

COVID

Generations

JTA — Three generations fell victim to the coronavirus in New York in the span of 10 days.

The first to die was Lenora Garfinkel, 89; followed by her son, Efraim Garfinkel, 66; followed by his son, Doniel, 46, three days later.

Lenora Garfinkel was one of the first women to study architecture at the prestigious Cooper Union College in New York and went on to build Jewish community buildings across the New

Colorado's COVID status

PAGE 14

IJN report

York metropolitan area over the course of more than six decades.

Her designs included the massive Viznitz chasidic synagogue in Kaser, the Atrium wedding venue in Monsey, and multiple schools and ritual bath houses.

"She was an expert in the *halachot* [Jewish laws] of building religious buildings, *mikvehs* and shuls based on Halachah. That's why they came to her. She sat with any rabbi making these plans like one of them."

Garfinkel died of COVID-19 on April 29 at the age of 89.

Lenora Garfinkel was born in the Bronx in 1930. After graduating high school, she wanted to attend Cooper Union but was told that the entrance exam was on Shabbat. After attending Hunter College for a year, she reapplied and demanded a test on another day.

"We all should be one tenth of what [my mother] was and emulate every part of her personality," her daughter Letitia Dahan Forspan said.

"She had 50 great-grandchildren and each was as if it was

GARFINKELS

Continued on Page 19

ANNEXATION

Not likely any time soon

JERUSALEM — Since April, all eyes following the Israeli-Palestinian conflict have been glued to Wednesday, July 1.

Israeli Prime Minister Benjamin Netanyahu had negotiated the date into his government coalition deal with his rival Benny Gantz.

On July 1, as stipulated in the agreement, Netanyahu could put the topic of annexing the West Bank — a move that would have political repercussions well beyond the Middle East — up for a vote in his Cabinet or in the Knesset, Israel's parliament.

ANNEXATION

Continued on Page 16

Hard lessons

Most of the Nazi doctors volunteered



Dr. Matthew Wynia, head of the Center for Bioethics and Humanities, talks about making tough medical choices. David Weil

By ANDREA JACOBS

IJN Senior Writer

Dr. Matt Wynia, then head of the American Medical Association's ethics institute, received an unexpected invite from the US Holocaust Memorial Museum in DC in the early 2000s.

"The museum was putting together an exhibit called 'Deadly Medicine: Creating the Master Race,' says Wynia, 56, director of CU Anschutz Medical Campus' Center for Bioethics and Humanities since 2015.

"Deadly Medicine" exposed the complicity of physicians in Nazi Germany's vision of a genetically superior race. Technically sterile, the search was cruel and incendiary. It led to the murder of millions of Jewish, ethnic and political enemies of the state.

When Wynia was first introduced to the exhibit-in-process, which was pieced together on poster boards, curators had no interest in his aesthetic appraisal. "We discussed how American physicians might respond to this information, which was not generally talked about at the time," he says.

"I was immediately struck by the resonance between the Holocaust and medicine today, including racial health disparities, managed care and doctors as the stewards of communal resources," says Wynia, who is not Jewish.

"I just saw all kinds of ways that Holocaust history continues to play out and influence the way we think about modern medical issues."

Wynia and the museum collaborated on a traveling road show of "Deadly Medicine" in the hopes of impressing its message upon health professionals.

In tandem with the museum's senior historian of medical crimes, Wynia visited at least 25 to 30 medical schools across the country over the ensuing year or two.

"We argued that we should really teach bioethics, particularly the Holocaust, to medical professionals as part of the lesson plan," he says.

"And we strongly encouraged medical schools to incorporate the Holocaust into bioethics training for medical students."

The lukewarm response felled expectations.

"We pushed for this education for a number of years," says Wynia who trained in internal medicine, infectious diseases, public health and health services research.

"It was hard. To begin with, there aren't a lot of experts in this field. Unlike specialists in kidney dis-

WYNIA

Continued on Page 17

BLM

And Palestinians

LONDON (JTA) — Black Lives Matter in the United Kingdom conflated its movement with the Palestinians' opposition to Israel's "settler colonial pursuits."

"As Israel moves forward with the annexation of the West Bank, and

BLM — PALESTINIANS

Continued on Page 17

DESIGNS



SEE PAGE 19 — DESIGNS

Special needs

COVID retools the approach — it works

By ERIC BERGER

JTA

NEW YORK — When Racheli Friedbauer, now 11, was enrolled four years ago in a Jewish special education program, it changed her life.

Due to a rare genetic disorder, Racheli has developmental delays and some medical problems, and she is extremely shy. But she thrived within the program, which is run by Sinai Schools, a network of special educational programs that operates within regular Jewish day school settings.

"It was an environment where she finally was comfortable, and she felt very loved and accepted for who she was," said her mother, Jill Friedbauer.

Then, in March, the coronavirus pandemic hit and Racheli's life was turned upside down.

Her school, the Rosenbaum Yeshiva of North Jersey, closed, and teach-

ers and students quickly switched to remote learning.

The abrupt shift was challenging, to say the least. Teachers at first replicated their daily schedule using Zoom. But students with special needs who rely on structure for academic and emotional stability found the change jarring.

The risks of failure could be disastrous for these children.

So educators quickly regrouped and retooled.

Students were divided into smaller groups so teaching could be more individualized.

Teachers put in more hours.

Instructors incorporated more visuals — mastering the ability, for example, to visually focus in on a math problem they were working rather than showing the entire

SPECIAL NEEDS

Continued on Page 16

SAINT LOUIS — REALLY?

‘No statue — and change the name’

By BEN SALES

JTA

ST. LOUIS — On top of a hill in front of an art museum in the biggest park in St. Louis stands a statue of an anti-Semite.

The monument to the city's namesake, the medieval French king Louis IX, depicts the king astride a horse, wearing a crown and a robe and

holding a sword in his right hand. Erected 116 years ago in Forest Park, it is one of the city's best-known monuments.

Now, a coalition of activists want it taken down because Louis IX persecuted Jews, presided over a notorious mass burning of the Talmud, issued an order of expulsion against his Jewish subjects and led two Crusader armies in unsuccessful offensives in North Africa.

At a time when statues of Confederate leaders and other figures are coming down across the country, activists in St. Louis want the Louis IX statue to come down too. A petition launched last week is calling on the city not only to take the

ST. LOUIS

Continued on Page 9

COURT

Vouchers

WASHINGTON — The Supreme Court handed school voucher proponents a victory in ruling that a state-run scholarship program funded by tax-deductible gifts could not exclude religious schools.

The court split 5-4 in the *Espinoza v. Montana Dept. of Revenue* case, with Chief Justice John Roberts providing the swing vote.

"A State need not subsidize private education," Roberts wrote. "But once a State decides to do so, it cannot disqualify some private schools solely because they are religious."

VOUCHERS

Continued on Page 16

INSIDE

Business.....	15
Classifieds	19
Columnists	4, 14, 23
Editorials	24
Leisure	12
Lively Opinion	4
Obituaries	20
Readers Speak.....	5
Shmoos	20
Synagogues & Calendar	21
Today's Life.....	10, 11

Weekly Calendar, Spotlight 13

Holocaust taught in medical school

‘The reality of what we’re able to do with this history is bring it to their attention’

WYNIA
From Page 1

ease or heart disease, we don’t have thousands of people who feel comfortable teaching this history.”

Due to Dr. Wynia and a cadre of professional and lay supporters, CU Anschutz teaches the Holocaust to all medical students as part of their bioethics training.

“The Holocaust forces us to confront a set of reflections about the nature of our profession, our role in society and the inherent tension between the rights of individuals and the well being of community,” he says.

The following is an edited transcript of the **IJN’s** conversation with Dr. Matt Wynia.

IJN: Why is the Holocaust, an historical nightmare that occurred over 75 years ago, relevant to contemporary bioethics in the US?

Wynia: The short answer is that there is no topic you can imagine in bioethics today that has not been influenced by the actions of doctors, nurses and other health scientists during the Holocaust.

Today, if you think about genetics, the privacy and confidentiality of patients and when it’s acceptable to release that information to the state, it’s all influenced by the collaboration of health professionals in the Holocaust.

The connection is not always direct because many people are unfamiliar with the role of physicians and other healthcare scientists in the Holocaust. But indirectly, all of modern bioethics has been influenced by the legacy of health professionals in the Holocaust — the lessons

learned from that legacy, if you will.

Up until the 1930s and 1940s, medicine was moving in the direction of population health; looking at the well being of the larger community and the willingness to sac-

The Holocaust shaped many issues in modern medicine

rifice individual well being, whether through research or enforced vaccinations.

You could force vaccinations on people who did not want to get them in order to protect the larger community. We really emphasized public health and protection of the community.

The Holocaust demonstrated that this can be taken way too far. Physicians have a very important role in protecting the health of individual patients while simultaneously safeguarding the community.

Those things were not obvious until after the Holocaust.

IJN: When most Jews envision physicians in the Holocaust, they think of Josef Mengele, the man in the white coat with a predilection for experimenting on twins. Does this distort the actual number of healers-turned-killers?

I think that’s right. After the war, the Nuremberg Trials emphasized the experimentation that took place in the concentration camps — but of course experimentation continued outside of the camps as well.

Mengele, in modern parlance, is what went viral.

He experimented on twins, children, and became the touchstone for the heinous actions of doctors in the

Holocaust. But that of course implies that there were just a few bad actors, and this reduces the scope of health professionals’ complicity in the entire Holocaust.

One of the things that we’re very reluctant to talk about, and have

been for two or three generations, is the fact that the majority of doctors in Germany voluntarily joined the Nazi Party.

More than 50% of German doctors joined the party and they were not forced to do so. There weren’t nearly that number of engineers or lawyers who aligned themselves with the Nazi Party.

The Nazi Party portrayed itself as being a blend of biology and politics. They were going to create a master race and would accomplish this through politics and even war to create a new society based on biological principles.

These principles included survival of the fittest; preventing “inferior” people from having babies; and encouraging people they deemed perfect to become parents of model Aryan offspring.

There was this two-sided argument of how to create a master race in the German nation. First, pick the people we approve of, are healthy and good, and encourage them to be even healthier; and find those you don’t want to reproduce because they posed a genetic threat to the general community, and kill them.

It was a very medical argument, like looking at human bodies and how they might get infected or have a cancer. You apply this to the entire German nation and say, “Our nation has this cancer. It’s called Jewish people. It’s called gay people. It’s called communists.”

I think doctors were drawn to this biologically oriented mentality for a variety of reasons, particularly the metaphor of the state as a human body that could get infected or develop cancer. You have to cut out the cancer; kill the germ.

Germany was not the only place where this type of thinking existed — Germany just took it a lot further than anyone else did.

The idea of sterilizing people to prevent them from having babies

was not a German invention.

Members of the eugenics movement in America advocated sterilization by 1906. We sterilized about 70,000 people against their will because we thought they posed a genetic threat to the larger community.

IJN: Was the eugenics movement in America predicated upon anti-Semitism and racism?

Yes. Absolutely. The idea of race is fundamentally racist. The belief that groups have a genetic benefit or flaw built into them was endemic in all of this.

Whether or not you think of the Jewish people as a race, the false assumption that an inherent biological make up is detectable by the shape of your face or the color of your skin is engrained in the eugenics movement.

I think this is one of the reasons why people are becoming more interested in this history now. We’re looking at America’s role in creating the modern idea of race. The US passed an enforced sterilization law in California six months after the Nazis came to power.

By the way, most of the people sterilized by the Germans were not Jewish. The T4 program murdered disabled people after sterilization. The Nazis felt it cost too much to take on the disabled, and killed them because they were never going to be able to contribute to society.

IJN: The vast majority of Jews view the Holocaust as the targeted annihilation of the Jewish people rather than a byproduct of the quest for a master race.

Which it was. There’s plenty of truth to the idea that hatred generated the concepts around race and the biological threat, and not the other way around. The Nazis didn’t start with the biological perspective and then figure out who would suffer.

They started with hatred of the out-group and found ways to rationalize that hatred. It was born of in-group vs. out-group thinking.

Hating “the other” for whatever reason becomes irrelevant because once you have established the power dynamic, you use race to legitimize it. It’s ironic. Race is born of racism and not the other way around.

The Holocaust raises all these very

difficult ethical issues today. For people in need, it brings up race and biological and social determinism, and the ways in which biological determinants grow out of social determinants.

If you say all these people are disease-ridden and we need to put them in a ghetto, well guess what? They’re all going to become disease-ridden because that’s where they are placed, trapped, and lack the resources to escape.

The Nazis did all of this. They saw what we were doing in America, modeled it, and took it 10 steps beyond.

IJN: Med students are being taught courses in the Holocaust and its application to contemporary medical bioethics at CU Anschutz.

Yes. We include courses every year in different ways, but they are not limited to medical students.

Pharmacists, nurses and dentists also attend.

Plenty of people were complicit in Nazi medical crimes who were not physicians — psychiatrists, neurologists studying brain diseases, PhDs — all trying in one way or another to justify their biological belief system.

IJN: When the Holocaust course concludes, do medical students translate this information into more thoughtful medical practices?

That’s a good question. I wish I had the full answer but I don’t.

The reality of what we are able to do with this history, which is so deeply disturbing, is to bring it to their attention. I don’t think we have an easy way to track how the knowledge of this history influences their behaviors.

By the way, we also don’t know whether teaching students microbiology influences their behavior. We don’t know whether teaching gross anatomy by using a cadaver makes them better doctors! We don’t have the data. And I think we’re in a similar situation here.

Does teaching Holocaust history make people better doctors? I hope so. I hope it makes them better people, more thoughtful people.

I hope it makes them question broad-based assumptions and shows them how to fulfill their responsibilities to the individual and larger community at the same time, in the best possible way. But I don’t have proof.

There is something about medical training that can inure you to human suffering. You have to see people suffer and move on to the next patient. In some cases you have to cause short-term suffering to bring about long-term healing, such as surgery.

There is a risk in training people to become somewhat inured to human suffering and believing that short-term pain/long-term healing is their sole job. How do we create doctors who are capable of going from one patient in great pain, someone you can’t fix right away, and methodically progress to the next patient?

How do you get physicians to the point where they maintain their ability to do the job and also retain their human compassion, empathy and the ability to form strong bonds with individual patients?

I think that’s a balancing act that many of us struggle with throughout our careers.

I hope that teaching Holocaust history helps physicians understand the risk of turning individual human beings into numbers. ■

Quick annexation unlikely

ANNEXATION
From Page 16

Emirates’ ambassador to the US, has written that annexation would also destroy the relationships that Netanyahu has been working hard to build in the Arab world.

“I believe that the Trump plan is the right political and security framework to be promoted in the State of Israel,” Gantz said in an interview with Ynet on Tuesday.

“[But] this needs to be done correctly in bringing as many partners to this discussion from the countries of the region, with international backing.

“[We must] make every effort to connect with them and only then continue. And I think all the means to bring in the players have not yet been exhausted.”

The Palestinians could be willing to talk

The Palestinian Authority, led by Mahmoud Abbas, has not been happy about the annexation rumors. If Israel follows through with its plan, the PA said it will declare its own state (which it has already done in the past).

The PA has already reneged on all security cooperation with Israel and even stopped taking its own tax money held for them.

All signs pointed to a historic low in Israeli-Palestinian relations. However, in a striking reversal, the AFP news agency reported that the PA is willing to come back to the negotiating table — something it

hasn’t done since 2014 — if Israel drops the annexation idea.

The report claims that the Palestinian Authority sent a letter to the Quartet — the diplomatic grouping of the US, the UN, the European Union and Russia — saying it was “ready to resume direct bilateral negotiations where they stopped.” The AFP could not discern when the letter was sent, though.

Coronavirus is coming back

This is Gantz’s other point: The coronavirus has made a comeback in Israel, and he thinks the government should prioritize dealing with that first.

In the early days of the virus, Netanyahu and his government were praised for their quick and effective quarantine shutdown.

In recent weeks, however, Israel has relaxed restrictions and reopened workplaces and schools — and seen a spike in COVID-19 cases.

On Tuesday, the Health Ministry confirmed over 700 new cases that had been identified in the past 24 hours — the second-highest amount recorded in a day there since the start of the pandemic.

Israeli reports claim that the ministry is pushing for curfews in dozens of cities to curb the spread of disease.

Netanyahu has disagreed with Gantz on the topic.

“We have serious issues to discuss,” Netanyahu said Tuesday. “So serious they can’t even wait until after the coronavirus passes.”

— Gabe Friedman, JTA ■

BLM in Britain backs BDS

BLM — PALESTINIANS
From Page 1

mainstream British politics is gagged of the right to critique Zionism, and Israel’s settler colonial pursuits, we loudly and clearly stand beside our Palestinian comrades. FREE PALESTINE,” Black Lives Matter UK tweeted Sunday, June 28, in the first of a series of tweets highlighting Jewish, Israeli and Palestinian groups that oppose Zionism.

The tweets highlight statements from groups such as Jewish Voice for Peace in the US and the Boycott, Divestment and Sanctions movement against Israel. The former supports the BDS movement.

British Jewish leaders criticized the tweets but said they would stand behind the movement.

“It is beyond disappointing that Black Lives Matter UK, a supposedly anti-racist organization, has leaned into the anti-Semitic trope

that British politics is ‘gagged’ in terms of debating Israel, a claim particularly preposterous because Israel is one of the most-discussed foreign policy issues in this country,” Marie van der Zyl, president of the Board of Deputies of British Jews, said in a statement, the **Jewish News** reported.

“However, the failings of this particular group will not stop us standing alongside black people in their quest for justice, whether inside or outside our community.”

Karen Pollock, chief executive of the Holocaust Educational Trust, told the **Jewish Chronicle** that it was “disappointing and dangerous to post something like this to thousands of followers who sincerely want to fight racism.”

She added: “Gagged? Gagged by whom? The insinuation is depressingly clear.”

Black Lives Matter in the US had tried to link its efforts to the Palestinian cause and some of its supporters continue to do so. ■