

**“Choose Life...that You and Your Descendants May Live...”**

R' Todd A. Markley – *Kol Nidre 5770*

Our room at Beth Israel was darkened, though it was past noon for the rest of the world outside. For us, time had momentarily stopped, and as the medical team tended to Michele's needs, I held our son, Adam, for the very first time. It was my birthday, and I had received the greatest gift that any one of us could imagine. So, I responded in the way that our tradition suggests at such moments...with prayers of gratitude. Thank God for this healthy little boy – for his ten little fingers and ten little toes...for his heartbeat...for his breath...for his spirit. Thank God for Michele's health and her successful delivery. Thank God for the wisdom and skill of these doctors, and thank God for the incredible nurses who cared so lovingly for us throughout the long night of labor. Thank God that our station in life, and our good fortune, have granted us access to this state-of-the-art facility which brings new life and healing to our world. We are truly blessed. And in the wake of that day, for these six ensuing months, I cannot help but wonder why some of these blessings are withheld from so many?

Like Louise, a single woman who works a full-time job. Her employer recently changed health plans and her new insurance does not allow her access to the doctor she has been seeing for the past 20 years – a doctor who is familiar with her and the cancer she has been fighting for most of her adult life. [If her cancer returns], Louise would not be able to afford the out-of-pocket costs to continue seeing her physician and will be forced to travel a great distance to a new doctor for [her care].

Or Steve who has been living with Type A diabetes since his childhood. Now, as a 47-year-old self-employed carpenter he is continually denied health insurance because of his pre-existing condition. Any medical expenses he incurs must be paid out of pocket. Steve, like [so many] without health insurance, lives in constant fear of becoming sick and does not get routine check-ups.

Why is Toya not eligible for my blessings? She is a 10-year old girl who was diagnosed with cancer and requires continuous check-ups and care. Toya's parents both work full-time but still don't make enough to afford medical insurance or pay her mounting health care bills. The financial strain they are under is devastating, and without health insurance Toya can't receive the care [on which] her survival depends.<sup>1</sup>

These real and cautionary tales serve as stark reminders of what is at stake in our nation's current health care debate. And while the uninsured in our Commonwealth of Massachusetts are fewer than in any other state in the Union, these personal stories are not foreign to us either.

Over this past year, I have listened as members of our own temple family shared their experiences with me about doctors who, fed up with the prolonged and adversarial

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<sup>1</sup> Adapted from testimonials on the American Medical Association's [voicefortheuninsured.org](http://voicefortheuninsured.org)

reimbursement process, have chosen to stop accepting insurance altogether leaving some patients unable to gain access to needed treatment – parents losing jobs, and thus health insurance as well, having to sacrifice other family necessities to keep up with COBRA payments – unaffordable deductibles, mental health services not covered by an employer’s plan of choice, and aging loved ones whose life savings are wiped out in the pursuit of appropriate long term care. I shudder to think that this is the best that we can do for one another here in the world’s most prosperous nation.<sup>2</sup>

Let me say at the outset that, while this is a hotly debated political issue raging in America right now, I have no intention of endorsing or disparaging any particular politician or currently proposed legislation from this *bima* tonight. I will neither parse, laud, nor decry the relative merits of views held by Obama or Grassley, by Baucus or Boehner. Rather, on this *Kol Nidre*, I seek to consider the claim made by many, both in and out of government, that the system by which our nation provides health care to its citizens is not solely an economic, or even a political issue, but one of significant moral consequence as well.

That is a proposition on which we ought to reflect, both within these walls and within our souls. For throughout these High Holy Days, we repeatedly recite the words of the *Unetaneh Tokef* and we wonder aloud, “Who shall live and who shall die in this year ahead? Who shall see ripe old age and who shall not?” The prayer implies that our fates are in God’s hands, and indeed, there will be innumerable moments in 5770 when lives will hang in the balance, and when the ultimate outcomes are beyond our control. And yet, we know full well that there will also be thousands upon thousands of cases this year when humans might be able to dramatically improve, or even save, one another’s lives. In those instances: Who shall drink in the mercy of caring physicians, and who shall thirst for unaffordable medication? Who shall be secure in their coverage, and who shall be driven from the insurer’s rolls? Whose lives shall be enriched in both quality and duration, and whose households will be impoverished by the cost of that which is needed to live? The answers to these questions are not for God, but rather for us to decide.

So, how might our Jewish tradition inform our thoughts on these critical matters? Believe it or not, the Torah says nothing explicitly about tiered co-pays and Emergency Room deductibles. Our Rabbinic Sages left us no texts which make direct reference to “the public option.” Nor do our medieval scholars weigh in on the possibility of taxing sugary drinks in order to fund our collective wellbeing. All of these sources, however, bequeathed to us a great deal of wisdom about the value and sanctity of human life, our shared responsibilities in caring for the infirm, the role of our physicians, and the power of preventive care.

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<sup>2</sup> Based on GDP, the United States was by far the wealthiest country in the world in 2008, with a GDP of \$14.265 trillion, with Japan in a distant second at \$4.924 trillion. The U.S. is the 10<sup>th</sup> wealthiest country in the world based on GDP per capita, but that difference in ranking is tied to the relatively small populations of the nine countries ahead of the U.S. These figures are based on International Monetary Fund statistics as of April, 2009.

Dr. Elliot Dorff, Philosophy Professor at the Conservative Movement's Los Angeles seminary, has written extensively on matters of health, healing, and medical ethics in the Jewish tradition. He notes that our ancient Rabbis could not have envisioned the powers of medical professionals today: able to diagnose and treat conditions with remarkable healing expertise. Their skills, in conjunction with rapid advances in both medical technologies and pharmaceuticals, have not only dramatically improved health care over the past century but have also driven the cost of such care up tremendously. The result is a health care system in our country which has become inaccessible to many and appears fiscally untenable for the long haul. On both of these points, our tradition lends its voice.

First, as Professor Dorff asserts, our tradition advocates for providing health care for everyone in a society, regardless of social standing or socioeconomic bracket. Our Rabbis forbade us from living in a town that does not have a physician<sup>3</sup>, thereby guaranteeing that everyone has ready access to medical care when needed.

Furthermore, Maimonides, one of our tradition's greatest scholars, who also served as the chief physician to the Sultan of Egypt, described his long days spent trying to care for all who were in need. Each day he would dedicate himself to the needs of the Sultan and his court and then return to his home where, he writes, "I find the antechambers filled with people, both Jews and Gentiles, important and unimportant, theologians and bailiffs, friends and foes – a mixed multitude, who await the time of my return. I dismount from my animal, wash my hands, [and then I]...go forth to attend to my patients..."<sup>4</sup> Through his own life's work, Maimonides demonstrated the Jewish value that all people, regardless of their backgrounds, employment, or financial means deserve treatment...no less so than the king himself.

As to how we make such universal coverage a reality in our country, well, that is a worthwhile debate. And as we engage in that discussion, we ought to do so thoughtfully, with an eye towards discerning the truth behind the headlines, and with an open mind to what already exists in our world. While it is, perhaps, embarrassing that the United States is the only industrialized democracy that has not found a way to provide health insurance for all its citizens, the upside to that reality is that we have plenty of models from which to learn. As journalist and author, T.R. Reid, has reported, the existing programs in other nations vary widely in their strategies for guaranteeing access to care. From Britain and New Zealand, where government runs and pays for the hospitals to Germany, the Netherlands, Japan, and Switzerland who provide universal health care to their citizens, made possible through private doctors, private hospitals, and private insurance plans.<sup>5</sup> Could we not learn from the best practices of others when building the system that will ultimately benefit America's needs?

Our Jewish tradition calls not only for universal access to health care but also insists that it be affordable. No one ought to be made destitute for the sake of managing a

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<sup>3</sup> *Talmud Yerushalmi, Kiddushin 4:12*

<sup>4</sup> *Maimonides, in a letter to Samuel ibn Tibbon, 1199*

<sup>5</sup> "5 Myths About Health Care Around the World" by T.R. Reid in [The Washington Post](#), August 23, 2009

chronic illness or responding to a life-threatening condition. For all that we have heard about adjustable rate mortgage scams and recession resulting in mass foreclosures, it is estimated that unaffordable medical costs lead to 1.5 million home losses each year.<sup>6</sup> How, then, can we contain our medical expenses and support those who have insufficient coverage, or none at all? Jewish thought suggests that the responsibility of financing any person's medical care falls upon four parties: the physicians, the individual, his or her family, and finally upon the society at large.<sup>7</sup>

The Talmud recounts the practice of one ancient health care provider who "placed a box in his office out of public view in which patients could put their fees. People who could afford to pay placed their fees in the box; those who could not afford to pay didn't have to, and were not ashamed."<sup>8</sup> While this is a laudable policy, and physicians are encouraged to make their services available to the impoverished at little or no cost, the overall financial burden of our healthcare system certainly cannot be borne by doctors alone, especially with their ever-rising overhead expenses.

Of course, we also need to contribute to our own health care. Jewish life is based upon an intricate system of law and practice, grounded in personal responsibility, and thus we each have a role to play, and a share to contribute towards our care. And, following the airline model of placing the oxygen mask on oneself and only then upon one's child, Jewish tradition instructs that, once I am secure in my access to medical treatment, I am now responsible for making sure that my family is provided for as well.

But what of those who, in spite of all their best efforts, cannot keep pace with the financial demands of obtaining quality health care? Some in that situation are supported by Medicaid, but, of course, a great many are not. Our tradition then understands us to be responsible for one another...to look beyond our own families and into our local communities, to our state and national landscapes, and to share in providing affordable and accessible care across the board.

We ought be concerned about how we will collectively finance such a system. And, we ought also not perpetuate a system which requires the uninsured to acquire their treatment in the emergency room when illness is at its most dire stages and cost of treatment is greatest. In doing so, we de facto shun our economic responsibilities to one another. Nor does it serve our collective good to relegate fellow citizens to lives defined by suffering, pain, and fear when they might instead be leading lives of productivity, security, and hope.

In fact, several voices from Jewish tradition affirm the value of emphasizing preventive care rather than reactive treatment. Already, some 2,000 years ago, one Jewish

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<sup>6</sup> Robertson, C.T., et al. "Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures," *Health Matrix*, 2008.

<sup>7</sup> Matters of Life and Death: A Jewish Approach to Modern Medical Ethics by Elliot Dorff. Jewish Publication Society, Philadelphia, 2003. p. 299

<sup>8</sup> *Talmud Bavli, Ta'anit 21b*

scholar taught that “[t]he body is the soul’s house. Shouldn’t we therefore take care of our house so that it doesn’t fall into ruin?”<sup>9</sup>

Some responsibility for this routine bodily upkeep falls upon us as individuals...it is incumbent upon each of us to bathe, to brush and floss, to sometimes forego the greasy and the fried for the green and leafy, and to include regular exercise in our lives that are increasingly sedentary. And, conversely, some prevention measures are communal. As Professor Dorff points out, the average life expectancy in this country has increased from the mid-40’s one hundred years ago to the mid-70’s today. There is surely a connection between this dramatic longevity shift and our society’s investments in health education, government oversight of food, drugs, and building codes, research into new medical technologies and medications, and the establishment of agencies like the Center for Disease Control and Prevention.<sup>10</sup> When considering new preventive health care measures today, there is a partnership to be had between individuals, responsible for our own well being, and the society of which we are all a vital part.

Our earliest Rabbis taught that the earth’s first human, “Adam, was created as a single person in order to teach us that if one destroys a single soul, it is as if he or she destroyed an entire world, and if one sustains a single soul, it is as if he or she sustained an entire world.”<sup>11</sup> A recent Harvard Medical School study estimates that 45,000 Americans die annually for lack of health insurance.<sup>12</sup> In this new year, whose worlds shall be destroyed? Whose worlds sustained?

Tomorrow morning, we will listen to verses of Torah taken from Moses’ farewell address to the Israelites just before they reached the Promised Land. His words will cry out to us from the scroll, impelling us to respond: “I call heaven and earth to witness against you this day: I have put before you life and death, blessing and curse. Choose life—so that you and your descendants might live.”<sup>13</sup>

Dear God, on this Day of Atonement, and in this year ahead, grant us the strength, the foresight, and the courage to choose wisely...for ourselves and for all of Your children in this great land. In so doing, we can help You to inscribe many more souls for blessing in the Book of Life.

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<sup>9</sup> Philo Judaeus, , *“The Worse Attacks the Better, Section 10”*

<sup>10</sup> Matters of Life and Death: A Jewish Approach to Modern Medical Ethics by Elliot Dorff. Jewish Publication Society, Philadelphia, 2003. Pp. 252-253

<sup>11</sup> *Mishnah, Sanhedrin 4:5*

<sup>12</sup> Health Insurance and Mortality in U.S. Adults by Andrew P. Wilper , Steffie Woolhandler , Karen E. Lasser , Danny McCormick , David H. Bor, David U. Himmelstein appearing in *American Journal of Public Health*. Published online ahead of print Sep 17, 2009

<sup>13</sup> *Deuteronomy 30:19*