



## Countering the Campaign to Boycott the Israeli Medical Profession

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### The Israeli medical profession is under attack in the UK

There is a campaign to boycott Israeli doctors, not only in the UK but in the European Union as well. This is part of a broader movement that has included attempted boycotts of Israeli artists, journalists, architects and academics by some of Britain's largest trade unions. Even if official boycotts do not always pass, an atmosphere is created in which Israeli professionals can easily be shunned, with negative implications for cooperation, research funding and the like.

The leaders of the boycott campaign come from Britain's anti-Zionist radical Left. They are not that concerned with actually assisting Palestinians in a practical way. Rather, the boycotters' aim is to delegitimize the State of Israel. Make no mistake; the boycott campaign is not about reasoned criticism or debate concerning specific Israeli policies or behavior. The 2007 motion in favor of an academic boycott carried at University and College Union (UCU) declared that "criticism of Israel *cannot* be anti-Semitic." In other words, anything goes

The strategy of the boycotters seeks to move anti-Zionism from the margins of political discourse to the mainstream by labeling Israel an Apartheid state. It is about demonizing Israelis. For example, the campaign for a medical boycott includes charges that the Israel Medical Association (IMA) has been complicit in the torture of Palestinians. The boycotters have had a fair amount of success. In July 2007 the *British Medical Journal (BMJ)* featured a debate concerning the academic boycott including an online vote. This type of coverage was out of character for the *BMJ*. No other country is hounded like this.

### What should be done about the boycott threat?

Some prefer to ignore the problem claiming either "it's just a few extremists" or "they all hate us anyway." Both these statements are wrong. The problem is that a few extremists, whose views cannot be changed, are influencing a much larger body of people, whose opinion can be changed. There is much ignorance

*The boycott motion will be discussed at the annual UCU congress to be held on 28-30 May in Manchester.*

*The UK communities' 2007 Stop the Boycott campaign poll of key business, cultural and political leaders showed that 15-20% were in favor of boycotts against Israel.*

regarding Israel, including the racist hate-filled ideologies of Hezbollah and Hamas.

The boycotters are not interested in mutual compromise, but in the collapse of Israel. Indeed, the boycotters serve to weaken moderates on both sides, not strengthen them. After all, if Israelis are among the most callous and flagrant abusers of Human Rights on the face of the earth, as they are often portrayed by the boycotters, why compromise? One does not compromise with absolute evil.

about Israel. Most people's views are informed primarily by media images of the conflict, rather than by innate enmity. It is possible to win the day, but only through involvement and engagement; passivity means defeat.

What should the counter-boycott campaign look like? First, the campaign needs to be led by Israeli civil society; like trade unions, including the IMA. Direct public involvement by the Israeli government is likely to be unhelpful, and deemed inappropriate by doctors and members of other unions we

seek to influence. In this context it is crucial to be active in various international organizations and associations. The promotion of general anti-boycott/anti-discrimination resolutions can be helpful in this context. We are aware that the IMA is already active in the international arena. The fact that the head of the international medical association this year is Israeli is important, as it sent a strong anti-boycott message.

It is also important to cooperate professionally with doctors from abroad in all sorts of joint projects, especially if it involves them traveling to Israel. Nothing breaks down demonized stereotypes more than seeing what Israeli medicine is really all about, while experiencing the complex reality of the Israeli-Arab conflict at first hand. It is also important to cooperate with other groups in the UK, in the USA and in Israel, that work either against the medical boycott specifically or against the wider boycott campaign. Again, the IMA is to be commended on this count, as witnessed by the invitation extended to us, Israeli university faculty active in the campaign against the academic boycott, to write this column.

Finally there is the rhetorical dimension of the anti-boycott campaign. We are often asked how one should respond to the boycotters' charges put forward by professional counterparts from abroad.

The first and most important thing to do is to frame the debate in terms of the legitimacy and validity of a boycott in and of itself – not Israeli policies or actions. Boycotts run counter to international norms and there are no calls for any other countries' professionals to be boycotted. Therefore, it is up to the pro-boycotters to prove beyond doubt that Israel is more culpable than any other country and that a boycott would actually be of practical benefit. It is not up to Israelis to prove our innocence.

When responding to the charges of the boycotters, it is tempting to present one's own view of the Arab-Israeli conflict. However, it is important to remember that many people abroad are not familiar with many facts that Israelis take for granted.

Thus, it is more useful to give people some idea of the complexity of the conflict. The key is to demonstrate that Israel alone is not solely responsible for the conflict and that therefore Israel alone should not be solely blamed or uniquely punished. One does not have to prove or believe that Israel is always right, only that Israel is not *always* wrong.

#### **There are four main arguments against boycotting the IMA or Israeli academics**

First, boycotts run counter to many international agreements and norms of academic freedom, such as those ratified by UNESCO and the International Council for Science. Second, boycotts are bad for scientific and medical advancement. Third, targeting only Israel for a boycott, without any objective a priori criteria for doing so smacks of prejudice and discrimination. By any objective measure of democracy, such as "Freedom House," Israel scores well. Israel is nowhere near the worst abuser of Human Rights and it is most certainly not Apartheid South Africa. There is no good reason for 'singling out Israel'. The word 'discrimination' is especially important here because it has legal implications in the UK and this has served as a block on the boycott campaign. Fourth, boycotts are counterproductive; they are bad for peace and reconciliation. Here it is important not only to expose the real agenda of the boycotters but also to point to concrete examples of professional cooperation with Palestinians and Arab countries, as well as to the treatment of non-Jewish patients, for example the large number of Gazans that are currently being treated at Israeli hospitals.

Finally, it is worth suggesting that instead of advancing a negative agenda of boycotts, concerned outsiders could advance a positive agenda of cooperation between Israelis, their neighbors and their colleagues from around the world.

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