training program is not an abstract political forum. It is a place where colleagues must rely on one another in high-pressure environments, often while caring for vulnerable patients.

We are also seeing a related phenomenon in the mental health field: the pathologizing of Zionism itself. Some practitioners have warned that "decolonizing" or "decolonial" therapy frameworks label Zionism — an integral aspect of Jewish identity for most Jews around the world — as a root cause of mental illness, despite its absence from the Diagnostic and Statistical Manual of Mental Disorders.[6] That is not evidence-based healthcare. It is discrimination and demonization dressed up in clinical language.

[6] Miri Bar-Halpern & Dean McKay, "The danger of decolonization therapy," *JNS*, (Apr. 8, 2025), https://www.jns.org/opinion/miri-bar-halpern/the-danger-of-decolonization-therapy.

This concern is not hypothetical. In December 2024, *The Philadelphia Inquirer* reported that the director of Villanova University's Counseling Center gave a presentation at a psychology conference that included one slide placing "Zionism" and "fascism" together and another depicting "The Colonized Mind" with labels including "internalized racism," "homophobia," "rape culture," and "Zionism." (See Exhibit 2).[7] When Zionism is framed as a symptom of a diseased or "colonized" mind, Jewish and Israeli patients and practitioners are told that a core aspect of their Jewish identity is morally or psychologically defective.

These examples underscore the same danger we see throughout healthcare spaces: anti-Semitism can be framed as therapy, human rights, or labor solidarity. But the effect is the same. Jewish and Israeli healthcare professionals are treated as suspect, unwelcome, and unable to work, train, or participate fully and equally in their own professional environments.

Congress can and should act.

First, Congress should conduct oversight into how healthcare labor organizations are using dues-funded resources, official platforms, member communications, and representative authority to promote anti-Semitic, anti-Zionist, and anti-American campaigns unrelated to workplace representation.

Second, Congress should examine whether existing labor and civil rights protections adequately protect Jewish and Israeli healthcare workers who are forced to fund, accept representation from, or participate in unions that are helping create hostile work environments.

Third, Congress should require federal agencies, including the Department of Labor, the National Labor Relations Board, the Equal Employment Opportunity Commission, and the Department of Health and Human Services Office for Civil Rights, to make clear that anti-Semitic harassment and discrimination in healthcare workplaces is unlawful, whether it comes from management, coworkers, professional associations, or unions.

Finally, Congress should ensure that Jewish and Israeli healthcare workers have meaningful remedies when unions use workplace power to marginalize or harass them because of their Jewish, Israeli, or Zionist identity.

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[7] Zoe Greenberg, "Villanova faces blowback after director of counseling center associates Zionism with fascism in presentation," *The Philadelphia Inquirer*, (Dec. 14, 2024)https://www.inquirer.com/education/nathalie-edmond-villanova-counseling-psychology-conference-youtube-20241214.html.

The question for this Committee is not whether healthcare workers may hold political views. Of course, they may. The question is whether healthcare unions may use the power Congress and federal labor law give them to promote anti-Semitic, anti-Zionist, and anti-American campaigns unrelated to labor representation — while Jewish and Israeli healthcare professionals are left to wonder whether the union speaking in their name is also helping make them targets at work.

Thank you. I look forward to your questions.

EXHIBIT 1

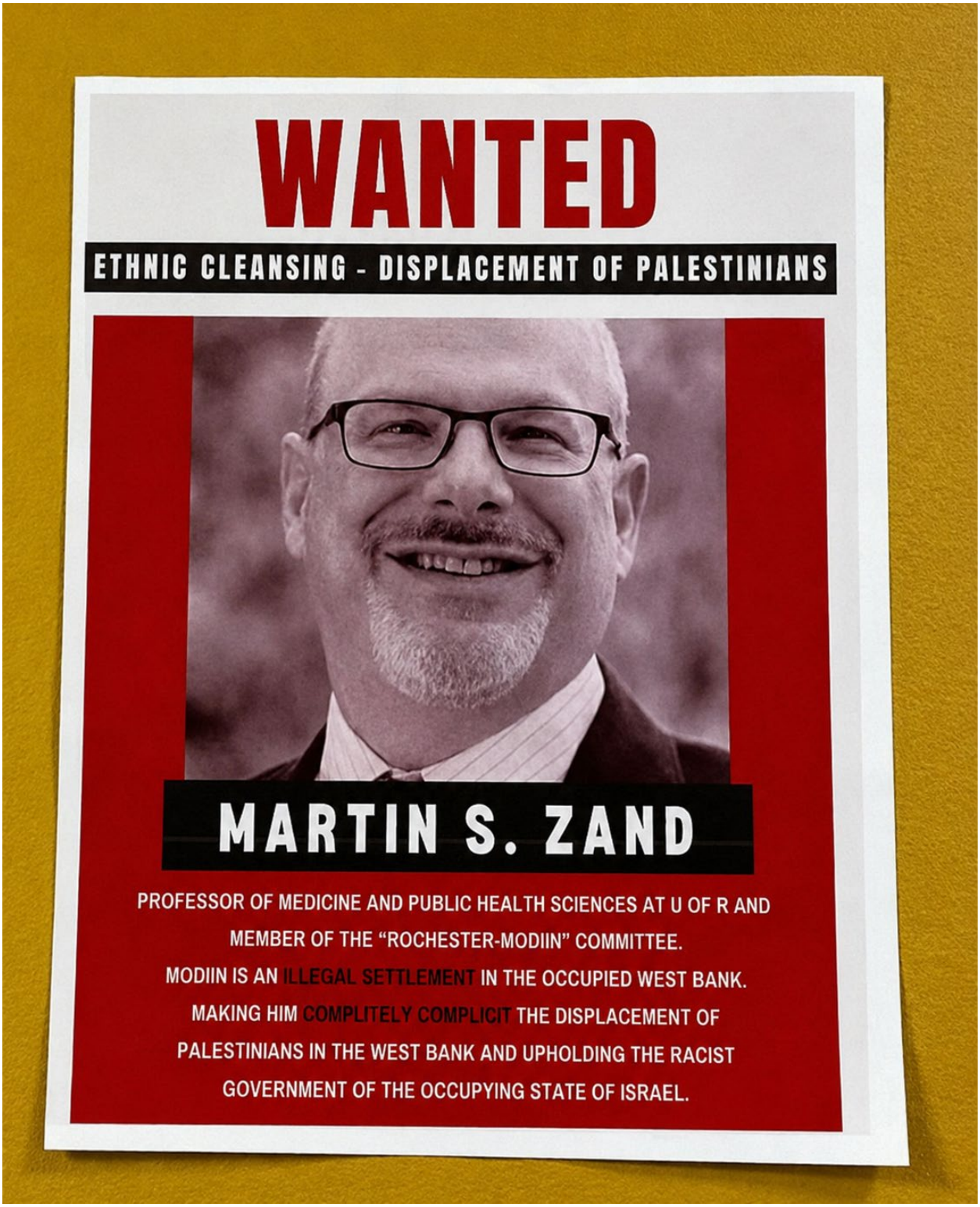
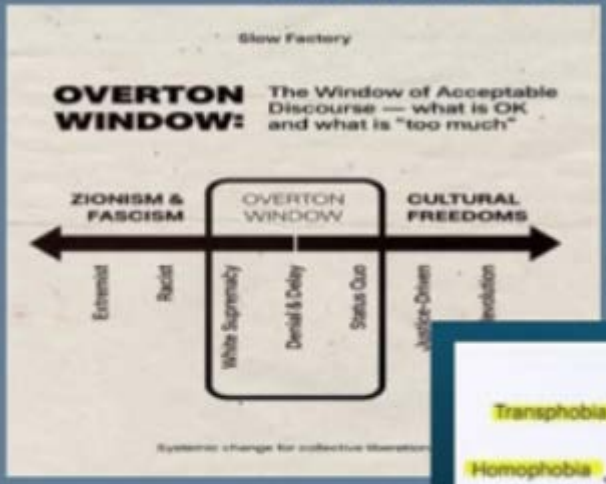
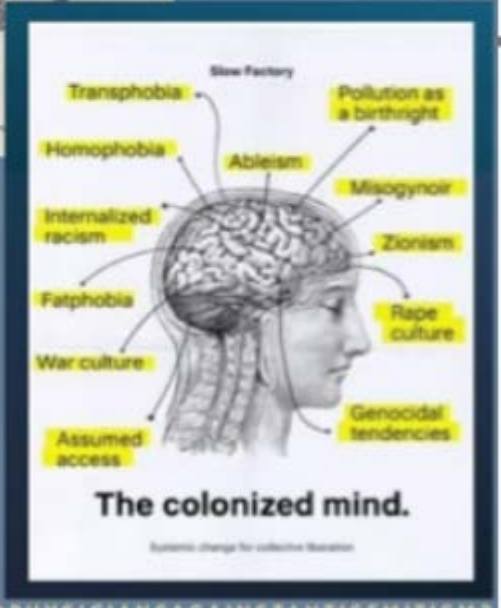

WANTED
ETHNIC CLEANSING - DISPLACEMENT OF PALESTINIANS
MARTIN S. ZAND
PROFESSOR OF MEDICINE AND PUBLIC HEALTH SCIENCES AT U OF R AND MEMBER OF THE "ROCHESTER-MODIIN" COMMITTEE.
MODIIN IS AN ILLEGAL SETTLEMENT IN THE OCCUPIED WEST BANK.
MAKING HIM COMPLITELY COMPLICIT THE DISPLACEMENT OF PALESTINIANS IN THE WEST BANK AND UPHOLDING THE RACIST GOVERNMENT OF THE OCCUPYING STATE OF ISRAEL.

EXHIBIT 2

AT A CONFERENCE FOR MENTAL HEALTH PROFESSIONALS, THE FOLLOWING SLIDES WERE INCLUDED IN A TALK BY DR. NATHALIE EDMOND, A PSYCHOLOGIST



Swipe →



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