

A pious man, who had reached the age of 95, suddenly stopped going to synagogue. Alarmed by the old fellow's absence after so many years of faithful attendance, the rabbi went to see him. He found him in excellent health, so the rabbi asked, "How come after all these years we don't see you at services anymore?"

The old man lowered his voice. "I'll tell you, rabbi," he whispered. "When I got to be 80, I expected God to take me any day. I reached 85, and I began to see my friends leaving this world. But then I got to be 90, then 95. So, I figured that God is very busy and must have forgotten about me, and I don't want to remind Him!"

The number of years we live is partially controlled by us, though if we are honest we'll admit that most issues of health and longevity are not under our control. Our Rosh Hashanah liturgy suggests that the question of who will live and who will die, and how this will happen, is a question for God. Yet, our tradition also holds medicine in high regard. As we are in the midst of a national conversation on health care, I would like to explore how Torah and Jewish tradition and Jewish ethics can guide us.

My purpose today is not to choose sides in a battle of political philosophies. Rabbis enter the political arena at some risk. On one hand, if we are not current, if we don't address the pressing issues of the day, then Torah becomes a relic of the past. On the other hand, if Torah is used to advance a political agenda, then it becomes, to paraphrase Pirke Avot, "A spade to dig with." Politics already has a lot of dirt and mud to throw around without using Torah as a tool!

Who will live and who will die -- this powerful question of Unetaneh Tokef in the Rosh Hashanah liturgy reminds us that the power of life and death lies with God, not with doctors, insurance companies, or the government. Unetaneh Tokef does not say, "Who by fire, who by water, who by lack of proper medical care and insurance, and who by mythical government death panels; who will prosper, and who will be driven out of business by excessive taxes."

You might argue that everyone in this country already has access to health care. Take a walk through the emergency room of any hospital, and you'll see how that health care is being dispensed. It is an inefficient, expensive system.

The health insurance system is an attempt to provide affordable health care by collecting a pool of money from a group of potential patients who are pre-paying for their medical care. The goal is to spread the risk so that the income from healthy people subsidizes the cost of those who need medical care. Every insurance company has a financial incentive to seek out the healthiest customers and pay as little as possible to doctors and hospitals. That's the nature of the business. All insurance companies take some health care dollars to pay for expenses. In addition, publicly traded for-profit insurance companies take a certain percentage of dollars coming into the system away from health care to pay investors. Further raising the cost of health care is malpractice insurance, gobbling up 10-14 cents of every health care dollar. Our hospital bills not only have to pay for our care, but also for the care of those who cannot pay.

We are spending more and more money on health insurance and health care, and more and more people are losing coverage and unable to pay for preventive care because they can no longer afford it.

My colleague Rabbi Gail Labovitz wrote a marvelous and concise summary of the halakhic sourcing relating to provision of health care. It demonstrates the difficulty of presenting a Jewish

position that actually gives us solid guidance and direction. There is really only one Biblical source that when read through the Rabbinic lens, speaks to the question:

Deuteronomy 22:2 tells us that one who finds lost property is obliged to return it, והשבותה לו , “you shall return it to him.” The Talmud [Bava Kama 81b and Sanhedrin 73a] applies this verse not only to returning lost property but to restoring a person’s health. Maimonides, in his commentary on the Mishnah (Nedarim 4:4), makes explicit that this includes providing medical care: “the doctor is obligated to heal...and this is included in the explication of the verse, that ‘return it to him’ means to include (the ‘return’ of) his body...” Joseph Karo brings together these traditions to write in the *Shulhan Arukh (Yoreh De’ah 336:1)*: “Torah gives the healer permission to heal. And it is a commandment, and is a matter of saving life. And if one withholds oneself, this person spills blood.”

From this source, we understand that those who have the capability of healing have an obligation to do so. The late 20th century Rabbi Eliezer Waldenberg writes that the provision of needed medical care is of such significance that a *bet din* may, in fact, compel a doctor to provide free medical care to a patient unable to pay, and that it is not the responsibility of the court or the community to reimburse the doctor. However, he then modifies this ruling, applying it only when there is just a single doctor in the locale. Where there are multiple doctors, no one doctor can be compelled to provide services not demanded of the others. Rabbi Waldenberg suggests several means by which a community might provide for its members, including paying for the medical care from communal charity funds, or creating a system whereby doctors equitably share the case load on a *pro bono* basis. His preferred system, where the community has the means, is to provide a monthly fee for doctors in exchange for seeing any patients in need. (1985, *Ramat Rachel*, no. 24; published in vol. 5 of Rabbi Waldenberg’s collected responsa, *Tzitz Eliezer*)

What is most significant about Rabbi Waldenberg’s responsa is not that he provides *the* Jewish answer for *the* way in which a community should provide medical care for all. What he tells us is that *providing* such care, in the final analysis, is most certainly the responsibility of the community as a whole. It is thus not surprising that Jewish rabbinic and lay organizations across the denominational spectrum have agreed that we must seek the goal of an equitable system of access to healthcare in America.

In the final analysis in the Jewish sources, the patient is responsible for paying for his health care; the doctor is responsible for giving a break to those who cannot pay; and the community is responsible for making sure that the doctors are adequately compensated.

The Jewish answer, that the “community” is ultimately responsible for ensuring that all of its members receive adequate health care, works well on the small scale for which it was envisioned, but does not scale well to the level of a country, state, or national medical system. It worked reasonably well in a society in which there were very few effective medical tests, treatments, or medications, but would be overwhelmed by the complexity of managing the myriad of expensive medical tests and treatments of a modern health care system.

The patchwork delivery system of Medicare, Medicaid, insurance companies, doctors, and hospitals is not working well for tens of millions of people, including the estimated 35 million without insurance. Other countries have variations on different models of national health care, or mandatory employer or government provided health insurance. Some system work better than others, each has its good and bad points. From a Jewish point of view, however, the starting

point ought to be the belief that access to health care for the individual and for society is a matter of justice, and delivering that access with the greatest degree of efficiency, the highest benefit for the lowest cost, is a prudent use of community resources.

As a religious community, we ought to be promoting healthy living in every possible way. Health care reform that allows and encourages proactive medical care is one path; diet and exercise is another. Maimonides interprets the prophet Micah's instruction to "walk in God's ways" [Micah 6:8] as a duty to take care of the body by getting enough sleep, eating a healthy diet, and exercising regularly.

The third way of keeping healthy is suggested by Malcolm Gladwell in his most recent book, Outliers. He writes about a community of immigrants from the village of Roseta, Italy to a town in the foothills of Eastern Pennsylvania which they named Roseto. In 1961, a physical named Stewart Wolf decided to investigate why there was so little heart disease in this small town. He discovered that there was also no suicide, no alcoholism or drug addiction, no ulcers, ... that the death rate from all causes was 30-35% lower than expected. People were basically dying only of old age. Dr. Wolf ruled out diet and exercise as a factor in their longevity - the townspeople cooked with lard, ate a lot of sweets, struggled with obesity, and smoked heavily. He ruled out genetics -- although the entire town came from the same small region in Italy, others from that region who lived in other parts of the United States didn't share the remarkable good health of the Rosetans. Dr. Wolf even compared the medical records of the Rosetans with those of two nearby communities, to see if something in the region might be a factor. Men in two nearby towns, less than 3 miles away, were dying of heart disease at a rate three times that of Roseto. Gladwell writes:

What Wolf began to realize was that the secret of Roseto wasn't diet or exercise or genetics or location. It had to be Roseto itself. ... [The researchers] looked at how the Rosetans visited one another, stopping to chat in Italian on the street, say, or cooking for one another in their backyards. They learned about the extended family clans that underlay the town's social structure. They saw how many homes had three generations living under one roof, and how much respect grandparents commanded. They went to mass ... and saw the unifying and calming effect of the church. They counted twenty-two separate civic organizations in a town of just under two thousand people. They picked up on the particular egalitarian ethos of the community, which discouraged the wealthy from flaunting their success and helped the unsuccessful obscure their failures. [Page 9]

They came to the conclusion that they had to look beyond the individual to the culture of the community to understand what makes someone healthy or not. Judaism has something to add to the national conversation on health care reform, but truth be told, the specific details of the Obama plan versus any other plan that might be proposed are far beyond the ability of Jewish tradition to comment on or evaluate. However, when we consider the larger medical issues of how to reduce stress and disease in our society, Jewish tradition and practice, Shabbat observance, being active in a Jewish community, being engaged in lifelong learning, taking care of each other, all these things are within our grasp. May the year 5770 be a year of health and happiness, in which, in the words of Malcolm Gladwell, "the values of the world we inhabit and the people we surround ourselves with have a profound effect on who we are."