

Who Will Live and Who Will Die?  
The Power to Decide is in Our Hands  
Yom Kippur 5770/2009

Some weeks ago, I visited a congregant I'll call David in the hospital after his major surgery. As we spoke, he began to speak glowingly of the nursing staff—of their dedication, their patience with his rather rambunctious grandchild who'd come to visit him, of their attention to detail. As the son of a nurse, I knew what he said to be true. "And what about your doctor," I asked. "He's just amazing," David said. "Obviously, what's most important is that he's an outstanding surgeon. But he also has a great bedside manner, I have to say," David continued. "He and the nurses makes me feel like I'm their only patient."

About a month ago, I visited the home of a congregant I'll refer to as Susan, a woman who is a breast cancer survivor. When I walked in to the house, the TV was blaring a fear-mongering ad about the health care reform debate, so in the course of our conversation, I asked her how **she** felt about her own health insurance. Susan said, "I am so fortunate. I can go see any doctor I want. I am in remission now, and I often tell people that without my health care, I'd be dead."

In my work as a rabbi, I have been privileged to see the best in our health care system—caring doctors, compassionate nurses, dedicated social workers, and many others who fight every day to advocate for the best interests of their patients. At times, though, I have heard heartbreaking stories as well.

The mother of another congregant here at Beth Haverim Shir Shalom we'll call Paula tells me that her mother suffers from a GI tract syndrome that the doctor will not officially diagnose because when he does, it will then appear in her medical records. Paula, her mom, and her doctor know that any new health coverage she might get would exclude her entire GI tract due to a pre-existing condition. As I left, I said to myself what I knew my grandmother would have said: That's a shanda- a terrible thing—an embarrassment.

Another congregant—call her Lori-- tells me that, after her divorce some years ago, she was left without healthcare. She had to defer medical and dental treatment for her kids, which resulted in far more severe problems for them as adults. Plus, Lori had to live with her own motherly guilt for what she couldn't provide her children. It's a shanda. In our own congregation.

Bob was fired after 19 years at the company he gave his heart and soul to. Middle aged, out of work, a few months shy of full pension, and now, after a few months of hugely expensive cobra coverage, Bob, his wife, and their three kids will soon have no health insurance. It's a shanda. Right here, in suburbia.

I could go on, to tell you about a man with a heart ailment that can't get in to see the specialist for five weeks, or a pregnant woman who has no health care because her husband is a student and she lost her job—so many people have stories to tell. I asked for permission to use **these** stories I've shared with you—but if you heard your story or the story of someone you care about in one of these anonymous stories, you know that health care reform cuts across all lines. It's a shanda for us, for our parents, our children,

and our country.

Yes, the state of our health care system is, in many ways, a shanda. The crisis has grown. It's hit home. It's not just some nameless, faceless "they" who have to worry. It's us! To illustrate that point, and to underscore that the health care debate cuts across any divides, I'd like to try a wholly unscientific poll. Raise your hands if:

1. At any time within the past 12 months, you, or a member of your family, or someone you know, did not have health insurance.

Raise your hand if.... 2. If you or someone you know has ever been denied health insurance.

Raise your hand if... 3. If you have health insurance but have ever been denied care for any reason.

4. If you or someone you love has ever gone without prescription drugs because your health care insurance has been insufficient.

5. If you've faced substantial financial loss and/or debt due to expenses related to your or someone in your family's health care.

Lastly, raise your hand- If you have ever lost health insurance when you lost your job or moved.

Now before you put your hands down, look around. See the hands. Ask yourself. Is this a Democratic issue? Is it a Republican issue? I say that this is an American issue, and a human rights issue, and most acutely for us, a Jewish issue.

It's a shanda, and we as a nation should be ashamed. How many Americans lack adequate healthcare? 47 million Americans in 2009—sixteen percent of our citizens! Americans spend 1 ½ times more on health care per person than any other nation, and yet we are ranked 28th in the world when it comes to infant mortality, worse than Portugal, Greece, the Czech Republic, Northern Ireland, and 23 other nations.

On Rosh Hashanah and again on Yom Kippur the Cantor will chant the *Unetaneh Tokef* prayer—a prayer filled indeed with great dread. For me, this prayer is what truly makes these the days of awe. "Who will live and who will die." Such awesome imagery of God's power deciding who will be written in the Book of Life for the coming year.

But what has become clear is that, too often, it is the lack of universal access to healthcare in our nation that determines who will live and who will die. And we as Americans allow it. We allow the continuation of a system where people whose conditions could have been ameliorated or eliminated with good preventative care, instead die in emergency rooms. We look the other way as people die who lack essential coverage. In our failure to demand change, we allow people to suffer or die due to the rationing of insurance coverage and inefficiencies in the system. And we allow 700,000 people a year to go bankrupt due to medical bills each year—the only industrialized nation to do that. Who will live and who will die? As you know, as Jews, we repent collectively in our liturgy—we all accept responsibility for the sins we each commit. And so, we as a community must do *Teshuvah* for our failure to insist on an adequate healthcare system-- not only for the poor, but for many of us sitting in this sanctuary today. As T.R. Reid has written recently, "the debate in Washington involves political, medical, and economic decisions. But it is, to me, primarily a moral question: should a wealthy society ensure health care for all? Because if not, we end up as a society where

some people get the finest medical care on earth, and tens of thousands of others die for lack of care.” Without a moral commitment, we end up with a system that looks, well, something like what we’ve got right now.

As we enter this New Year let us admit that health care is not a political issue that happens to affect our community. It is in fact a color-blind communal issue that we must work with our politicians to resolve. As we enter this New Year, let us also acknowledge that it is a Jewish issue—an issue that speaks to us as Jews, specifically, and an issue about which Jewish law and Jewish history has a great deal to teach.

The Jewish conversation about health care should begin with the biblical assertion that human beings are created in the divine image. The rabbis of the Talmud understood this concept to mean that each human being represents a manifestation of God’s presence. Thus, any injury to a human being diminishes God. Some texts even portray God as feeling physical pain when human beings suffer.

The rabbis understand two other biblical texts as obligations to save human lives. In reference to the prohibition not to “stand by the blood of your neighbor” (Leviticus 19:16), the Talmud comments that one who sees one’s neighbor drowning or otherwise in mortal danger has an obligation to save that person (Sanhedrin 73a). The medieval thinker Moses Maimonides, himself a doctor, read the biblical command to return lost objects as a command also to return life to a sick person, “whether physically or with money or with knowledge” (comment to Mishna Nedarim 4). In short, Judaism asserts that our poor health is a diminishment of the divine Holy One above, and that we are commanded to return our fellow human beings to health.

On this basis, the question still remains: whose obligation is it to heal the sick? You might well say that doctors are obligated to carry the weight, and Judaism would agree with you. The *Shulchan Aruch* teaches, “The Torah gave permission to the physician to heal; moreover this is a religious precept and is included in the category of saving a live, and if the physician withholds his services, it is considered as shedding blood.” (Yoreh Deah 336:1). It is clear that doctors, who have the knowledge to heal, have a huge role to play in the moral obligation to provide health care to all.

Normally Jewish law permits physicians to charge a fee for their services—indeed, the Talmud opines that ‘a physician who charges nothing is worth nothing!’ At the same time, there is a great concern that even those who cannot pay should have access to medical services. The Talmud thus approvingly sets forth the example of Abba, a doctor, who

Placed a box outside his offices where his fees were to be deposited. Whoever had money put it in, but those who had none came in without feeling embarrassed. When he saw a person who was in no position to pay, he would offer him some money, saying to him, “Go strengthen yourself [after the operation].”

Abba provides a great and powerful ethic and example, for sure, but today, the cost of medical care no longer puts it out of reach of the poor alone. The size of the problem makes even conscientious and morally sensitive physicians think that any individual effort on their part to resolve this issue is useless. Moreover, the costs they themselves assumed in gaining a modern medical education must somehow be repaid—to say nothing of malpractice insurance, overhead for their offices and the hospitals in which

they practice, staff, and so on. Paying for medical care in our society is a burden that cannot fall upon physicians alone.

In the Jewish view on this debate, it is clear that we as individuals also bear some of the responsibility for paying for our own medical care, as we do for our own ransom. The Talmud teaches, “If someone is take captive and he has property but does not redeem himself, we redeem him [with the money his property will bring] against his will.” While this source speaks of redemption from captivity and not health care, the duty to redeem captives is based on the danger to their lives in captivity. This rule about financing a person’s freedom is thus a reasonable source for determining that an individual has a financial responsibility to participate, to the extent that they can, in contributing to her or his own health care.

Since the physician alone cannot be expected to bear the costs of health care, and some individuals cannot afford it, this duty then devolves upon the community.

Dying of tuberculosis, indigent Jewish patients in 19th-century New York found themselves turned away from hospitals that feared contagion. So in 1885, community leaders founded Montefiore Hospital, with the explicit goal of providing care for the most stigmatized patients. Only three years later, the founders changed the hospital’s mission statement to extend care to non-Jews as well. Today, Montefiore, like other Jewish hospitals founded in that era, provides lifesaving care to a diverse population of patients. The establishment of Montefiore as a care facility for the sickest, poorest and most vulnerable members of society continued a longstanding Jewish commitment to provide medical care for all who need it. Rabbi Eliezer Waldenburg, one of the most important Jewish legal thinkers of the 20th-century, wrote: “It has been enacted in every place in which Jews live, the community sets aside a fund to care for the sick. When poor people are ill and cannot afford medical expenses, the community sends a doctor to visit them, and the medicine is paid for by the communal fund” (Tzitz Eliezer 5:4). In fact, the Shulchan Aruch, the most authoritative code of Jewish law, prioritizes using communal funds to care for the sick over other obligations such as building a synagogue.

But ultimately, Jewish law does not place the responsibility for ensuring access to health care with individuals, doctors, private companies, or individual faith communities alone. Shlomo Goren, then the Ashkenazi chief rabbi of Israel, wrote in 1978: “The government may not excuse itself from its responsibility toward the sick, since the government — and not the doctors — is responsible for the health of the people” (Sh’vitat haRofeh L’or HaHalachah, Assia 21). Indeed, the founders of the State of Israel instituted a universal, if imperfect, health care system administered by a quasi-governmental agency. Jewish sources make it clear that health care is not only an individual and communal responsibility, but also a govenmental one.

Regardless of our political persuasion, how we vote, our political philosophy, or what state we live in, we have a self-interest in healthcare reform. Reform is a specifically Jewish issue from that practical perspective, too. Sitting here today are many Jews who work in the healthcare industry - nurses, doctors, dentists, academics, insurance professionals—a number vastly disproportionate to the general population. Health care is a specifically Jewish issue because in this sanctuary we have many members who have benefitted from things like mental health care and in-vitro fertilization—at a much higher proportion than the typical swath of Americans. The median age of the Jewish

community is older than the rest of America. SSI and Medicare are vitally important to us and to our parents.

In any case, I believe that we-- as members of a religious community-- can play a critical role in raising the level of our national debate from finances and narrow self-interest to larger questions of morality.

The Jewish response to the health care debate should be to ask how all of us— individuals, families, businesses, health care providers, and, yes, government--best create a society that takes collective responsibility for all its members, including the poorest, the sickest, and the most vulnerable. This is what our legal and historical traditions challenge us to do.

I am not here this morning, on one of the holiest days of the year, to engage in a political debate or a plan analysis. I can't and won't attempt to say whether Obama or Olympia Snowe, the Blue Dog Democrats or the Band of Six offers the best plan. I don't speak of Healthcare on Rosh Hashanah in order to advocate for any specific prescription—public option vs. co-ops, single-payer vs. abolishing employee plans and allowing individuals to find their own way. The Jewish demand that everyone have access to health care does not necessarily mandate a particular form of delivery. Our current combination of employer-related insurance plans, individual payments, and government programs like Medicaid would suffice if that blend were effective in providing health care for all of our citizens. The fact, however, that more than 40 million Americans have no health insurance is, from a Jewish point of view, an intolerable dereliction of society's moral duty. The fact that some of those people will ultimately get health care in the most expensive way possible—namely, in the emergency room, usually when they are sickest—means that our government is currently neglecting its responsibility to spend our communal resources wisely, and we can no longer allow that.

As Jews, we have great concern to advocate with—not for-- every individual in society, with those who **think** they have no voice, no power. We must advocate with, rather than for, others, because when it comes to the well-being of the citizens of our country, what pains others pains us, and what strengthens one strengthens all. Who are we are commanded to care for 36 times in our Torah? The widow, the orphan, the immigrant. Why these three? Because they have always been told by society that they have no voice, no power. The members of Beth Haverim Shir Shalom can be powerful in advocating with those whose voice has been silenced. I believe strongly that for our congregation to remain a powerful moral voice in our community, we we must advocate with Paula, with Lori, with Bob, and with others who I could not name, but know who they are. We must advocate with those who have never been able to afford health care, advocate with those who lost their health care when they lost their job or got sick. We must advocate for ourselves.

Who will live and who will die? Today, on the New Year, I assert that, to some greater extent, the decision is in our hands.

This morning, I'd like to offer for your consideration, not the specifics of what must be included in health care reform legislation, but rather, I'd like to offer a set of four criteria, informed by the values of Jewish tradition, by which I feel we might judge and weigh the specifics of the plans will be forthcoming. As a Jew, I believe that it is a moral imperative

to transform health care so that it is: 1) Inclusive 2) Accessible 3) Affordable 4) Accountable.

First, a Jewish vision for healthcare would insist on a proposal that is Inclusive. Judaism teaches that all human beings are created in God's image – *B'tzelem Elohim*. Each human being, created in God's image, must be treated justly, with equity and dignity. Our Jewish tradition would lead us to insist on the provision of inclusive, comprehensive health care for every person, without exception.

Secondly, a Jewish vision for healthcare would demand a plan that is Accessible. Judaism teaches that the resources of our world were created for all to share. We are called to act justly, with love and compassion, ensuring that each person has access to the health care needed to live out the fullness of his or her God given potential.

Thirdly, I feel a Jewish vision should be for healthcare that is Affordable. We believe that God has endowed us with the talents, wisdom and abundant resources that can meet the needs of all who live in this country. Our Talmud teaches that when we save a single life, we save an entire world, and that when one life is destroyed, a world entire disappears. As Jews, we are commanded to act as responsible stewards of God's gifts. We must use our health resources efficiently, to allocate them with equity, and offer them with compassion.

Finally, a healthcare vision informed by Judaism would insist on a system that is Accountable. As we have seen, Jewish values call upon us to build a system that partners all aspects of our society-- individuals, families, the government, the working community, the business community and the religious community-- to ensure that timely, quality, and safe care treats body, mind and spirit. We must hold ourselves and our government accountable to fulfill this moral value, and insist on real and effective oversight.

We have a vision. We have a mandate. We have lenses by which we can evaluate any plan put forward by any party. Rabbi Eric Yoffe, the President of the Union for Reform Judaism, in his address at the most recent Biennial convention, challenged each of us when he said: "My friends, the health care situation in this country is a disaster. If we continue to tolerate it, we will lose our humanity, and no matter our other accomplishments, we will have failed as a people and a nation. So let us work to change it, piece-by-piece... until no cry for help goes unheard. Only in this way can we honor the image of God in every human being."

The Mishnah speaks directly to us in this moment. *Lo alecha hamlacha ligmor, v'lo atah ben chorin l'hibateil mimena*. The task is huge; we cannot accomplish it all - neither can we defer from starting. This is a priority which each of us needs to set in order to make a real difference.

*Lo alecha hamlacha ligmor*. So where do we begin? This morning, I have three recommendations.

Firstly, I'd like to invite you to share your story, share with us what you'd like to see change, share with us what you're willing to do about it. Please share your story. Share it with me, with Cantor. Share it with a leader of our congregation. Share it with a fellow

member of the community. Don't bear the burden of your story alone. As I said last night, sharing our stories is the first Jewish prescription for facing down fear.

Secondly, for many of us, myself included, the starting place might not be political action or advocacy. For some of us the best place to start is to learn more, to understand the problem better. *Join us on the next three Tuesday evenings, as \_\_\_\_\_ leads us in an exploration course called: R'fuah Shlemah - Healing our Health Care System. Sign up on our website.*

My third and final request, for now, is that we stay engaged. That we listen carefully to the substance of the debate, ignoring as best we can distractions, smoke screens, and scare tactics. That we consider using the Jewish value and Jewish lenses I've outlined briefly here today—the lenses of inclusivity, accessibility, affordability, and accountability to examine each plan and detail that emerges from the debate. In this way, we can remind ourselves and our nation of the moral imperative to transform health care so that it achieves those lofty goals. For the widow and the orphan in our midst, for each of us who raised our hands, we must demand better.

This Rosh Hashanah and next week on Yom Kippur, when the Cantor chants *Mi yichyeh, umi lo yichyeh*-- Who will live and who will die, let us remember that the answer is, in no small part, in our hands.

And so this morning, we end with a prayer: *R'faeinu Adonai v'neirafei. Hoshieinu v'nivasheah*. Heal us Adonai, and we shall be healed. Save us and we shall be saved. We pray for healing of the land. We pray for health for every race and nation. Every child, every woman, every man. Eil Na r'fana. Oh please, heal us—and give us the courage to heal our health care system - now.