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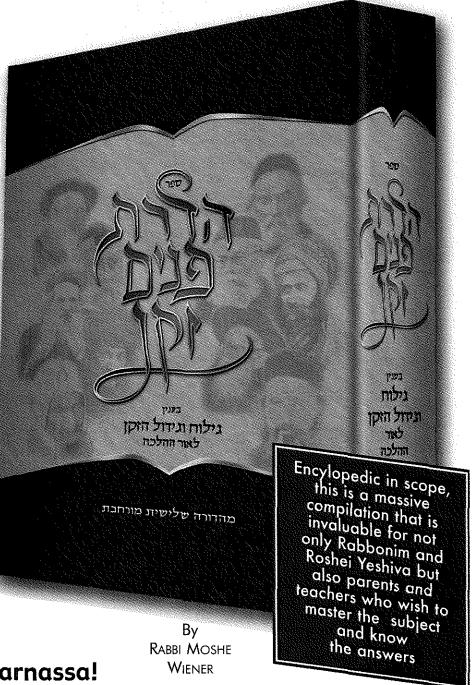
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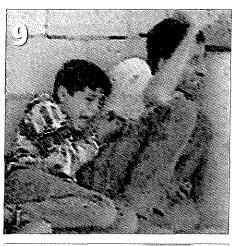
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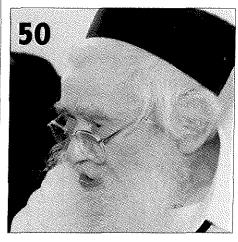
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READERS' FORUM

LETTER FROM JERUSALEM

A TWENTY-FIRST CENTURY DREYFUS TRIAL. Yonoson Rosenblum

VENISHMARTEM ME'OD... GUARD YOUR SOUL

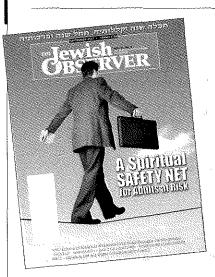
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STATEMENT OF POLICY

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READERS' FORUME

MANAGING "RISK" SUCCESSFULLY

To the Editor:

We are all at risk! ("Adults At Risk," JO, Tishrei 5768). Just as the light of day is preceded by the dark of night, the clarity of purpose that is necessary for the successful execution of our responsibilities in life is clouded over by all forms of darkness. They limit our ability to focus, leaving us with a fuzzy picture of both our goals in life as well as the necessary means toward reaching them. Not experiencing simchas hachayim as we engage in our avodas hachayim is simply a result of this fuzziness. Our sense of purpose is weak; it requires a regimen of spiritual exercise. There are, though, no symptoms of disease which need emergency intervention. As noted by Rabbis Becher and Gordon, "Ups and downs in the spiritual journey are normal," and they are not "crises in faith." The authors, however, despite calling for the "adult at risk" to be advised of the commonness of his experiences, suggest an approach which seems inconsistent with that commonness.

The simple act of labeling a Jew who is faltering in his *avoda* with a clinical term, "At Risk," belies the suggestion that his weakness is normal. This Jew, suddenly dealing with a "condition" rather than just a fall, can become overwhelmed, unable to extricate himself from his predicament. Furthermore, to ascribe his weakness to underlying flaws in our education system or to other systemic inadequacies allows the individual room to lounge in the tub

of blame and self-pity, rather than rise up to the challenges facing him and overcome his own weaknesses.

Certainly, man's weaknesses bear risk, but risk is not a dirty word! Life is fraught with risk; and man is charged with managing risk successfully, overcoming it before it overcomes him. Nobody would advocate inviting risk, but when it visits, it must be properly received. A person should not go through life allowing himself to fault his third grade rebbi for his weaknesses. As an adult, he already knows what his obligations are, and he has within himself the ability to deal with them. The notion that weakness is something that can be blamed on others is a rejection of the challenge of weakness, rather than a recognition that it is there to be

What he needs is simply to strengthen his emuna. When his knowledge will be transformed, elevated, into conviction, he will have the internal strength to overcome any weakness. The responsibility for the maintenance of a Jew's emuna and simchas hachayim lies with his rav. The maintenance of any item is quite distinct from its construction. Our wonderful kiruv organizations, which perform miracles in launching ba'alei teshuva onto a path of true avodas Hashem, are not the address for the spiritual maintenance required by the average observant Jew. The temporary "high" he will experience will not translate itself into the chizuk he needs to proceed in his avoda. This Jew need to be reminded of a Mishnah in Avos (1,6),

"Asei lecha rav - Establish for yourself a rav who will teach you the Torah path through life, u'knei lecha chaveir - enlist for yourself the services of a close friend" to assist you in internalizing the message of the rav. Participate actively in a shul whose membership is on a spiritual level similar to your own, where a ray seeks to inspire and motivate both tzibbur and yachid, to further their spiritual accomplishments. Certainly, the "spiritual batteries" of "confused and tired" Jews need recharging. As with any power cell, though, that recharge is best accomplished with regular contact with a common power source, not with an occasional high-intensity charge at a traveling generator.

One more point. Merubim tzarchei amcha - we are a needy nation comprised of individuals who all have some need or another. For many, there are material needs, while the needs of countless others are of a spiritual nature. Nobody should feel that to express need is to "lose face." The competent ray understands need; he will have even experienced it in his own life. Certainly, he understands that when it is expressed, it is the first step toward being addressed, not a display of weakness. Rather than indulge the childish unwillingness to "lose face" with an invitation to look outside the framework of his current life, the focus should be on encouraging the Adult-in-Need to rise up to his challenges and reach out for help. His rav is awaiting him.

RABBI SHMUEL KIRZNER Brooklyn, NY

REDUCING THE RISK FACTOR WHILE IN YESHIVA

To the Editor:

An adult at risk, quoted in the article by that name ("Adults at Risk" Sept. '07), complains after attending a lecture at a Shabbaton, "I've spent my entire life in mainstream yeshivos.... Why didn't I ever learn this stuff?"

As a bachur in the Yeshiva of Philadelphia over 30 years ago, I had the widely admired Rabbi Mendel Kaplan as my rebbi, and I didn't miss out on learning "this stuff." First of all, he gave us a tremendous geshmak in learning that fired our ambition to continue our Talmudic studies in the years ahead. Second of all, he addressed a number of social, personal and hashkafa issues in his off-the-cuff discussions and remarks that continue to accompany us and guide us through life.

As I and my chaveirim continued in our yeshiva and post-yeshiva years, we were constantly encountering others who did not have comparable experiences. They either were not inspired or guided to stay in yeshiva in their post-teen years, or they never had rebbei'im who discussed basic Torah hashkafa or existential questions with them. Thus, they floundered, stumbled and sometimes fell. I am not in a position to propose specific programs or curriculum enhancements or limudim for yeshivos gedolos to avoid such sad scenarios. I can suggest that any parents out there reading these words would do well to discuss this issue with their personal ray or mentor or the man who serves as their son's rosh yeshiva or mashgiach before he takes his crucial post-high school step to more learning or to the workplace. What can be done to provide him with vital information, insights, guidance?

And while we're at it, is there any structured program or format for our daughters to continue their growth, awareness, and abilities to deal with challenges in tzenius, lifestyles, and hashkafa in their post-

seminary years, and as they become wives, mothers and mature women in a sometimes hostile environment? Shouldn't this, too, occupy our hearts and our minds?

NAME WITHHELD BY REQUEST

ADULTS OVERCOMING RISK

To the Reader:

The topic "Adults at Risk" exposes a major problem in our community. Do you know what AARP stands for? Adults at Risk for *Prostkeit* (vacuity). If we are out of the *koslei hayeshiva* (the yeshiva's walls), we are at risk.

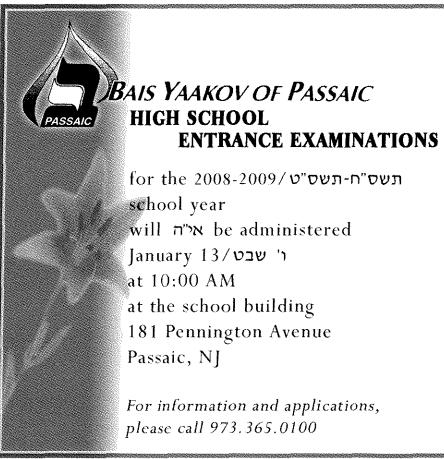
The guiding principle of a Kollel Boker for Baalei Battim is that if you are not oseik in Torah with yegi'a (effort) every day, you are AARP. If you are a former kollel yungerman, you remember how uplifted you felt when you struggled to understand the depths of the sugya. You can do that now.

About 18 years ago, two ba'alei bat-

tim created the first kollel boker/erev in Boro Park under the guidance of a rosh kollel to enable ba'alei battim to learn bechavrusa, be'iyun, and with pilpul chaveirim - with a study partner, in analytical depth and with an exchange of ideas with other like-minded fellows. As one participant said with emotion. "This is the first time in 15 years that I opened up a Rabbi Akiva Eiger." There are kollel bokers/erevs in Brooklyn, Lakewood, Monsey, Passaic, Far Rockaway and many other neighborhoods. It is important to note that the esteemed Rosh Yeshiva, Rabbi Elya Svei שליט"א, was very supportive and encouraged ba'alei battim to join a kollel boker/erev.

Join us. We will find you a *chavrusa*. We are learning *Masechta Pesachim*, and our *rosh kollel* is Rabbi Yeruchem Zeilberger, *Rosh Yeshiva* Bais Hatalmud.

Shmuel Lefkowitz Reuvain Harrari Kollel Boker in Midwood Brooklyn, NY



TZEDDAKA PRIORITIES, AS PER RABBI AARON KOTLER זעיל

To the Editor:

A recent article in *JO* highlighted an often overlooked principle that cannot be emphasized enough: how much yeshivos must be the focus of all our charitable efforts. We are a people that lives by the teachings of *Chazal*: "Talmud Torah kenegged kulam."

We, personally, must not forget what Rabbi Aaron Kotler אביל said at the last *Chinuch Atzmai* dinner that he attended on April 3, 1962.

He quoted a *Chazal* that says, "We do not stop the learning of children even for the building of the *Beis Hamikdash*." He asked, "The *Beis Hamikdash* is the center point for *Klal Yisroel*, the source of all their *berachos*, a place of *kapara* for all their *aveiros*, and yet, *Chazal* told us that the learning of children comes first. Why?

"The reason is," Reb Aaron explained, "because our children are the future of *Klal Yisroel*. Only through their Torah learning will there be a Torah nation." And this is the responsibility of every one of us, regardless

of whether we have children in yeshivos or not. This is for our benefit as well, because if the spiritual well-being of *Klal Yisroel* is at a high level, then the *beracha* assuring fulfillment of our physical as well as all our other needs will be assured.

Our priority, therefore, must be to raise support of yeshivos to the highest level, to ensure the transmission of Torah life and values for the Jewish nation.

With Torah greetings,

Mr. & Mrs. Shmuel Klein Monsey, NY

CORRECTION

In the article, "Child Molestation in the Jewish Community," by David Mandel (Sept. '07), the author cited standards and guidelines on prevention of and response to child molestation, issued in September 2003, by Torah Umesorah, the National Council of Hebrew Day Schools, under the signature of leading *roshei yeshivos*. The quotation on the issue of *mesira* (informing on someone) was incomplete, and could lend itself to misinterpretation. We are

therefore reprinting it below in full:

Failure to comply with any of these standards constitutes a violation of school policy and should be immediately reported to the principal, who should take appropriate action. Such action may include, under appropriate circumstances, reporting to the civil authorities when the principal determines that there is reason to believe that inappropriate activity has in fact occurred, insofar as halacha and secular law require such reporting.

Every school, in consultation with a competent moreh hora'ah, attorney and mental health professional, is required to develop internal procedures for dealing with these issues. N.W.

CORRECTION

The article, "When Giving is Receiving" (Oct. '07, page 33), listed the telephone number to call for Chasdei Avos incorrectly. The number is: 718-377-3273.

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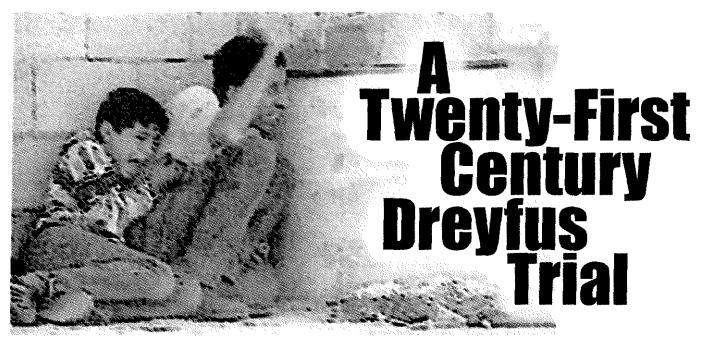
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A DELIBERATELY FALSE AND INFLAMMATORY FILM CLIP?

n November 16, a French court is scheduled to hear an appeal rivaling the Dreyfus trial in its implications for the Jews of France, in particular, and Europe, in general. The issue at hand has generated nothing like furor that surrounded the Dreyfus trial, which convulsed French society for over a decade, and about which there were few neutrals in the battle between Dreyfusards and anti-Dreyfusards. That lack of attention to a deadly serious debate is itself part of the story.

At issue in the French court is whether France 2 broadcast a deliberately false and inflammatory film clip on September 30, 2000 of an obviously terrified Palestinian boy, Mohammed al-Dura, crouching behind his father during a confrontation between Palestinians and Israeli soldiers at the Netzarim Junction in the Gaza Strip. The film ends with the father clutching his allegedly lifeless son – a death attributed by

RABBI ROSENBLUM. WHO LIVES IN JERUSALEM, IS A CONTRIBUTING EDITOR TO THE JEWISH OBSERVER. HE IS ALSO DIRECTOR OF THE ISRAELI DIVISION OF AM ECHAD, THE AGUDATH ISRAEL-INSPIRED EDUCATIONAL OUTREACH EFFORT AND MEDIA RESOURCE.

France 2 broadcaster Charles Enderlin to Israeli fire.

It would be hard to underestimate the impact of that 55-second clip. Enderlin, who holds dual French and Israeli citizenship, made the clip available free of charge to any media outlet that requested it. The heart-wrenching image of Mohammed al-Dura cowering behind his father rapidly assumed iconic status, and it has been shown thousands of times. The murderers of journalist Daniel Pearl included the France 2 video in their own video of Pearl's execution.

The bloodthirsty mob that disemboweled and cannibalized two Israel reservists who mistakenly strayed into Ramallah at the outset of the Al Aqsa intifada repeatedly invoked Mohammed al-Dura's name. Osama bin-Laden referred to the martyr Mohammed al-Dura in his video celebrating 9/11. And Palestinian children have been repeatedly exposed to TV images of the slain boy beckoning them, from a cloud-filled paradise, to join him in martyrdom.

At European rallies against Israel, at which demonstrators chanted, "Death to Israel! Death to the Jews!" demonstrators held signs aloft juxtaposing Mohammed al-Dura hiding behind his father to another iconic photograph —

that of a Jewish boy holding his hands aloft as a Nazi soldier points a gun at him. As one journalist told Europe I, "The image [of Mohammed al-Dura] annuls that of the little boy in the Warsaw ghetto."

ROUND TWO OF A LIBEL SUIT

The French hearing is round two of a libel suit brought by Enderlin and France 2 against journalist Phillippe Karsenty because of an article Karsenty published on his website Media Ratings in November 2004. Karsenty demanded the ouster of Enderlin and the France 2 news chief for their roles in perpetrating a fraud on the viewing public. In the trial last year, neither Enderlin nor France 2 presented any evidence or witnesses. Nor did they challenge the evidence presented by Karsenty, Most significantly, France 2 did not produce 27 minutes of outtakes filmed by Palestinian cameraman Tilul Abu-Rehama from which the "death" of Mohammed al-Dura is excerpted.

The French *procureur* recommended Karsenty's acquittal. Yet remarkably the French court found against Karsenty. That judgment was based almost entirely on a letter from French President

Jacques Chirac testifying to Enderlin's general excellence as a journalist and on the failure of the Israeli government to protest Israel's innocence in the boy's death. The court stressed that "no Israeli authority, neither the army, which is nonetheless most affected, nor the Justice Ministry has ever accorded the slightest credit to [Karsenty's] explanation."

That latter claim is untrue. But there is no denying that Israeli efforts to discredit the France 2 clip were lackadaisical in the extreme. Four days after Mohammed al-Dura's alleged death, IDF chief of operations Gen. Giora Eiland accepted Israeli responsibility and expressed regret for the boy's death. An internal IDF investigation ordered by OC Southern Command Yom Tov Samia and published at the end of November 2000 concluded that there was an extremely low possibility of the boy having been hit by Israeli fire. But even in the Israeli press, those findings were widely dismissed, and they received almost no attention outside of Israel. It is only thanks to a handful of crusading researchers that doubts about the veracity of the 55-second clip begin to surface. German filmmaker Esther Schapira released a film in March 2002, entitled "Three Bullets and a Dead Child: Who Shot Mohammed al-Dura?" which concluded that Israeli bullets could not have killed him. James Fallows, one of America's most highly respected journalists, reached the same conclusion in *Atlantic Monthly* three months later.

Though these critiques attracted little attention, particularly in Europe, questions about the al-Dura clip eventually pressured France 2 into allowing three French journalists to view the outtakes in late 2004. Two of those journalists – Denis Jeanbar, a former editor of *L'Express*, and Daniel Leconte, a documentary producer for French TV – subsequently printed an editorial in *Le Figaro*, in which they said that there is not even any evidence that Mohammed al-Dura ever died. Of the 27 minutes of outtakes, they wrote, a full 24 are filled with obviously stages scenes.

Luc Rosenberg, the third journalist to view the clips, went further and concluded that the killing of Mohammed al-Dura was staged. That was also the conclusion of Boston University professor of Medieval History Richard Landes, who has produced three documentaries on the al-Dura "shooting."

Landes interviewed Enderlin at France 2's Jerusalem studio, and the latter allowed him to view 20 minutes of the outtakes. During one obviously faked scene of an ambulance evacuation, Enderlin laughed. When Landes asked him why he was laughing, he replied,

"Because it's so fake." Endlerlin then added, "They [the Arabs] do that all the time. Its their cultural style. They exaggerate."

But when pressed by Landes as to whether the al-Dura clip could also have been staged by Palestinian cameraman Tilul Abu-Rehema, Enderlin, who was not present at the Netzarim junction at the time of the "shooting," refused to consider the possibility that his cameraman had duped him so egregiously.

THE OVERWHELMING EVIDENCE

The evidence, however, overwhelmingly indicates that Mohammed al-Dura was not shot by an Israeli soldier, and that he and his father were not under sustained Israeli fire for 45 minutes as claimed by Tilul Abu-Rehama. For one thing, the al-Duras were fully hidden from Israeli view by the concrete-filled barrel in front of them. They could not have been the targets of sustained fire. Film shot by other camera crews at the Netzarim Junction shows Palestinian youths throwing stones and Molotov Cocktails from an open area directly in front of the Israeli guard tower. Had Israeli soldiers been looking for young Palestinians to shoot, they would not have been lacking in targets that day. Yet, no other Palestinian was reported to have been shot in the day's confrontation.

Only a ricocheting bullet could possibly have hit the al-Duras from the Israeli position. But in the clip, all the bullet holes in the wall behind the al-Duras are fully symmetric, circular holes indicating a straight on hit. The only armed men opposite the al-Duras were Palestinian, not Israeli. Finally, other footage shows no blood at the spot where Mohammed al-Dura was supposedly hit in the stomach by an Israeli bullet and his father wounded in three places, until the following afternoon (in the course of a Palestinian-led tour for foreign journalists).

The evidence of a staged scene is

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also powerful. Enderlin claimed that he cut the boy's death throes from the clip because they were too unbearable to watch. But, as Joanna Chandler reports in FrontPage Magazine, the 55-second clip is actually seven segments spliced together. When viewed in slow motion, two fingers appear in the viewfinder at the end of the seventh segment, indicating Take Two. An additional three seconds not broadcast show the "dead" boy raising his elbow and right leg, and appearing to look furtively around prior to resuming the "dead position." Even after resuming the "dead position," he leaves his leg up in the air.

In footage of the al-Duras taken by other cameramen at the scene, they are seen positioning themselves behind the barrel while a whole crowd is seen running away, as if to clear the scene, and others stroll calmly down the street. At least two other cameramen were able to film the al-Duras from an exposed position directly behind them, belying Abu-Rehama's claim that they were under constant fire.

THE FRENCH MEDIA'S SELECTIVE DISINTEREST

espite, or perhaps because of, the massive play the Western mainstream media gave to the France 2 clip and its impact, those same media have been remarkably uninterested in the questions raised about the veracity of the clip. Even the French media showed little interest in the libel suit against Karsenty, at least, until the court found for Enderlin and France 2. At that point, the media heralded the decision as a full vindication of Enderlin and France 2.

The media, however, will have a much harder time ignoring Karsenty's appeal. To the apparent shock and dismay of France 2, Appellate Court Presiding Judge Laurence Treburg last month ordered France 2 to produce the full 27 minutes of outtakes. Only then did Israel for the first time issue its own public demand for the outtakes.

One reason for the lack of media

interest in the al-Dura clip once it had served its purpose has to do with what French philosopher Alain Finkelkraut has described as the Age of Ideology in modern Western intellectual life. In the new dispensation, facts must conform to theory and not vice versa.

In a remarkable 2004 piece in *Azure*, "In the Name of the Other: Reflections on the Coming Anti-Semitism," Finkelkraut describes the theory that predominates in Europe (and which is finding a home on elite campuses in America as well). Finkelkraut describes how Israelis have

become transformed into the new Nazis by Europeans.

The memory of Auschwitz has transformed Europeans into permanent penitents, constantly on guard against themselves. European intellectuals are constantly on the lookout for anything that smacks of the Nazi dehumanization of the Jews, the transformation of the Jew into the Other lacking a shared humanity.

And, in one of history's great ironies, the Nazis' chief victims have become the prime suspects precisely because

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- For typical families, only 400 invited guests may be seated at the chassuna seuda. (The Guidelines make provision for exceptional circumstances see full text.)
- The kabbolas panim smorgasbord should be limited to basic cakes, fruit platters, a modest buffet, and the caterer's standard chicken or meat hot dishes.

- The menu for the *seuda* is limited to 3 courses followed by a regular dessert.
- No Viennese table and no bar.

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of their victimhood. Because the Jews have nothing about which to be penitent - or so the theory goes - they are





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the most likely to turn another people into the Other.

All confess the crimes they committed or let others commit. All admit their share of darkness. All accept humbly the civilizing burden of guilt. All distrust the Nazi that sleeps within them.... All, that is, except the Jews. For them, there is no obligation of memory and reparation," writes Finkelkraut.

From this suspicion of the lews, it is but a short step to assuming that the Jews have dehumanized the Arabs, turned them into the Other. Thus, French political scientist Emmanuel Todd writes, "The incapacity of more and more Israelis to perceive the Arabs as human beings in general is obvious to the people who follow the news in print or on television."

That obviousness, however, is not the result of empirical observation, but the outgrowth of the theory of the Jews' supposed susceptibility to casting another people as the Other. In this theory, the Palestinians are not the enemy of the Israelis, but their Other, And the result is clear, writes Finkelkraut: "Being at war with one's enemy is a human possibility; waging war on one's Other is a crime against humanity."

The Other can do no wrong. The Palestinians are thus absolved of all blame for their fate; everything that befalls them is a result of their Otherness. The Jews are responsible for everything. Just as the godfather of modern French thinkers, Jean Paul Sartre, once defined a Jew as nothing more than the product of the anti-Semite's imagination, so the Palestinians are denied any existence, except as a projection of the Jewish psyche.

They are not actors; they have no goals of their own; they perpetrate no crimes. "If the Other commits reprehensible acts, it is only... in response.... to the apartheid practices and the harsh security measures to which he has been unfairly subjected.... If he is a fanatic, it is because of the degradation to which... the Zionists have condemned him," says Finkelkraut.

Not only must unruly facts be made to conform to this theory of the Other, but it is permissible to make up new facts in the service of some Higher Truth. In an interview with Professor Landes, Enderlin (who, as mentioned, was not present at the Netzarim Junction) defended the clip as conforming to the situation in the West Bank and Gaza. In other words, even if the clip was fabricated, it was true at a higher level.

French journalist Claude Weill Raynal portrayed Karsenty as some kind of fanatic – not for pointing out that the clip was unreliable, but for being surprised in the first place: "Karsenty is so shocked that fake images were used and edited in Gaza, but this happens all the time everywhere on television and no TV journalist in the field or film editor would be shocked. This has become more about [Karsenty] than anything else."

And when Leconte and Jeanbar pointed out the obvious staging in the 27 minutes of outtakes to the France 2 executive watching with them, the only response was: "Yes, but you know well it is always like that." That viewers of France 2 might not know that they are watching staged productions or that this particular staging ignited a notoriously volatile Moslem population and contributed to hundreds of deaths did not, however, faze her.

At stake in the French Appeals Court is much more than the reputations of Charles Enderlin and France 2. More even than the standard concepts of journalistic integrity. At stake is the very notion of Truth itself.

Once more, Jews are Europe's canary dispatched into a mine pit filled with noxious fumes. As in the 1930s, Europe faces an enemy that it would rather not confront, and part of the price of appeasement is buying into that enemy's narrative. The French Appeals Court will test just how far European society is willing to go in this direction and whether it will prevail in promoting the image of Israel as the new Nazi state.

Chazal warned us: "It is a halacha (incontestable principle) that Eisav is Yaakov's enemy." Unfortunately, we are forever being reminded of that statement's eternal relevance, and its applicability to the wide range of Eisav's heirs.

"Venishmartem me'od lenafshoseichem" "And you shall greatly guard your soul" (Devarim 4,15). Living a full life as a healthy, productive Torah Jew is not just an ideal. It is a way of life that each and every one of us should pursue. The articles that follow address the means for fulfilling this goal and some pitfalls to avoid during various stages of life.

LEON ZACHAROWICZ, MD, MA



Guarding Our Lives

Active and Preventive Health Measures

INTRODUCTION

The Orthodox Jewish community in the United States has tried, over the past many years, to come to grips with many difficult topics. One topic that has eluded much discussion in Orthodox circles is the issue of preventive health: the importance of maintaining one's weight and overall health, via such measures as proper diet and nutrition, exercise, and avoidance of known toxins such as cigarettes and other unhealthy habits.

Many of us would rather discuss anything other than the increasing size of our waistline, or our out-of-control cholesterol level, or the fact that our young, morbidly obese nephew has

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"mysteriously" developed diabetes. We would often prefer to multitask our lives away rather than confront the possibility that poor eating habits, sedentary lifestyles, and chronic stress may play a role in our health, and we would prefer to rely on seemingly pat answers than reinvestigate the matter of dangerous behaviors such as cigarette smoking, alcoholism, and drug use, in light of decades of medical knowledge.

OUR SOCIETY IS AT RISK

Te live in a society where 'caution' is nothing more than an ignored road sign. 'Live for the moment' is the Epicurean motto by which many live. Narcissism and hedonistic values are in vogue, whereas prudence and prevention are passé. We live in a society which craves the adrenaline rush of high-risk, 'extreme' sports and other bizarre forms of 'entertainment.' What was once thought to

be insanely dangerous – such as recreational skydiving – has now become de rigueur for those bored with the ennui of their seemingly meaningless lives, those caught up in the existentialist angst that plagues so many of our secular co-Americans.

The inherent risks of illicit drug use, alcohol abuse and high-risk sports are well-known and need not be discussed further in this article. Instead, attention will be focused on a more common, neglected topic: actions needed to prevent oneself from becoming sick or permanently incapacitated.

IT IS TIME TO CHANGE

ike the great majority of Americans, most of us live sedentary lives. Add our no-exertion lifestyle to our Western diet – which favors high-sugar, high-salt, and high-fat foods, especially "fast foods" – and the combination spells trouble. Simply put, a sedentary lifestyle

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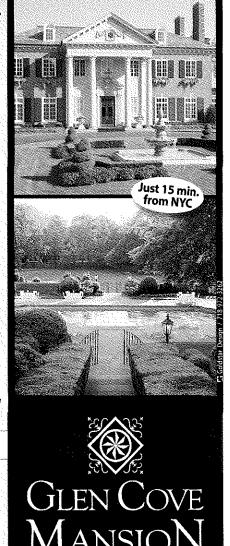
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with a Western diet and habits is killing hundreds of thousands if not millions of us – slowly, but surely.

The unsurprising results of our unhealthy behavior include dramatic increases in the incidence of diseases of affluence, such as heart disease, certain cancers, high blood pressure, and diabetes.

THE RISK FOR ORTHODOX JEWS

'n fact, Orthodox Jews may be at even higher risk for the development of certain disorders. Many Orthodox Jews live in urban areas, where there are relatively few parks and recreation facilities, and where concerns about safety and crime may preclude outside activities for children and adults. Furthermore, many communities frown upon our children playing sports, and exercise is looked upon as a non-Jewish activity not worthy of time in the yeshiva curriculum and not becoming of a yeshiva student or seminary girl. When combined with long hours of study indoors, six to seven days a week, the results are not surprising.

For example, a 2001 study at Maimonides Medical Center, in the Boro Park section of Brooklyn, pointed to the elevated risk, later in life, of osteoporosis - a major risk factor for hip fractures among other problems - due to the dramatic lack of exercise among Orthodox Jewish youth, coupled with a relative lack of vitamin D and calcium in many of these same youths. For proper bone formation, a combination of adequate vitamins with a certain amount of ongoing, "weight bearing" exercise is needed, and the absence of such exercise spells potential trouble later in life. Similarly, Yosef Weissman and colleagues reported on higher risks of vitamin D deficiency in some Israeli Orthodox Jewish women, related to their dress coupled with lack of vitamin supplementation, in a study published in the British Medical Journal.

The lack of regular physical exercise in many sectors of our community,

together with a Western diet and the propensity of some of us to regularly eat fast foods notorious for high salt and high fat, yield indisputably high risk factors for the development of many more maladies, including early onset diabetes, certain cancers, and cardiovascular disease often leading to early heart attacks and stroke.

The long-term risks from lifestyle related diseases are enormous. There is no significant professional debate about the need for regular fitness and reasonable dietary measures. Regrettably, the multi-billion-dollar marketing power of the fast food industry has borne bitter fruit in establishing poor eating habits in many different populations, including Orthodox Jews in America. To compound the problem, many of our yeshivos employ caterers who may offer high-fat, high-salt fast foods on a daily basis to our youth - who may thus become habituated to this sort of diet. Despite huge fitness and diet industries in the United States, less than 20% of Americans stick to a healthy diet or exercise long enough to see long-term benefits. Even for those who wish to improve, changing habits that are established over years in one's youth is not easy, as the Rambam himself noted in his discussion of this very topic (Hilchos Dei'os 4:1).

Orthodox Jewish populations may differ significantly from the general population. Here are but a few examples:

A 1999 study in Gateshead by Sarah Purdy and her colleagues revealed much lower rates of immunization for childhood diseases amongst Orthodox Jewish children than in the general population.

Lower immunization rates accounted for two measles outbreaks in strictly Orthodox sectors of Jerusalem in 2003 and 2004. The potential devastating results of childhood diseases such as measles, contrasted with the extremely rare side effects of immunization, make it hard to fathom why some Orthodox Jews avoid this protection.

In 2004, Steven Albert and his colleagues at Columbia found much lower rates of cancer screening, which could lead to earlier detection and hence better survival, amongst Boro Park Orthodox Jewish women than amongst women of similar age in the general population.

A HALACHIC VIEW

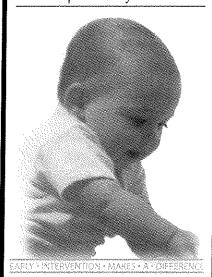
ur hashkafa and halacha have a lot to say about these lifestyle related, gradual killers. Simply put, we cannot compartmentalize halacha to suit our lifestyles. On the contrary, we have to face the reality that many of us may have to adjust our Western lifestyles to comply with halacha.

Halacha treats our obligations to our bodies very differently than does the secular American value system, which espouses the notion of "personal autonomy"—an offshoot of the "do your own thing" mentality of the 1960s. In our timeless halachic system, we are obligated to be *shomrim*, or guardians, over our bodies, which includes trying to avoid the more insidious, long-term dangers that face so many of us.

Many contemporary medical halachic questions have been discussed and their answers determined, 'halacha lema'aseh,' during the past decade, by gedolim serving as maggidei shiur in dozens of yarchei kallas in Jerusalem, London, and around the United States, run by the Jerusalem Center for Research: Medicine and Halacha, a kollel and think-tank under the direction of Rabbi Yaakov Weiner שליט"א. Rabbi Weiner has been meeting with Rabbi Yoseif Sholom Elyashiv שליט"א weekly for decades to discuss medical halacha problems. The JCR is in the process of summarizing thousands of hours of shiurim on contemporary medical halacha, and thus, all the teshuvos are not yet fully available for review. While halachic opinion is not unanimous on every single issue, there is a growing consensus regarding preventive health measures. The general approach of the poskim with whom we have consulted, including Rabbi Elyashiv, is that Jews generally need to be cognizant of how the outside world

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relates to certain potential dangers.1

In the final chapter of the Shulchan Aruch, Choshen Mishpat, Siman 427, Rav Yoseif Karo states: "There is a positive commandment to remove anything that may endanger life, to safeguard against it, and to be very careful of it, as the verse says, 'Only guard yourself and greatly guard your soul (Devarim 4,9)."

Commenting on this section of the Code of Jewish Law, Rabbi Dr.

I For example, in discussions regarding preventive health measures with Rabbi Moshe Sternbuch שליט"א and Rabbi Dovid Morgenstern שליט"א during the I0th annual yarchei kalla on medical halacha held this past Av (August '07), both poskim favored reasonable preventive measures involving one's diet and physical fitness when the professional medical community deems them necessary.



Abraham S. Abraham, writing in Nishmat Avraham, cited contemporary halachic authorities regarding preventive medicine, genetic testing, vaccination and immunization, smoking, obesity and exercise, and prevention of injury and death. Similarly, Rabbi Yaakov Weiner devoted two chapters of his halachic book, Ve'rapo Yerapei, to preventive medicine and smoking.

The outside world considers certain activities – such as cigarette smoking, excessive alcohol intake, bicycling without a helmet, driving without a seat belt, eating trans fats, or a sedentary lifestyle – to be serious dangers to one's health and well-being. We would be halachically hard-pressed to find justification for ignoring such widely accepted concerns. In the view



of many, reliance on the metaphysical concept of *Shomeir pesayim Hashem* is neither proper nor justified. Regarding smoking, for example, noted pulmonologist Dr. Sholom Huberfeld, in his presentation at the New York Yarchei Kallah in Medical Halacha this past June, pointed out that the cumulative risk from smoking cigarettes is such that one who smokes stands a chance of at least 1 in 3 (33%) of dying prematurely from an illness related to cigarette smoking.

A long-term, cumulative risk of 33% for premature death is most certainly a miut ha'matzui, a halachically significant risk that simply cannot be ignored. In a recent conversation with a prominent Israeli oncologist in the presence of Rabbi Weiner, Rabbi Elyashiv made it clear that he views any smoking which is deemed to be dangerous as being forbidden. I suspect one would be hard-pressed to find a contemporary gadol who would give blanket approval to smoking, given the data available to physicians and the lay public today including warnings printed on each cigarette pack - concerning the dangers of smoking. [More discussion on the general subject of health and halacha are treated in the article that follows. - The editor]

THE RAMBAM'S GUARANTEE

erhaps even more noteworthy than the halachic give-andtake is the "guarantee" of the Rambam. Writing in Hilchos Dei'os in his halachic work, Yad Hachazaka, the Rambam offers to be our personal "guarantor" that if we but follow his nearly nine-century-old prescription for preventive medicine - which includes a healthy diet, exercise, and hygiene - we will live healthy lives, without much need for doctors until a ripe old age. The Rambam makes some rare exceptions to his guarantee, such as for those stricken by a plague, those with congenital diseases, and those who have since their youth lived unhealthy lives. Imagine: The

PUBLIC NOTICE

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Rambam, who was ordinarily quite deliberate in his choice of words, chose to say that he personally guarantees our health until a ripe old age - provided we adhere to his prescription for health!

While the Rambam was reluctant to extend his guarantee of health to those with lifelong poor habits, and some might argue that it is too late for those of us who are middle-aged to benefit from a change in our health habits, recent evidence suggests that there is room for optimism. Middleaged patients who switch to a healthy lifestyle that includes four factors – a diet with a daily intake of at least five fruits and vegetables, exercise such as nearly daily walking for a total of about two hours per week, maintaining one's weight, and avoiding tobacco use - have reduced mortality and cardiovascular disease (CVD) during the next four years, according to the results of a study published in the July 2007 issue of The American Journal of Medicine.

"People who newly adopt a healthy lifestyle at middle age experience a prompt benefit of lower rates of cardiovascular disease and mortality," Dr Dana King and co-authors wrote. The authors conclude: "Making the necessary changes to adhere to a healthy lifestyle is extremely worthwhile, and middle age is not too late to act."

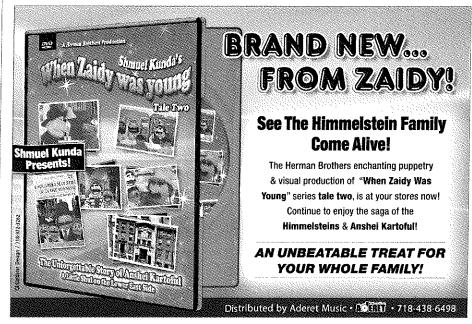
SEIZE THE MOMENT

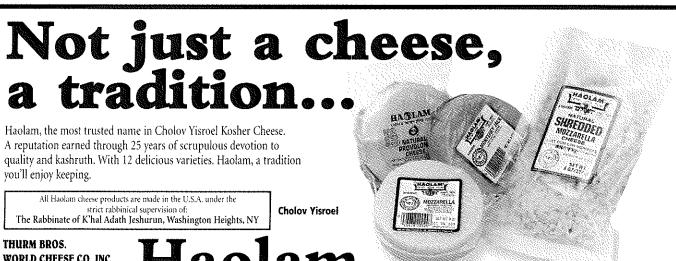
any years ago, I had the privilege of visiting South Bend, .Indiana's frum community. While driving there, I drove past a few billboards in the Bible Belt, one of which said "It's the Ten Commandments - It Ain't the Ten Suggestions," and another said "Why? Because G-d Said So." Do we treat our obligation to prevent disease and use caution with our health, because—as interpreted via our gedolim— Hashem said we should ("Venishmartem me'od lenafshoseichem"), or do we treat this as many would treat these earnest

billboard slogans, as something to be laughed at or to be ignored?

We are obligated to walk in the ways of Hashem, by following the prescriptions of our gedolim to keep healthy - a prerequisite for Torah learning and quality Torah living, according to the Rambam. After 120 years, we will each be called to account for many things, including how we squandered opportunities to ensure our well-being or how we guarded our health and thus made the most of the bodies entrusted to us for carrying out mitzvos and learning Torah.

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Haolam.



Since preserving a healthy and sound body is among the ways of G-d, for one cannot understand or have any knowledge of the Creator when he is ill, he must therefore distance himself from that which harms the body and accustom himself to that which is healthful and strengthens the body.

Rambam, Hilchos Dei'os, 4:1

ruchniyus (spirituality), and thus, often give insufficient thought to our bodies, considering them merely as impediments to reaching higher spiritual levels. We then may fail to realize that our bodies are gifts from Hashem that require active maintenance. As we constantly use our bodies, how do we fulfill the need to protect them?

This is a difficult balancing act. If we are overly cautious, we miss out on too much in life. Yet, if we are reckless, we risk destroying the very body we were given to protect. What is the prudent course and what are the limitations?

"Venishmartem Me'od Lenafshoseichem"

he Torah twice commands us to protect our health, safety and well-being, stating: "Only beware for yourself, and greatly beware for your soul...," and "But you should greatly beware for your souls...." These Torah prohibitions find practical application in the Talmud, with prohibitions against dangerous activities such as walking 1 Devarim 4,9 and 4,15. We are also instructed to build a ma'akeh (parapet) around any flat roof, to prevent someone from falling (Devarim 22,8). This mitzvah includes being proactive in eliminating all preventable risks.

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near a shaky wall, lest it fall and injure the passerby. Similarly, many other dangerous pursuits are proscribed.

In Hilchos Rotzei'ach Ushemiras Hanefesh, the Rambam expands on the obligation to guard one's health, giving multiple examples of dangerous activities that are forbidden by Chazal, many of them far less dangerous than some of the activities in which we engage today. Many of these specific actions, such as putting coins in one's mouth, are codified in the Shulchan Aruch.²

Interestingly, it appears that even in the Rambam's time there was a human tendency to take a laissez-faire attitude towards personal health and safety, for the Rambam found it necessary to warn:

Many things are forbidden by the Sages because they are dangerous to life. If one disregards any of these and says, "If I want to put myself in danger, what concern is it to others?" or "I am not particular about such things," he is lashed for his disobedience.³

The apparently strict ruling of the *Rambam* should be no surprise when we consider the severity with which halacha treats entering into even a small danger. The *Rama* rules that:

One should avoid all things that might lead to danger because a danger to life is stricter than a prohibition. One should be more concerned about a possible danger to life than a possible prohibition.... And all of these things are [forbidden] because of potential danger, and he who is concerned with his health avoids them. And it is prohibited to rely on a miracle or to put one's life in danger by any of the aforementioned or the like.⁴

As the Rambam writes in Hilchos Dei'os, a healthy body is a prerequisite to a strong connection with Hashem; it is the vehicle by which our neshamos

perform mitzvos and learn Torah, and it allows our *neshamos* to interact with higher realms.⁵

Through the mitzvos involving protection of our bodies, we can see that *Hashem* shows concern for our wellbeing. If *Hashem* cares that much, then we ourselves should appreciate the value of a healthy lifestyle and take time to consider exactly what our obligations are with respect to guarding our health.

How Should We Think About Risk?

learly, any action that presents an unnecessary, preventable ✓risk to health or life must be avoided. Of course, there are limits to this prohibition and there is latitude in evaluating how much risk is acceptable. The Gemara asks in several places why certain potentially dangerous actions are permitted.6 It answers that a person need not avoid small risks that are accepted by the rest of normal society without undue concern. The rationale for this ruling is that while we may not take indiscriminate risks, we may go about normal activities of daily living with the guarantee of heavenly protection. This is derived from a statement in Tehillim: "Shomeir pesayim Hashem -G-d watches over the simple."⁷ That is, one can rely on the promise that Hashem watches over him as he does the simple activities of daily living, so long as the activity is widely practiced and carries a risk that is not considered significant by society.

For instance, since automobile travel presents an element of danger, we might think that it should be forbidden. Nevertheless, it is a risk accepted by society and most people do not give much thought to the danger. Therefore, driving with normal caution is permitted by normative Jewish law, despite the inherent small risk.

MAY ONE ALWAYS RELY ON "SHOMEIR PESAYIM HASHEM"?

People often refer to the concept of Shomeir pesayim Hashem to allow engaging in risky behavior. It is important to recognize, however, that there is a wide range of opinions as to when the concept applies. Some authorities argue that Shomeir pesayim Hashem may be applied lechat'chila (a priori), while others apply it only when the danger cannot be avoided. Additionally, some argue that Shomeir pesayim Hashem only applies to very remote dangers, not common, known dangers. According to some poskim, one is not a pessi if he knows of the danger.

Other issues also arise. For instance, the Beis Yoseif¹³ and Terumas Hadeshen¹⁴ are not sure that a talmid chacham, who knows of the concept, may rely on Shomeir pesayim Hashem. Several poskim¹⁵ do not apply Shomeir pesayim Hashem beyond the cases mentioned in the Gemara, while the Eishel Avraham¹⁶ does allow such applications. Lastly, there are discussions as to whether we may apply the concept only to mitzvos and possibly only to sakanos seguliyos (non-natural dangers), but not to natural dangers.

WHEN ELSE MAY I TAKE A RISK?

Judaism recognizes the need to earn a livelihood as a second mitigating factor in allowing risky behavior. The Talmud asks: "Why does the worker

² The laws of dangerous activities are discussed in the *Shulchan Aruch* in *Yoreh Dei'a* 116 regarding forbidden foods, and in *Choshen Mishpat* 427 regarding the mitzvah of *ma'akeh* and removing hazardous conditions.

³ Hilchos Rotzei'ach Ushemiras Hanefesh, 11:5

⁴ Shulchan Aruch, Yoreh Dei'a 116:5

⁵ See Nefesh Hachaim 1:16

⁶ Shabbos 129b, Nida 45a, Yevamos 72a, Kesubos 39a, Avoda Zara 30b

⁷ Tehillim 116.6

⁸ See Shemiras Hanefesh Vehaguf, vol. 1, pp. 66-69.

⁹ Sheivet Mihuda, Sha'ar Rishon:19; Rabbi Shlomo Zalman Auerbach quoted in *Shemiras Shabbos* Kehilchasa 32, note 2

¹⁰ Koveitz Shiurim, Kesubos 136

¹¹ Mishneh Halachos 5:234

¹² Sh"UT Yabia Omeir 2:Yoreh De'ah 7 and Sh"UT Yoseif Omeitz 37

¹³ Beis Yoseif, Evven Ha'ezer 9

¹⁴ Terumas Hadeshen 1 (Sh"UT) 211

¹⁵ Chida, Sh"UT Chayim She'al, 1:59; Sh"UT Chelkas Yaakov, Yoreh Dei'a 39

¹⁶ Eishel Avraham to Shulchan Aruch, Orach Chayim, Siman 3

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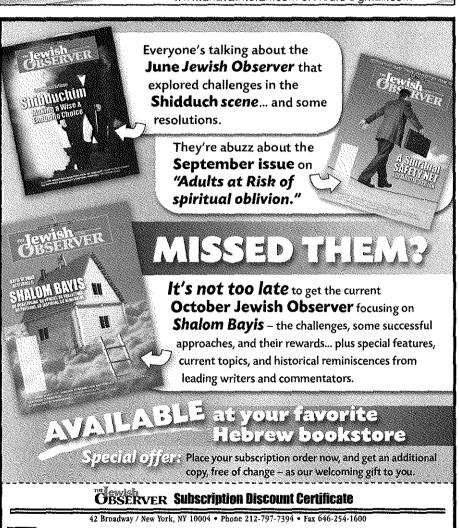
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climb the tree and risk his life? Is it not to earn his wages? Therefore, the least we can do is pay him on time!" This is the petur for painting a tall bridge, walking a tightrope high above a crowd, or engaging in other dangerous professional pursuits, which involve risks that most people would not accept. Interestingly, Rabbi Moshe Feinstein dealt with the issue of professional risk in a teshuva dealing with whether a Jew may play baseball. 17 Intrinsic in the Talmud's argument is the assumption that one may take risks to earn a living that would not otherwise be permitted. Someone has to paint the bridge, build the skyscraper, and dive for pearls. So long as the risk stays within "reasonable" parameters, such activities are permitted as professions.

How FAR Does the OBLIGATION EXTEND?

t a minimum, Jews are obligated to avoid unnecessary behavior that contains immediate risk that is not associated with their professions. We should wear seatbelts, honor speed limits, and avoid dangerous social activities such as taking illicit drugs. But is our obligation limited to avoiding risk?

The obligation to protect our health goes much further. We must actively pursue a lifestyle that is conducive to good health. In fact, a strong case has been made in halachic literature that preventive healthcare is included in the mitzvah to be a prudent steward of one's body. Therefore, preventive healthcare such as well-baby visits, mammograms, colonoscopies, and prostate exams, all of which have the potential to save lives, are part of the mitzvah of venishmartem me'od lenafshoseichem.

To better convey the realities of the obligation to stay healthy, I will present three issues of particular importance to our community in detail: the importance of a healthy lifestyle, the value of immunization, and the clear prohibition against smoking.

17 Igros Moshe, Choshen Mishpat I:104

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I. PERMITTED, BUT INAPPROPRIATE

hile we are accustomed to ask she'eilos about all aspects of our lives, some issues transcend the question of whether an activity is mutar. Sometimes a permitted activity is not what the Torah desires and is clearly inappropriate. We must constantly evaluate our motivations when asking for permission to do things that might cause us or our children harm. If a given activity is clearly harmful and not required by halacha, why would we ask if we may do it — if not to obtain validation for a clearly inappropriate path?

For instance, while it may be permitted to eat at the Viennese table of every simcha, we learn in parashas Kedoshim that it clearly is not permitted to be a glutton. But what defines gluttony? Looking for a rav to pasken on whether an individual piece of cake has put one "over the top" is not the logical approach. Opening our eyes to the reality before us and using good judgment is the prescribed approach to fulfilling the Torah mandate to guard our health.

For instance, an article in the *Chicago Jewish News*¹⁸ published this past January reported on a reality that is readily apparent: Orthodox Jewish communities are experiencing high rates of obesity, particularly among children. As the article states:

There are many in the community who don't dispute the study's shocking conclusions about weight. Aside from the problems of unhealthy food and a sedentary lifestyle that beset all segments of American society, they cite problems specific to the Orthodox community: a tradition of huge Shabbos and holiday meals; a busy lifestyle that often precludes taking time to prepare healthy lowfat, low-calorie meals; and, for children in Jewish day schools, a long school day that doesn't allow much time for sports or other physical activities.

18 "Overweight in Jewish Chicago," Chicago Jewish News, Pauline Dubkin Yearwood (Jan. 19, 2007)

We must have the *seichel* to distinguish between unhealthy social customs and true halachic requirements. There is no mitzvah to overeat on Shabbos. While the *Rambam* describes a mitzvah to eat more on Shabbos, ¹⁹ he also rules in *Hilchos Dei'os* that "a person should never eat unless he is hungry, nor drink unless thirsty." Too often, we approach *Hilchos Dei'os* as good advice (which it

eating. The question should not be: "Am I technically allowed to eat a large dessert after dinner?" but: "Should I eat a smaller dessert after dinner?" We must consider that non-halachic influences are affecting our poor nutritional decisions, as summed up in the Chicago Jewish News article:

One woman who lives in the community believes many of its members still operate within the

Some issues transcend the question of whether an activity is *mutar*. Sometimes a permitted activity is not what the Torah desires and is clearly inappropriate.

surely is) and forget that *Hilchos De'os*, as a part of the *Yad Hachazaka*, contains rulings that are of the same stature as *Hilchos Shabbos* or *Hilchos Mila*.

We must be honest with ourselves. The real reason for our unhealthy lifestyles may be less an attempt to be *makpid* on the mitzvos of enjoying Shabbos and *Yom Tov* than an inability to control our

legacy of their Eastern European ancestors, who feared starvation, revered chubby babies and urged their children to "ess, ess" lest the larders be bare the next day.

To truly appreciate the scope of the problem, accurate data is required. Obesity is a national health crisis that affects many Jews as much as, or more than, others. In fact, the results in

19 Hilchos Shabbos ch. 11

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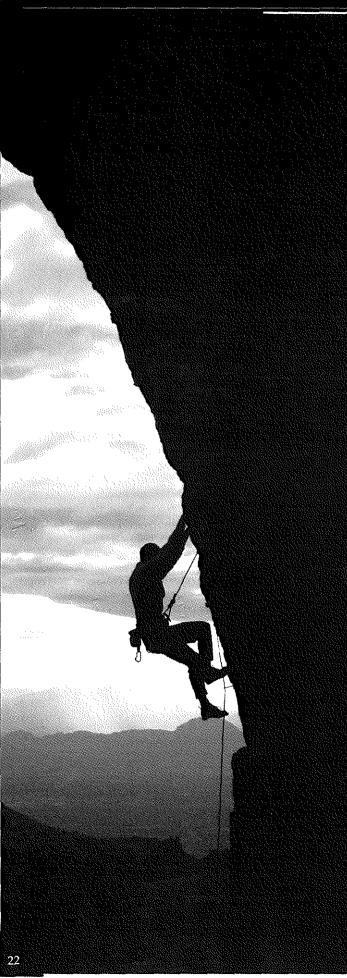
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Chicago are alarming.

According to the Jewish Community Health Survey of West Rogers Park and Peterson Park, 31 percent of adults – nearly a third – were overweight, with an additional 25 percent who were obese. The news about children was even more disturbing. A majority – 54 percent of children ages 2 to 12 – were overweight, with an additional 26 percent defined as obese...."A Jewish child living in this community is approximately twice as likely to be obese as the average American child," the study concluded. At a time when obesity among the general population, and especially childhood obesity, is drawing headlines, that finding clearly signals an unwelcome trend.

According to the Society of Actuaries, the group that provides the risk data from which insurance premiums are set, obese individuals historically have been considered poor mortality risks. They report in their April 2006 professional magazine that most standard risk calculations "will either remove obese individuals from the risk pool or charge [an] additional premium to cover the additional mortality risk." In plain English, this means that obese individuals are at such an increased risk of developing disease and dying early that insurance companies either will not insure them or will charge increased premiums. ²⁰ In fact, according to the National Institutes of Health, obesity and overweight together are the second leading cause of preventable death in the United States, close behind tobacco use. An estimated 300,000 deaths per year are due to the obesity epidemic. ²¹

Even if parents are not worried about the increased morbidity and mortality associated with obesity for themselves, surely they wish to raise their children to be healthy and to pursue a lifestyle that will not make them ill or, *chas veshalom*, lead to their early deaths. This will not happen by itself. Lifestyle modifications are imperative. Children need to be taught from a young age the value of good nutrition and exercise. More importantly, they must see an example of a healthy diet and exercise at home. Taking extra time to eat right and exercise in moderation is not *bittul Toraln*; it is a mitzvah! Discussing the risks associated with one's lifestyle and weight with a physician or dietician is not *bittul zman* — it is a mitzvah!

2. VACCINATION

nother area of preventive health that has important halachic and social overtones is immunization. Immunization is probably the greatest medical success story in human history. Smallpox is estimated to have killed more people than any other disease in history (approximately 300 million people in the 20th century alone). Thanks to the World Health Organization's vaccination efforts, the disease was

20 According to the Center for Disease Control, obese individuals are at increased risk for the following conditions: hypertension, dyslipidemia (for example, high total cholesterol or high levels of triglycerides), type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and some cancers (endometrial, breast and colon).

21 West Virginia Department of Health and Human Resources

eradicated. There has not been a single naturally occurring case of smallpox since 1977, and there has been no need to immunize against the disease in the United States since 1972.

But while vaccination has led to a significant decrease in deaths from a host of fatal diseases such as polio, whooping cough, diphtheria, and measles, vaccination still remains controversial for some in our community. This is primarily because vaccinations are not without side effects. Despite the overwhelming success of vaccination in ridding the world of disease and particularly in significantly decreasing deaths from childhood diseases, there is an increased trend in the frum world to forgo immunizing our children. Parents treat vaccination as a personal decision instead of a healthcare decision that affects the lives of their children. Unfortunately, these decisions are sometimes being made out of ignorance.

While there may be legitimate medical reasons why a parent might hesitate to immunize a given child or accept a particular vaccine, these considerations should be rational and are best discussed with a pediatrician. Such decisions rarely merit asking a *she'eila*. While there is an array of theoretical halachic components that are discussed with respect to vaccination, in practical terms, the decision is a common sense one – vaccination protects the lives of children and adults, and is rarely discouraged by halacha. In fact, vaccination is usually encouraged!

Even were there to be a small risk of death from the vaccine for a common, dangerous disease, immunization is permitted. In the 19th century, when smallpox was still a major killer, the *Tifferes Yisroel* ruled that the smallpox vaccine was permitted,²² despite the risk of death. Interestingly, he even lists Edward Jenner as a "righteous gentile" for the development of the smallpox vaccine that saved hundreds of thousands of lives.²³ Today, the risks of immunizations are far less than they were in the time of the *Tifferes Yisroel*

and are tiny when compared with the risks associated with developing dangerous childhood diseases.

A parent might ask, "If everyone around my child is immunized, why should I accept the risk of immunization?" That is, a child surrounded by immunized children runs a very small risk of becoming infected (because there simply is no one around likely to pass it on) and his lack of immunization does not threaten anyone else, as long as others are immunized. Statistically, this argument makes sense in the short-

term. We only need a certain percentage of the population to be immunized to control a given disease. ²⁴

The logic, however, is problematic. If too many parents adopt this approach, no one would be immunized and the threat of deadly disease would skyrocket. We are beginning to see this phenomenon with respect to some childhood diseases. We must also remember that the risk of not immunizing is not just current risk of disease. The very real probability of disease reemergence, which has the potential to kill many



²² Boaz to Yoma 8:7

²³ Boaz to Avos 3:14

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This is not a theoretical concern. Closer to home, a major measles outbreak in London began in August of this year, involving hundreds of nonimmunized Orthodox children whose parents British health authorities claim were afraid of the MMR vaccine. The outbreak has spread to religious neighborhoods in *Yerushalayim*, where Israeli health authorities report a low immuni-

zation rate. There have been many seriously ill children who required hospital admission. A similar epidemic in Israel three years ago resulted in one death and one brain damaged child. The current epidemics are being addressed by a massive immunization campaign.

Should We Vaccinate Our Children?

astoundingly safe, with proven track records of saving lives, and with death rates for childhood disease increasing due to decreased vaccination rates, it is difficult to justify not immunizing our children for fear of complications. Like the discussion of obesity, the question is not really whether immunization is mandatory, but whether it is the right thing to do from a halachic perspective.

In reality, it is not the rational, well-thought-out, medically supported decision not to vaccinate an individual child that represents the real problem. Nor is the problem a true halachic objection to immunization. The more pressing issue is the unfounded fear that some parents exhibit towards immunization, in general, and such vaccines as the measles, mumps, and rubella (MMR) vaccine, which some, for example, fear might cause autism. This perception is medically unfounded. The Centers for Disease Control and Prevention (CDC) explains:

"Because signs of autism may appear at around the same time children receive the MMR vaccine, some parents may worry that the vaccine causes autism. Carefully performed scientific studies have found no relationship between MMR vaccine and autism. The CDC continues to recommend two doses of MMR vaccine for all children.... Groups of experts, including the American Academy of Pediatrics, agree that MMR vaccine is not responsible for recent increases in the number of children with autism. In 2004, a report by the

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Institute of Medicine (IOM) concluded that there is no association between autism and MMR vaccine or vaccines that contain thimerosal as a preservative."

While one may argue that medical opinion may change with time, and a medically motivated decision made today may prove harmful tomorrow, halacha clearly requires us to follow the current medical wisdom of our time, because the alternative is far worse. Given the proven benefits to ourselves and society at large, and common sense dictates that we protect our children.

3. Smoking

n some ways, the topic of smoking is the easiest to deal with, **L** and in some ways, the most difficult. On the one hand, 35 years ago, heavy smoking was common among respected roshei yeshiva and accomplished talmidei chachamim. Today, it is extremely rare. Obviously, this change is because of the overwhelming data demonstrating the murderous toll that smoking takes on smokers. But on the other hand, despite the clear evidence that smoking (particularly cigarette smoking) is deadly, some segments of the Orthodox world have a higher smoking rate than the general population. Only cognitive dissonance among some members of the Torah-observant community can explain that in the face of a clearly deadly health hazard.

Some activities are not forbidden by the specific Biblical exhortation to guard one's health because they are currently understood to represent long-term risks.²⁵ The *Rambam* clearly distinguished risks related to long-term activities like poor diet,²⁶ lack of exercise, and inadequate sleep from more immediate risks such as drinking at

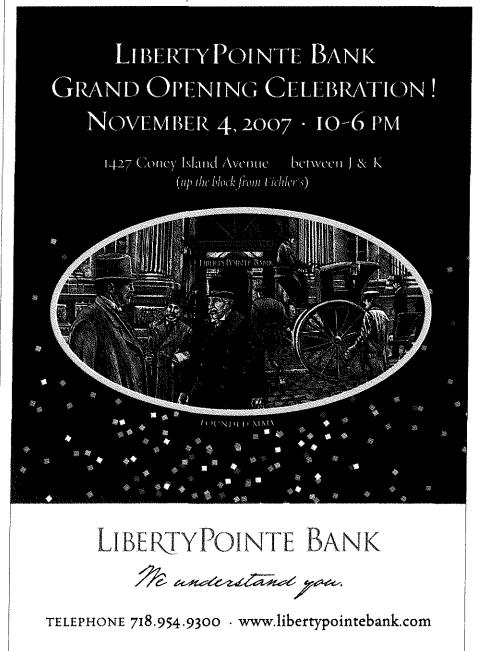
25 The risks described in *Hilchos Rotzei'ach* tend to be immediate risks that are of low probability. Some opinions, such as the *Binyan Tziyon*, *ShU"T Binyan Tziyon* 1:137, allow up to a 50% long-term necessary risk, accounting for why activities such as crossing a desert or ocean, for which *bentching Gomel* are required, are permitted so long as the risk is less than 50%.

26 Hilchos Dei'os 4:9.

night from a river that might contain a leech.²⁷

Regarding the former dangers, the Rambam writes in Hilchos Dei'os: "There are foods which are extremely harmful and it is proper that one should never eat them.... These are like poison to the body." But he does not use the language of issur (prohibition). Regarding the more immediate risks, as mentioned above, he writes in Hilchos Rotzei'ach: "Many things are forbidden by the Sages because 27 Hilchos Rotzei'ach Ushemiras Hanefesh 11:6

they are dangerous to life. If one disregards any of these and says, "If I want to put myself in danger, what concern is it to others?" or "I am not particular about such things," he is lashed for his disobedience." It appears that the second category differs from the first with respect to the severity of prohibition – we generally do not forbid risks that are akin to those described in *Hilchos Dei'os*, although we do strongly discourage them. Where does smoking fit into this construct?



Question: The passuk states, "Shomeir pesayim Hashem – Hashem protects fools." That being the case, why doesn't Hashem protect all the foolish people who smoke?

You must understand that there are two types of pesavim. One kind of pessi is a person that doesn't know any better. Let me give you an example: Suppose a person takes ill and goes to a doctor. The doctor examines the man and then goes on to prescribe him the wrong medication. There was a time when all doctors were of the opinion that if a man had a fever, the way to cure him was by melting pearls and pouring them down his throat. That's what the doctors did to Louis XIV! This is foolishness, of course. But the patient isn't at fault; the doctors prescribed this foolishness! In such a case we say Shomeir pesayim Hashem, Hashem protects pesayim. Forty years ago, when a yeshiva bachur announced his engagement and handed out cigarettes, it was certainly meshugas, nonsense. But in those days, there were no warnings on cigarettes; no one knew how dangerous they were! Therefore, this bachur is a pessi who simply didn't know any better. But today, smoking makes you a different kind of *pessi*, because cigarettes have warnings on them. Nowadays, everyone knows that cigarettes cause a variety of illnesses! Therefore, if a bachur gets engaged nowadays and gives out cigarettes, he is far worse than a pessi!

So there are two kinds of *pesayim*. The first is a *pessi* who just doesn't know any better. The second, however, is a person who could have taken the necessary steps to avoid the problem, but didn't. That person is not a *pessi*, but a *poshei'a*, a negligent individual.... [If] people engage in activities which their *seichel* tells them is harmful, then they deserve whatever happens to them.

Rabbi Avigdor Miller Speaks, vol. 1, pp. 276-77, Mesorah Publications

A CHANGED REALITY

In the past 25 years, there has been a total change in how society views tobacco.

Indeed, there has been a significant decrease in the number of smokers over the past decades, with the American Heart Association reporting that only 20% of the population currently smokes, down from over 40% in the early 1960s. Even among those who smoke, many, if not most, smokers wish to quit. There is a clear recognition that most people no longer accept the risks of smoking, as indicated by the ubiquitous smoking cessation programs and the universal attempts to outlaw smoking in every conceivable place, including the smokers' homes.

But even more important, one can no longer claim that serious injury from smoking is uncommon. Tobacco use is the leading preventable cause of death in America, causing 440,000 - or 1 in 5 – deaths, including 35,000 deaths from second-hand smoke, each year. Careful epidemiological data now indicate that "adults who smoke die an average of 13 to 14 years early"28 and that 15% of American smokers (120,000 people) die of lung cancer yearly.29 Cigarette smokers are 2-4 times more likely to develop coronary disease than non-smokers, and cigarette smoking approximately doubles a person's risk for stroke. Even for those who do not develop cancer, there is a sky-high emphysema rate. Most importantly, it now appears that in the aggregate, more than 50% of all deaths in American smokers are tobacco related. The British Medical Journal reported in 2004, based on a 50-year study, that half to two-thirds of smokers who start early will die from smoking-related causes, and that 28 Centers for Disease Control 2004 report (www.CDC.gov)

29 University of Maryland Medical Center data (www.umm.edu). This does not include the 85% of mouth, throat, and upper esophagus cancers, the 30% of pancreas, kidney, and urinary tract cancers, and the increased leukemia rates that are all related to smoking. Nor does it include the significantly increased deaths from chronic bronchitis, emphysema, hypertension, and atherosclerosis.

long-term smokers die an average of 10 years earlier than non-smokers.³⁰ (See sidebar)

Regarding the question of casting aspersions on *gedolim* of previous generations who smoked – it is likely that the severe health risks apparent today were not present to the same degree several hundred years ago. Only in the 20th century did chain-smoking become possible with the advent of prepackaged cigarettes, and with it, the skyrocketing incidence of lung cancer and other smoking-related diseases. In fact, today, several great poskim and rabbinic organizations clearly forbid smoking.³¹

30 Doll, Richard, et al, "Mortality in relation to smoking: 50 years' observations on male British doctors," *British Medical Journal*, June 26, 2004; 328: 1519

31 Rabbi Eliezer Yehuda Waldenberg (Tzitz Eliezer 15:39 and 17:21-22), Rabbi Moshe Stern (Be'er Moshe 6, 160:9), and Rabbi Chaim Dovid HaLevi, (Asei Lecha Rav, 1:42, 2:1, 3:18, 7:67, 9:28), among other poskim have formally declared smoking halachically forbidden. On 4 Tammuz 5766 (June 30th, 2006), the Va'ad Halacha of the RCA (Rabbinical Council of America) issued a pe'sak stating: "Accordingly, this analysis must lead to the unambiguous conclusion that smoking is clearly and unquestionably forbidden by halacha and that this should be made known to all who care about the Torah and their health." In describing the nature of the risks involved with smoking, Rabbi Shlomo Zalman Auerbach wrote (Minchas Shlomo 2:58(6)) that a smoker is in the category of choveil be'atzmo, causing himself continuous harm, and writes that "I make known that I have never joined with those who believe that smoking is permitted in our days." In 2001, after many years of writing that smoking is pernicious and deadly (Sh"UT Yechaveh Da'as 5:39) and should be eradicated, Rabbi Ovadia Yosef was quoted in the press as stating that smoking is a violation of Jewish law and that "If the rabbinic courts ruled, every person who smokes would get 40 lashes." Many more major poskim, including Rav Moshe Feinstein (Igros Moshe, Choshen Mishpat II:18) forbade smoking where third parties might be affected. Even those poskim who did not formally forbid smoking strongly urged even those who were already addicted to stop smoking. Almost 100 years ago, the Chofetz Chaim וצ"ל chastised smokers for endangering their lives (Likutei Amarim 13) and wrote: "How well do I know that people will rationalize: "We are powerless; we are unable to break the habit!' The question is: Who caused this situation in the first place? You yourselves! Had you not gotten yourselves used to it, it would be easy for you to stop. Only you are responsible for what you have done to yourselves." (Zechor LeMiriam, 10) This represents only a partial list.

While the smoker may justify that his cigarettes alone will not hurt anyone else, the stark statistic is that 35,000 people per year are dying from the effects of second-hand smoke. Additionally, a smoking parent should consider that children of smokers have a significantly increased respiratory infection rate and a 70% higher hospitalization rate for respiratory problems, such as asthma (which can be fatal) and chronic bronchitis, than children of non-smokers.³²

A smoker with a child who develops a respiratory infection or asthma should give thought to the statement of Rabbi Avigdor Miller אנ"ל, "If a person is struck by misfortune, he should certainly examine his deeds. That is, unless he will examine his deeds and attribute his tzaros to everything but his own carelessness. If he ignores the fact that it was his own negligence which brought suffering upon him and instead searches for other reasons, then he is truly a sinner."

The good news is that a smoker may significantly reduce his risk of dying from many smoking-related diseases merely by quitting. Admittedly, this is a cursory discussion and merits a lengthier treatment – perhaps in a future issue.

Conclusion

s a people, we are noted for our fierce allegiance to halacha, but sometimes, we seem to lose track of the actual intent of Chazal in promulgating gezeiros and takanos that were intended for our benefit. In the midst of performing mitzvos with zeal, learning with intensity, and celebrating yamim tovim, we sometimes become oblivious to the health effects of our lifestyles. The time is now to rededicate ourselves to improving the health of the bodies that Hashem has granted us and to remember the words of the Shulchan Aruch, "Sakanta chamira mei'isura," we are stricter with questions of danger than with issurim (ritual prohibitions).

32 Lancet, 346:280, 1995 (cited in the Encyclopedia of Jewish Medical Ethics by Dr. Avraham Steinberg)





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RABBI SIMCHA LEFKOWITZ

How to Comfort a Patient

with Sensitivity, Compassion, and Just Being There



Tive years ago, I experienced an unusual and undiagnosed neurological condition that totally incapacitated me for a period of time. With Hashem's help, the support of my wife, Shoshana, my family, friends from Congregation Anshei Chesed and others, I have been able to regain a portion of my functions and have begun to partially return to some of my regular activities. Both during this period and after, I reflected on what was said to me by well-wishers, and I sought insight and comfort from the words and teachings of Chazal. I would like to share with you some of what I have learned from this process.

RABBI LEFKOWITZ IS RAV OF CONGREGATION ANSHEI CHESED, HEWLETT, NY.

I have struggled for many years to understand fully the meaning of the beracha we give to every choleh, "May you have a refua sheleima," "May you be healed completely." Why is it necessary to specify "sheleima"? Would anyone wish for a choleh to be healed only partially?

One morning, the meaning of this phrase became very clear to me: When you become seriously ill, the sickness attacks your body physically and affects the *neshama* (soul) emotionally, and then spiritually. Almost always, there are feelings of depression, anxiety, tension and loss of *bitachon* and *emuna*. These emotions attack the *neshama* in complex ways. Often, the *choleh* is healed from his physical disease, but continues to

be plagued with many difficulties due to his "neshama weakness." This part of the illness can be longer-lasting and more insidious than the physical part. That's the meaning of sheleima – that the choleh should be wholly healed, both in body and spirit.

THE TRUE PURPOSE OF BIKUR CHOLIM

People ask, "What can I do for the choleh? Why am I really here?" As you visit the patient, you wonder what to say. Often, people ask the choleh questions like, "Have you tried this?" "What about that hospital or that specialist?" These Jamie Geller

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questions can be bothersome, annoying and even insulting. Unless one is privy to some relevant information, there is not much that the average visitor can do for the patient's physical health.

There is, on the other hand, a great deal you can do for the choleh's emotional well-being. Even secular books discuss this as a gateway to healing. Norman Cousins described how a program of humor and laughter generated endorphins, which helped his recovery from cancer. You bring refua to the choleh in the form of personal interaction and creating a sense of camaraderie and closeness with the patient. You can then be just as helpful to the patient as the doctor. You're not just a visitor-you're a doctor for the soul, and you don't need a license for that. Friendly conversation, singing, jokes, and balloons, punctuated by prayers, are all available without a prescription. The visitor with a caring heart can bring about real changes in the choleh's neshama.

COMFORTING THE CHOLEH

etermining how to comfort a choleh and how one should act when visiting a choleh requires great sensitivity and thoughtfulness. The usual conversational approaches might work for people with minor or temporary problems, but they need to be modified for the choleh whose situation is more severe. Only someone who has been on the receiving end of such remarks can understand first-hand the positive and negative effects that they can have.

One type of statement that is well-meant, but actually quite detrimental, is: "Someone else has it bad, too," or, "So-and-so has it worse than you." Worse yet are a visitor's reports that someone has recently died, or someone else is still sick, or another has had a heart attack. The visitor's intention is to make the *choleh* feel stronger by comparison or to make him understand how fortunate he should feel that he is not as ill as so-and-so. In reality, these

statements actually cause a *choleh* to feel even worse. Why? Consider this story from the 14th chapter of *Avos d'Rabbi Nassan*:

The students of Rabbi Yochanan ben Zakai came to console him upon the loss of his son.

Rabbi Eliezer spoke first, pointing out that when Adam Harishon had lost his son Hevel, he accepted consolation. Rabbi Yochanan ben Zakai was not consoled. Other students (Rabbi Yehoshua, Rabbi Yosi, and Rabbi Shimon) followed and listed other personalities from Tanach (Iyov, Aharon, David) who were consolable despite their tragic personal losses. The students' message was, "Rebbi, you should also accept consolation and be comforted." But Rabbi Yochanan ben Zakai remained grief stricken. Said Rabbi Yochanan ben Zakai, "Don't I have enough troubles of my own? Must I also be concerned with the troubles of Adam Harishon, Iyov, Aharon and David?"



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Association for Jewish Outreach Programs 1705 Reisterstown Road, Baltimore, Maryland 21208 Phone: 973.597.1552 Ext. 7 • Fax: 973.597.1553 E-mail: ajop@grouptogo.com Why was this approach by Rabbi Yochanan ben Zakai's students counterproductive? Think for a moment. The *choleh* is already hypersensitive to pain and suffering because of his own situation. He understands only too well the anguish his family must endure because of it. Hearing about other misfortunes only adds to his own burden. The visitor may not realize this because he does not fully internalize the pain of the sick as the *choleh* does.

The manner in which Rabbi Yochanan ben Zakai is finally comforted is also very instructive.

Rabbi Elazar ben Azarya relates a story in which a king gives one of his subjects a possession to guard. Day and night the man worries, lest something happen to the object. He is greatly relieved when the king finally reclaims it. Rabbi Elazar ben Azariah states, "Rabbi Yochanan, your son, too, was a possession of the King. You raised him and taught him Torah. When the King reclaimed him, he was still as pure as when you first received him." Upon hearing this, Rabbi Yochanan was consoled.

The allegory reminded Rabbi Yochanan ben Zakai of his purpose in life, and accentuated the positives that existed. It enabled him to think of better times and connected him to positive images.

KEEPING THE CONNECTION

ften, the *choleh* loses connection with his life purpose. He says, "Look at what has become of me. I have no idea what is happening out there beyond my hospital bed – at work, at home, at shul. I can't be of help, no matter how much I want to." This understandably leads to intense feelings of low self-worth.

Many visitors are hesitant to talk about business and work with the *choleh* on the assumption that such a discussion will depress him. On the contrary, these exchanges are beneficial and therapeutic. It is helpful if the visitor can point out the *choleh's* past accomplishments, and

reconnect him to what he was doing before the illness began. For example, work associates should discuss the business and what is happening in the office. Neighbors should talk about local events. Family members should discuss everyday domestic occurrences, and even simple "narishkeit." Synagogue members can share the latest chitchat and news (not lashon hara). Such sessions keep the choleh connected to his former life, and prevent him from slipping into feelings of isolation.

Just prior to being stricken, I had sent a draft of my then upcoming Shabbos Shuva

drasha to my good friend Rabbi Shimshon Sherer for feedback, as I often do. As I was lying on a gurney waiting for the attendant to take me into the hospital elevator to go for some tests, Rabbi Sherer came running up to visit with me. He told me how much he liked the way I had worked a story about Rabbi Akiva Eiger and the Nesivos into the drasha. Right there, he asked me to repeat the story to him, and requested that I call him later for other suggestions.

We asked the attendant who was transporting me to stop, and with the elevator doors open, I repeated the story to him. I vividly recall thinking, as the



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elevator descended, "He really believes that I will be giving that drasha! He really believes that I will be able to resume my former life." I have tremendous chizuk from that conversation to this very day.

FINDING THE SWEETNESS

A choleh can be worried. His own future may be uncertain, and he is anxious about how the needs of his family will be met, now that he is no longer such a strong presence.

message to Yoseif (and us) is that as painful as his brothers' betrayal was for Yoseif, there was still something positive to be appreciated. In every tragedy, there will always be a bit of sweetness—our mission is to seek out the *besamim* inherent to our situation.

A choleh will benefit greatly if a visitor can help him find some "sweetness" in his present situation. For example, a visitor might say, "You must be so proud to see how your family has risen to the occasion." "Look what your friends have done for you. What

The mitzvah of bikur cholim is
Hashem's way of bringing His caring
and encouragement to each choleh.
Each visit, each get-well card, each
phone call and each bunch of flowers
carries a message from Hashem....

Myriad concerns pile up in his mind, and to ease his burden, the visitor's best approach would be to focus on some positive aspects of the *choleh*'s life, despite his admittedly difficult circumstances.

Even in a tragedy, some sweetness can always be found. Rabbi Gamliel Rabinovitch שליט"א, of Jerusalem explained this to me.

In the time period when Yoseif was sold by his brothers, caravans most often carried merchandise, like kerosene, that had a very foul smell. Hashem arranged, however, that the caravan that would take Yoseif to Egypt would carry besamim - aromatic spices. Hashem performed this miracle especially for Yoseif, so that he should not suffer from the usual rank odors. Do you really suppose that at the moment when Yoseif's brothers sold him into slavery, he sat back on the camel and said, "Look how fortunate I am that this caravan is carrying fragrant spices!" Hashem's a tribute to you that they care so much that they have done even this!" I remember clearly that when my own family and friends spoke to me about the positives in my own life, my hakaras hatov to Hashem came back into focus, and gave me the strength to handle my difficulties.

Yes, I easily found so much besamim - sweetness. The incredible strength and faith of my wife and children in the most trying times would have been enough to bolster me. Then, when I heard how my children were learning in yeshiva with such devotion, as if nothing out of the ordinary was going on in their lives, it gave me even more strength. But the ultimate sweetness was the ability to enjoy the nachas of my youngest child Zev Dov's bar mitzvah and the zechus of marrying off my children to wonderful spouses. Against all odds and contrary to the doctors' predictions, I left my hospital bed in Mount Sinai Hospital and was able (on my own two feet!) to walk my daughter down the aisle to the chupa.

BE THERE

A nother important way to be helpful is to allow the *choleh* to share his feelings and concerns with you. Try to create an atmosphere where the *choleh* feels that his conversation is really welcome. Relax your preconceived notions of what the visit should be.

You don't need to chatter constantly. Be accessible and be a good listener. Just be fully there.

DISTRACTION OR DISCUSSION?

here is a discussion in Maseches Yoma (75a) between Rav Ami and Rav Assi about the verse in Mishlei (12,25): "If you have anxiety in your heart, yashchena." The Ralbag in Mishlei explains that one sage held that yashchena means that the way to deal with worry is to try to suppress the worry and attempt to forget it, while focusing on good things that will cheer him up. The other sage opined that the way to deal with worry is yesichena — talking it out. The choleh will benefit from both approaches.

The first method enables the *choleh* to forget for a while what is happening to him. I was fortunate to have good friends who now and then helped me ignore my situation completely. One very memorable occasion was a *Simchas Beis Hasho'eiva* held in the *sukka* at Mount Sinai Hospital. Friends brought food, music and entertainers, and for those few hours I was no longer a patient in a hospital bed, but once again, a full participant in life.

The second interpretation holds that for the *choleh* to share his thoughts with the others lightens his burden. And it isn't only direct discussion about the person's pain or illness that is effective. There are also other ways that feelings can be shared. When I was first taken to Sloan-Kettering Medical Center, a good friend went to get a *beracha* for me from *Hagaon* Harav Chaim

Kanievsky שליט"א. The Rav gave a beracha and said that at the first sign of any improvement in my condition, a minyan of people should gather and recite "Nishmas" together.

As soon as we noticed some slight improvement, a good friend came to the hospital and said, "Simcha, give me your hand." I could barely move, but I managed to extend my hand somewhat. He grabbed it and pulled me out of bed, and with the help of several others, got me into a stretcher chair. They wheeled me down to the Chapel at Sloan-Kettering where there is a regular minyan for Mincha.

The minyan is mostly comprised of the very busy doctors who practice there. At the conclusion of *Mincha*, my friend made an announcement that we would all say "*Nishmas*" out loud together. None of the others asked why we would be saying "*Nishmas*" at a weekday *Mincha*, and nobody said he was in a rush. They all stayed to participate in the prayer for my situation and said "*Nishmas*" like never before, with intense *kavana*.

This beautiful moment shows how the beneficial effects of *yesichena* can be brought about when a visitor creates golden moments such as these, bringing delight and happiness to the *choleh*, touching him to the very core.

Part of sensitivity to a choleh's feelings is to know when he does not want to talk things over. Sometimes, there are good reasons for being quiet. The Sefer Chassidim (627) analyzes a different verse in Mishlei (14,10): "The heart knows the bitterness of the soul." The author asks: Since the heart knows its own bitterness. why say what is obvious? The verse teaches us that there are times when one should keep his pain in his heart, and not share it with others. If the choleh senses that a visitor does not want to hear about his feelings, he will certainly keep them to himself. The visitor needs to be honest with himself, as well as with the choleh. The realities, the truths of our relationships with each other are present, even in the hospital room.

STRENGTHENING THE CHOLEH

A s I use my experiences to help others cope with their painful circumstances, one thought

gives me support. At the worst point of my illness, I was immobilized and confined to my hospital bed. I was totally dependent on nurses and aides to assist me in every detail of my personal routines. My feeling of helplessness was

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intensified by the embarrassment and shame at needing such help. I knew then that this aspect of my life was not going to get better quickly, and that I needed to find some thought, some idea, to help me get through it. Then, one day, a song popped into my head and I found it to be a powerful source of encouragement and resolve. I began

to sing: "Ashreinu, ma tov chelkeinu.... How fortunate are we and how good is our lot. And how sweet is our portion and how beautiful is our heritage."

This song prompted me to realize that no matter what shape we are in physically, we are still something very special. We all are imbued with a soul that is a piece of *Hashem*, and we are all created in His image. That did not change when I became sick, and that part of me is healthy, well and whole, and will eternally be so. Nobody can take that away from me – ever! That singular thought has sustained me through all of my trials and tribulations. It is something I try to impart to others, as well. For the choleh who is at rock bottom and in despair, to be reminded that he is part of Hashem and that he is made in His image is transformative. Nothing and nobody can take that away from him, despite his very real suffering.

PRESS RELEASE

Founded in 1991 Machon Bais Yaakov Teachers Seminary quickly gained a reputation as one of the leading teacher's seminaries. One of the main reasons that girls are so excited about the program is the warm and caring attention of the experienced faculty. An atmosphere of concern, encouragement and growth pervades the school enabling all students to maximize their potential. The teachers develop close relationships with the students and serve as excellent mentors and role models.

Rabbi Oelbaum and Mr. M Yanofsky Shlita serve as the program's guiding force. The principal, Rebbetzin Steinharter, blessed with a finely tuned understanding of contemporary teenage girls provides each student with extensive guidance and attention.

Classes in Tanach, Halacha, Hashkofa, and Historia are designed to highlight and address parallels in daily life. The curriculum includes courses in Special Education, speech and communication, as well as kriah. Under the direction of Mrs. Stern the girls observe experienced teachers at work and engage in supervised student teaching in various classroom settings so that they are well prepared for a teaching career. Successful graduates receive a diploma qualifying them to teach in Jewish schools everywhere. Our seminary is a recognized accredited program.

In addition to the core program of Limudei Kodesh and teaching methods, girls acquire interpersonal life skills to help them successfully fill the multiple roles of wife, daughter, mother, teacher and friend. Machon Bais Yaakov Seminary heeded the clarion call of the Gedolei Torah to prepare young girls in their role as Nshei Chayil in the establishment of a unique and innovative course taught by Rebbetzin Steinharter called Binyan Adei Ad which primes our girls for a successful married life. To ensure a more personalized learning experience Machon limits the size of its program. The

intimate classroom environment is perfect for heated discussion and soul searching discoveries.

Formal study is only a part of efforts to provide students with an unparalleled Seminary experience. Regular kumsitz's like "kugel Friday" enhance the upbeat ambience at school. The extensive extracurricular program including a Shabbos experience in New Square, workshops which feature distinguished guest lecturers from the United States and Eretz Yisrael as well as special Yom Tov programs both in school and at other inspiring sites, which help reinforce what has been learned in class so that students are able to draw relevant conclusions about their own lives.

Spiritually enlightening, periodic visits to Gedolim and Nshei Chayil in the New York Metropolitan area make it possible for our girls to forge a connection with the great personalities of yesteryear, as they meet with role models that will shape their lives for years to come.

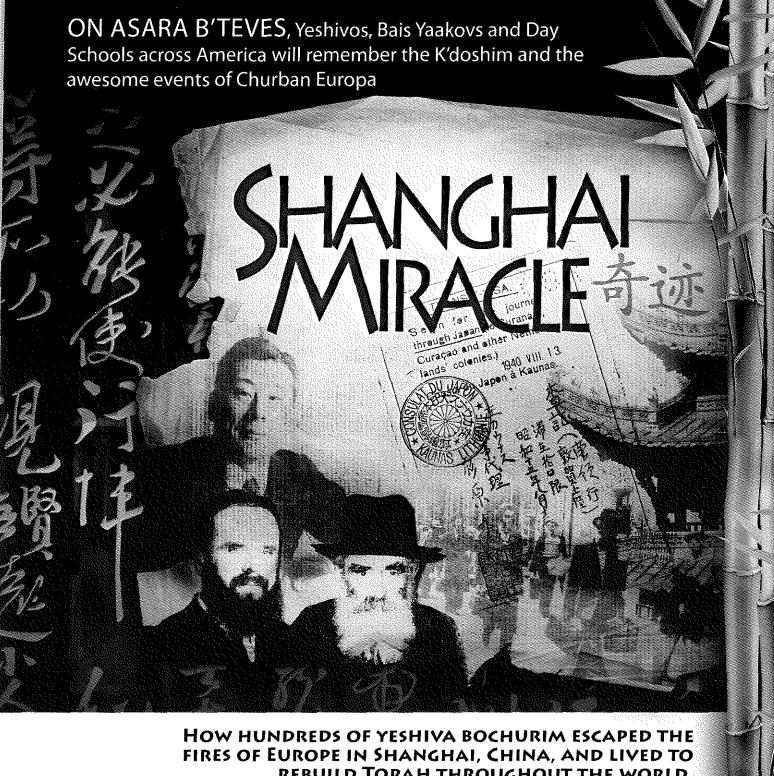
A highlight of our program is the Live and Learn tour of Israel during mid-winter intersession. Using a deluxe hotel in Geula as their base the girls enjoy a "tailor-made" program guaranteed to have a lifetime impact on them. They are able to tap into Eretz Yisroel's vast world of kedusha calling on various gedolim and visiting numerous stirring historical landmarks. It is a rich learning experience which weaves the facts of the past into a beautiful contemporary narrative. Attractions such as Jeep travels and cruises are not overlooked.

As Machon Bais Yaakov Seminary marks its 16th successful year of Avodas Hakodesh it looks forward to continued expansion of the seminary, praised by alumnae for the qualitative difference it has made in their lives.

For more information please call Machon at 718 972 7900 Ext 210 What, then, have I learned about the mitzvah of bikur cholim from my experience of needing it and then receiving it in such abundance? I would say that the chessed in the heart of the visitor makes more of an impact than he can realize. The choleh's life as he once knew it has been taken away from him. He is given the challenge of maintaining his completeness and his sense of self under new and trying circumstances. This self-reconstruction is a fragile process, and well-wishers play a vital role in strengthening him in his struggle.

The key, after all, is that the conversation that takes place during bikur cholim and the beracha for a refua sheleima that is expressed at that time are not simply words spoken between people in a random way. The mitzvah of bikur cholim is Hashem's way of bringing His caring and encouragement to each choleh. Each visit, each get-well card, each phone call and each bunch of flowers carries a message from Hashem. If we can learn to be just a little more thoughtful about how we express our good wishes, if we can tune in a little more accurately to the feelings of the choleh, perhaps Hakadosh Baruch Hu's messages will come through more clearly.

I know that I have grown and learned a great deal through this process – things that I could not have absorbed under "normal" circumstances. All of the credit for this is due to those who came to my side during those hard times. Yeyasher kochachem.



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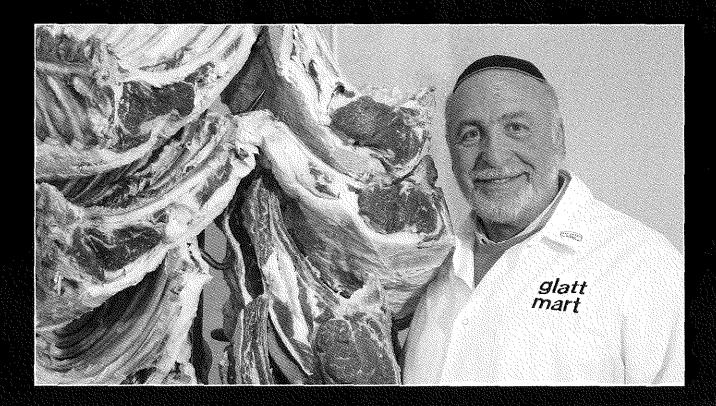
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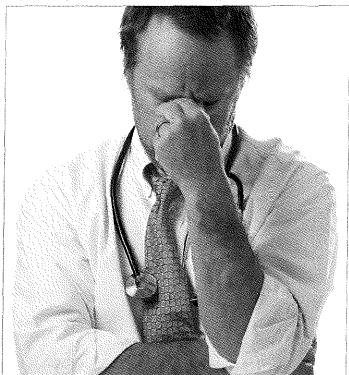
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seriously ill patient in a hospital unit takes a dramatic turn for the worse. The patient's son, Mr. Ploni, is approached by his father's doctor, who urges him, the patient's official "health care proxy," to sign a "Do Not Resuscitate" (DNR) order. The doctor, with apparent sincerity and compassion, states that in his medical opinion, to resuscitate the patient would be futile. The patient's daughter is convinced that they cannot give up – that by the power of tefillos recited on behalf of her father, his condition will most certainly improve. She implores her brother to do everything

RABBI JAY YAACOV SCHWARTZ, I.MSW, IS A RABBINIC LIAISON, AND MRS. TOBY WEISS, MSOD, IS A PROJECT MANAGER FOR METROPOLITAN JEWISH HOSPICE AND PALLIATIVE CARE. THE AUTHORS WISH TO THANK ELIOT FISHMAN, PHD, VICE PRESIDENT FOR RESEARCH AND HEALTH POLICY, METROPOLITAN JEWISH HEALTH SYSTEM, RABBI YERUCHIM SILBER, VICE PRESIDENT FOR COMMUNITY AFFAIRS, METROPOLITAN JEWISH HEALTH SYSTEM, AND MS. BARBARA HINEY, CHPN, MPS, VICE PRESIDENT FOR HOSPICE AND PALLIATIVE CARE, METROPOLITAN JEWISH HEALTH SYSTEM, FOR THEIR SUPPORT AND IMPORTANT CONTRIBUTIONS TO THIS ARTICLE.

possible to extend their father's life in hope that a miracle will occur. At the same time, their mother (the patient's wife) is in tears, lamenting over her husband's great suffering, and asks her son, "Why should we mucher! him anymore?"

Mr. Ploni's head is spinning with questions that have no immediate answers. What is the right thing to do? He wishes to fully follow halacha, but he is emotionally distraught, not wanting to inflict needless suffering on his father. Perhaps a miracle will occur. Doctors are only human. How can they know when a person's time is destined to end? What are the motives that drive doctors' decisions, anyway? Kabdeihu vechashdeihu (show respect but question motives, as well). The doctor intensifies his request to the son to sign a DNR, as time is running out. Mr. Ploni is feeling pressured and unsure of what to do, as everything is happening so quickly. He turns his tear-filled eyes heavenward - Ribbono shel Olam, guide me in what to do....

Medical miracles occur each day, providing countless opportunities to see the greatness of our Creator. At the same time, tragic medical realities are also often encountered, wherein hoped

1 Yiddish for putting a strain on him

for miracles are replaced with words of *nechama* (consolation), reinforced by our *emuna* that ultimately everything is the will of G-d. This life dialectic, while reconciled through *emuna*, can also be eased by making sure that decisions at the *end* of life are guided by the same halachic principles that guided decisions *throughout* life.

When finding out that a loved one has a life threatening or terminal disease, we often feel great confusion, anxiety and fear. The lack of preparation for this type of news can be immobilizing and often throws normal life into disarray. When we do not know how to proceed and are not even sure of our options, the potential is there to make poor decisions and we feel a loss of control at a time when any form of control is sorely needed.

As a result, interactions between Orthodox families and doctors at the end of life are frequently difficult. A confusing and emotionally intense situation is exacerbated by western medical ethics and halachic considerations often conflict, putting family members and patients in crisis. Pressure on families to make quick medical decisions at the time of a rapid or sudden decline of a

family member's condition can create both confusion and anguish.

What is particularly unfortunate about these situations of end-of-life conflict is that often, much of the confusion and anguish could have been avoided. Learning when to start planning for a crisis, how to communicate effectively, whom to involve in the discussion, and what Orthodox-friendly services are available can improve the medical decision making process and its related outcome.

For the last three years, Metropolitan Jewish Health System (MJHS), through a grant from UJA- Federation of New York, has researched and developed programs that answer the unmet challenges of Orthodox families facing serious illness at end of life. Our work has brought together an extraordinary network of leading rabbanim from virtually every stream of Orthodoxy, physicians, and community leaders from the New York area and beyond. In March 2007, MJHS organized a rabbi-doctor educational series in collaboration with Maimonides Medical Center in Brooklyn. The participants in this program included twelve mid-career doctors and a cross section of twelve rabbanim from the various Orthodox Iewish communities in the New York Metropolitan area, In this training session, called "Creating Healing Conversations," a communication model was adapted and customized to facilitate a family conference for the purpose of medical decision making for Orthodox patients. More broadly, in programs that we regularly conduct in synagogues, hospitals, and other settings, we find that the problems encountered in the story of Mr. Ploni are sadly almost universal in the Orthodox world.

More specifically, we have found two critical problems in how the Orthodox community interacts with the medical system at the end of life. First, there is ignorance within the Orthodox community about how to handle medical decisions so that they conform to halacha. Second, there has been a lack of halachically compatible end-of-life and hospice services, so that Orthodox families feel that they have to choose between halacha and access to needed end-of-life support services.

This article summarizes what we have learned about how to ameliorate or prevent each of these problems. These lessons can be incorporated into an action plan that families discuss prior to an emergency. While it is the nature of emergencies to surface unexpectedly,



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we can take steps to minimize loss of control and to create a state of readiness for serious illness.

HANDLING MEDICAL DECISIONS: TECHNIQUES AND APPROACHES FOR ORTHODOX FAMILIES.

I. GET A RAV INVOLVED

ne of the most important lessons that we learned from our research relates to the role of the ray in medical decisions. As assertive medical consumers, Orthodox Jews are typically quick to look for a second opinion on important medical questions - but Orthodox families often need a second opinion from more than just a doctor. Since according to halacha, great emphasis is placed on the sanctity of life, we need the assistance and guidance of a rav who has expertise in medical situations, knows how to ask the right questions of the doctor, and has knowledge of the patient's wishes. It is important not to make assumptions about what halacha demands - we learned that some families falsely assume that they must pursue aggressive care under all circumstances, whereas poskim (recognized authorities) have clarified that each case requires its own halachic judgment. Partly because of these misunderstandings, some Orthodox families are afraid to ask questions of a ray who has not been involved throughout the patient's illness, for fear that they will get an answer that may inflict additional suffering on the patient. In our experience, however, this rarely occurs when the ray has been adequately informed of the medical situation by the physician and family.

The responsibility of the medical decision making process is a shared one. Collaboration in this process between rabbanim, doctors and families should be encouraged. Once a serious or potentially life threatening diagnosis is determined, it is important to share this information with your ray and it is

equally important to give permission to and encourage your rav and your physician to speak directly. The importance of bringing the rav into the communication process cannot be overstated – it is critical, as the rav will know which questions to ask the physician in order to render a decision. We have seen again and again that placing a family member in the role of liaison between rabbi and doctor is a less than ideal choice. The family member is typically preoccupied with so many caregiving responsibili-

a family conference – for a typical Orthodox patient, it should include at the least the patient (if possible), the family member or friend who is the health care proxy (that is, the person designated to make health care decisions if the patient is rendered incapable of making his wishes known), as well as the physician and family rav, who may also bring in a respected *poseik* should there be a need. The family conference approach gives key members of the family and caregiving team a chance

We need the assistance and guidance of a rav who has expertise in medical situations, knows how to ask the right questions of the doctor, and has knowledge of the patient's wishes.

ties and dealing with the emotions and vulnerabilities of the patient, family and him/herself, making it difficult to relay accurate information. This often leads to misinterpretations of information that may be vital in rendering a halachically guided medical decision. It requires direct communication between the clinician and halachic expert to arrive at a decision that serves the best interests of the patient/family and is compatible with halacha. There is no single and uniform halachic answer to end-of-life decisions. Each situation must be evaluated on a case by case basis.

2. HAVE A FAMILY CONFERENCE

In order to make important decisions, you must bring together the parties who have a say in the decision making process. Many medical providers call this kind of meeting

to share information directly. The goal is to arrive at a medical decision that respects halacha and the wishes of the patient while considering the best medical practices possible.

The "LEARN Model" in the box on page 43 is adapted from a classic article for doctors about treating people from different backgrounds. It provides a guide to key objectives for the family meeting.

Any member of the caregiving team can initiate a conference and can make a contribution to the decision making process. It can be very helpful to have a chaplain or other mediator participate, who can take a non-judgmental and value-neutral stance that respects the religious values of the patient and the medical realities of the situation at hand.

If an individual important to the conference cannot be physically pres-



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ent, then convening a phone conference is the next best option. The keys are a "live" conversation that will not be misinterpreted or misrepresented when discussed at a later time, and the information exchange between rabbi and doctor and, subsequently, the ability of the ray to help the family understand the halachic ruling and its implications.

The family conference must yield an action plan and implementation process. If the medical facts change, the plan must allow for modification, at which point a new decision may be needed. A successful first conference will pave the way for collaboration in the future. The *kiddush Hashem* that can be accomplished by such a coordinated effort is another important outcome.

3. FIND A HOSPICE THAT KNOWS HOW TO WORK WITH ORTHODOX JEWS, OR LOOK INTO "PALLIATIVE CARE" AS AN ALTERNATIVE

ospice—covered by Medicare and many other insurance L plans—can be a wonderful service for patients near the end of life, but can also be problematic for Orthodox families. Hospice programs receive an all-inclusive daily fee from the health insurer, in return for which they manage and pay for virtually all medical care (with an emphasis on comfort care), in-home assistance from an aide as needed, medications, medical supplies, and spiritual and other kinds of support. As an enrollment criterion, a physician must certify that the life expectancy of the patient is six months or less should the disease run its normal course.

Contrary to popular belief, hospices in the US are not simply an alternative place where dying patients receive their care, rather than remaining in a hospital. Hospices are coordinated *programs* – programs to assist families in providing care to patients with serious and potentially life limiting illnesses. Hospice care focuses on managing the pain and other symptoms, and the strain on the caregivers that results from the illness. Most hospice care is delivered in

the patient's home, whether that home is a private residence or a nursing home. Each hospice program must also have a provision to care for inpatients when it is necessary.

These are extraordinary benefits, and it is therefore important for Orthodox families to be able to access them.

The aim of hospice care is to provide the best possible quality of life, and to relieve pain and other symptoms during the final days, weeks or months of a person's life, at a time when the underlying disease can no longer be cured. As a result, hospice programs are essentially barred from pursuing curative treatment.

There are a variety of medical treatments that are not curative but can still prolong life under some circumstances. Issues of withholding medical interventions that can prolong life even briefly are particularly sensitive in halacha. True halachic hospice differs from how hospices normally practice, primarily in decisions regarding providing or withholding life prolonging non-curative treatment.

In our own hospice – Metropolitan Jewish Hospice – we have developed a formal (copyrighted) Halachic Pathway that is offered to every Jewish individual enrolled. This serves as a health care proxy that ensures that a Jewish person will have any and all medical decisions made in consultation with the ray of the patient's choice, should he so desire. If the patient does not designate a ray, he may opt to have the halachic advisor of the hospice² fill that role. This simple intervention incorporated into the enrollment process goes a long way toward achieving comfort and confidence when arriving at a point in the disease process when hospice becomes a recommended option.

It is important to reiterate, however, that in a truly halacha friendly hospice program, there is a commitment to bearing the financial burden of continuing treatments such as intravenous nutrition and hydration when halachically mandated.

A number of other issues should be 2 Rabbi Meyer Scheinberg שליט"א is the Halachic Advisor for Metropolitan Jewish Hospice. addressed in a halachic hospice program. Hospice staff should not inform the observant patient of the six-month prognosis. If asked by the patient, a culturally competent hospice program is trained in how to respond in non-definite terms so as not to go against halacha, and possibly bring despair to the patient. Some or all staff should be trained in traditional Jewish practice and particularly regarding kashrus, Shabbos and *tzenius* laws.

An alternative to hospice in some cases is palliative care treatment. In recent years, palliative care medical programs have developed that allow continued treatment that is intended to be curative but offers the same emphasis on symptom relief and psycho-social support as hospice. These programs are offered in many hospitals and are becoming increasingly available for inhome or office-based treatment as well. Palliative care is initiated earlier in the course of a serious illness, can be utilized with traditional or curative care. can be accessed in conjunction with other health care providers, and does not require a six-month prognosis for admission. It can happen that a patient seeking quality of life and symptom management will have palliative care for a prolonged period of time. It is also possible that the patient may advance into a hospice program should their condition deteriorate to an end stage process.

A DIFFERENT KIND OF CHALLENGE

his article began with the case, based on a true story, of Mr. Ploni. We will conclude with a case that occurred in early 2007 with similar circumstances but a significant difference in the way it was handled.

The Case of Mrs. Almoni

Mrs. Almoni is Orthodox, 85 years old, suffering from advanced Alzheimer's disease and colon cancer and has a feeding tube. She has been residing in the dementia wing of a nursing home for 18 months, and was moved to the hospice

The LEARN Model for Orthodox families dealing with medical decisions¹

L-Listen and dispel unwarranted assumptions

- Listen to the clinical perspective of professionals without assuming that the health care system will automatically oppose your interest in following halacha.
- Respectfully state your needs or concerns based on religious values.

E – Evaluate the practical information

- Gain a clear picture of the medical facts, current condition of the patient and impending medical issues or treatment decisions in need of resolution.
- Know if there are any advanced directives (DNR) in place and consult your halachic advisor (ray, poseik) for guidance.
- Consider any significant emotional/spiritual/mental health factors impacting the patient or family.

A - Ask the right questions to the right people

• Determine who is best positioned to convene a family conference and who should participate. Potential participants – Doctors, family rav and or poseik, chaplaincy staff, social workers, nursing staff, healthcare administrator, family friends, legal representatives or experts.

R - Reach a consensus

- Identify a facilitator, skilled in collaborative dialogue and conflict resolution, who can lead a value-neutral conversation, with all decision making parties present.
- Arrange for a telephone conference if all relevant parties cannot be present.

N - Negotiate a plan

Define an action plan or system for future decision making, as changes can
occur suddenly, and halacha demands consideration of the medical issues
based on current conditions and always on a case by case basis.

1 MJHS Learn Model inspired by Elois Ann Berlin and William C. Fowkes, Jr., "A Teaching Framework for Cross-cultural Health Care," The Western Journal of Medicine, 1983, 139(6), 934

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unit of the nursing home four months ago. Her son is her health care proxy and regularly consults with the medical staff and hospice chaplain after changes in his mother's clinical status regarding goals of care and advanced directives. He realizes that his mother is declining and will not get better medically.

Mrs. Almoni's dementia leads to erratic behavior. She is unable to remain still and at times lies and crawls on the floor, requiring her to wear a helmet and padding, sometimes even to be restrained.



Although the nursing home staff handles these unfortunate requirements in a loving and respectful way, the son feels that his children should not see their grandmother in this condition, as she cannot respond to them in any meaningful way and it would cause them distress. The son, however, visits on a regular basis.

After several back and forth hospitalizations in a short amount of time, the hospice medical staff suggested a "Do Not Resuscitate" (DNR) order for Mrs. Almoni should she go into cardiac arrest.

The hospice chaplain, an Orthodox rabbi, suggested a family meeting in order to discuss what the DNR is all about, and other advanced directives. The son contacted his community rabbi and asked

impressed at his grasp of complex medical facts and moved by his compassion and his ability to translate technical terms to the patient's family into clearly understood language.

The poseik asked many questions regarding how advanced the cancer was, what treatments had been performed, and the patient's degree of suffering. He wanted to know if, indeed, the patient were resuscitated, what would the possibilities be of her ever being weaned off the respirator. He inquired as to her condition and the level of function and suffering she would experience.

Ultimately a decision was rendered by the poseik, once he was fully and directly informed by the physician regarding all

True halachic hospice differs from how hospices normally practice, primarily in decisions regarding providing or withholding life prolonging treatment.

for advice about the signing of a DNR and other advanced directives.

The son does not want his mother to suffer, nor does he want to hasten her death. It is very important to him to follow halacha, and he knows that this would be his mother's wish as well. What should he do?

Such a decision, the rabbi replied, must involve a poseik of the highest caliber. He recommended the involvement of his own rav, one of America's leading experts in halacha.

After speaking with the son, the hospice chaplain decided to convene a tele-conference involving the son, the chaplain, the community rabbi, the hospice medical director and the poseik. The medical director of the hospice is not Jewish, but has been trained in the treatment of Orthodox patients and has experience in and respect for their unique requirements. Nevertheless, the doctor has little experience with outside poskim and was certainly not aware of the poseik's lofty stature. She was quickly

medical realities. A plan was implemented: not to aggressively revive the patient should her vital energies fail. As the poseik explained to her son, Hashem is calling for the neshama, which is trying to leave.³

A respectful conversation such as the one described in the case of Mrs. Almoni, leading to an agreed upon and halachically acceptable course of action, and allowing for the highest level of hospice care together with a halachically-driven decision making process, should be the standard that Orthodox families expect and work for when facing terminal illness. The model of communication and hospice care described here can serve the halachic community with an approach that honors the *kedushas hachayim* that we hold dear and cherish.

3 The ruling by the *poseik* was rendered specifically for this case, and should not be applied to another case. Every medical case should be considered unique and an Orthodox rabbi with expertise in these issues should be consulted.



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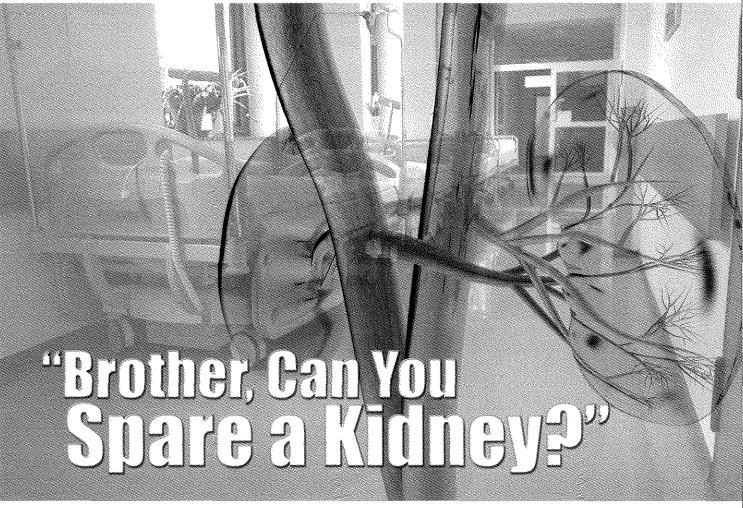
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A NATION OF CHESSED

Part of the phenomenon of the post-holocaust era renaissance of Torah study and observance is the nearly unprecedented level of *chessed*, both private and communal, that the Torah community has developed. In addition to the traditional *gemachs* (free-loan societies), there are *gemachs* for just about every conceivable service and commodity, from folding beds to tutoring, from *tefillin* to changing flat tires. An ever increasing list of organizations – such as Misaskim, Hatzolah, Bikur Cholims and so many others too

RABBI SENDY ORNSTEIN IS THE FOUNDER OF RENEWAL AND RABBI CHAIM STEINMETZ SERVES AS ITS DIRECTOR. THE ARTICLE WAS REVIEWED BY STUART GREENSTEIN, MD, FACS, PROFESSOR OF SURGERY, ALBERT EINSTEIN COLLEGE OF MEDICINE; CONSULTING SURGEON, DEPARTMENT OF SURGERY, DIVISION OF TRANSPLANTATION, MONTEFFORE MEDICAL CENTER. numerous to list – are devoted solely to the ideal that *Avraham Avinu* introduced: bringing *Hashem's* Presence to this world by emulating His *chessed*. Almost every need that exists for the healthy, the ill, and the bereaved has been addressed, and is enthusiastically embraced by a nation eager to perform *chessed*.

Almost.

THOSE WHO SUFFER - IN SILENCE

ust about everyone takes his or her kidneys for granted.

Kidneys serve the vital function of filtering impurities and excess fluid

of filtering impurities and excess fluid from the blood and transforming them into urine. The majority of people never give their kidneys a second thought. But for those who suffer from a variety of diseases that affect the kidneys' function, life becomes an uphill battle, an endless litany of pain, suffering, and treatments.

There are numerous factors that contribute to the deterioration of the kidneys. Prominent among them is the incidence of diabetes and high blood pressure. But while the causes may vary, nearly all victims of chronic nephritis (the general category of all serious kidney disease) will eventually need to resort to some sort of kidney therapy: dialysis or transplantation.

Here are some sobering facts about kidney disease, based on information from the American Kidney Fund:

- 1. Over 20 million adults over age 20 have chronic kidney disease.
- 2. Over 80,000 people die from kidney failure each year. Kidney disease is America's ninth leading cause of death

3. There are 450,000 people being kept alive through dialysis or kidney transplants.

Over 70,000 patients are on the waiting list for a kidney transplant. Only 16,000 will get a new kidney this year.

THE AGONY OF DIALYSIS

nyone who does not have a friend or relative who must undergo dialysis has no concept of what this process entails. Patients typically must endure three treatments weekly, with each lasting about four hours, allowing the blood to slowly filter. This generally takes place in a hospital or dialysis center. A special catheter must be surgically implanted to allow access to the blood.

In addition to the seemingly endless hours spent confined to a chair, dialysis patients have very limited freedom of movement since they must always anticipate the next treatment or an emergency. Moreover, they typically suffer from a lack of energy, and have very restricted diets.

An alternative dialysis procedure is peritoneal dialysis, where patients spend either an entire night or day hooked up to an apparatus that filters the blood. This must be done on a daily basis.

Beyond the issue of a greatly compromised quality of life is the haunting issue of life itself. The average dialysis patient will not survive more than fourteen years on this treatment. While exceptions have occurred, that is the typical scenario. Dialysis is a downward spiral toward the inevitable.

A BETTER SOLUTION

he most advantageous solution for those suffering from serious kidney disease is receiving a kidney transplant. Transplanting a healthy kidney is a procedure that has been virtually perfected. The advent of superior immunosuppressive drugs, coupled with science's advanced tissue typing capability, have greatly reduced

the incidence of kidney rejection.

From the perspective of the recipient, a transplant is quite literally a lifesaving procedure. Consider the following:

- Significantly enhanced quality of life: In marked contrast to dialysis patients, transplant beneficiaries can enjoy a normal life, uninhibited by the arduous dialysis regimen and a weak, sluggish feeling.
- Dramatically Increased Longevity: Recipients can anticipate a much greater life expectancy. In many

than those removed from even recently deceased people. Secondly, one can usually not anticipate the availability of kidneys from the recently deceased. Since kidneys can only be preserved for 48 hours at most, the procedure must be performed abruptly, and not all patients are medically able to undergo the procedure on such short notice. Additionally, a live kidney donation can offer a shorter waiting period. There is also greater compatibility with and less chance of rejection from a live

Transplanting a healthy kidney is a procedure that has been virtually perfected.

The transplant is quite literally a lifesaving procedure.

instances, former dialysis patients live for 40 years and more after the procedure.

Cardiac rejuvenation A large percentage of serious kidney disease victims suffer from some level of cardiovascular dysfunction, as well. Pursuant to a kidney transplant, the majority of recipients experienced a complete or near complete recovery from their heart condition. Even among those with very serious heart failure, the majority regained significant cardiac function.

THE SOURCES

here are three potential sources for donor kidneys: Living related donors, who share common genetic features;

- Living unrelated donors, who may be perfectly compatible, as well;
 and
- Deceased donors.

Several factors make kidneys from a living donor preferable to cadaverous ones. Firstly, the kidneys of live healthy patients are typically in better condition donor. Unfortunately, not everyone has a genetically compatible relative who can be a donor.

THE NUMBERS

Ironically, in an era where a real solution has become available for the tens of thousands of people suffering from chronic kidney failure, the obstacle they face is not medical, but in obtaining a kidney. According to the United Network of Organ Sharing (UNOS), there are over 95,000 people in the United States waiting for a life-saving organ. As of April 2007, approximately 71,000 of these were waiting for a kidney. Close to 2,000 names are added to the list each month. In the year 2004, almost 4,000 kidney patients died while waiting for lifesaving transplants.

Although no known statistics exist for the Jewish community per se, we do comprise 2% of the overall population. Since the incidence of diabetes, a major risk factor in kidney disease, is proportionally higher among Ashkenazic Jews than it is in the general population, it is

safe to estimate that there are 2,000 Jews who are desperately awaiting salvation in the form of a kidney transplant.

While one could hardly describe this situation as "the kidney crisis," nor could we even claim that this is the most pressing medical issue facing the Jewish community, two crucial points must be made:

- Each individual suffering from serious kidney disease is a Jew in anguish with greatly reduced life expectancy and compromised quality of life.
- 2. It is within our power to save them.

EXPLODING THE MYTHS

umerous misconceptions concerning kidney donation abound. Even if not articulated, they are typically held beliefs, and are the result of misinformation or lack of knowledge.

Myth – Donating a kidney poses a health risk for the donor.

Fact – Donating a kidney will not cause illness or disease. The life expectancy of a donor is identical to one who is not.

Myth – One kidney cannot replace the function of two kidneys

Fact – The remaining single kidney will meet the body's needs, and actually increase performance to compensate for the missing one. Interestingly, one out of 750 people is born with only one kidney; these people and all those born that way live normal healthy lives.

Myth – The procedure itself can be dangerous.

Fact – The mortality rate for kidney donation is less than the general mortality rate associated with an appendectomy, a hernia repair, or a gall bladder operation.

Myth – The procedure is a painful one.

Fact – There will be some pain and discomfort due to the incision, and a donor should anticipate missing several weeks from work. The surgery can often be performed as a laparoscopic procedure, reducing the pain and recovery period.

Myth – My insurance will never cover the costs of this expensive operation.

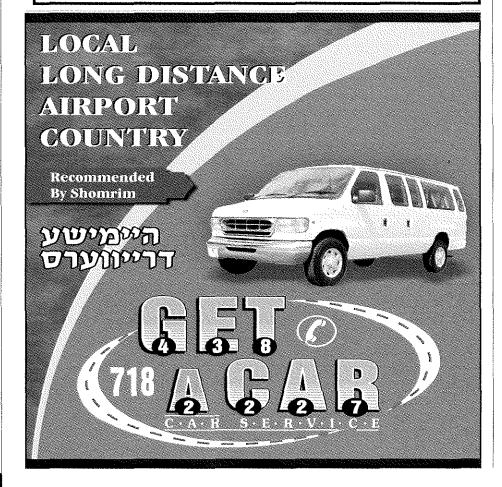
Fact – All costs are covered by the recipient's insurance. Donors will never see any medical bills related to the transplant or evaluation.

Myth – Transplants are not halachically approved.

Fact – Not only aren't transplants against the halacha, but our foremost gedolim have expressed their approval and encouragement in the strongest term. These are some notable excerpts:

- "May every donor be blessed by the Source of all blessings with all that is good." – Rabbi Yoseif Shalom Elyashiv שליט"א
- "The zechus (merit) of this mitzvah will stand by the donor, [insuring] that he be blessed from Heaven with a long life, years of good life full of simchos, suffering neither harm nor loss." Rabbi Michel Yehuda Lefkovitz שליט"
- "It is a great mitzvah to donate a kidney to a needy patient." – Rabbi Chaim Kanievsky שליט"א
- "It is commendable to endeavor to donate [a kidney]. It is a splendid mitzvah of immeasurable significance. No harm will befall one who





performs such a mitzvah. He is fortunate and fortunate is his share."

– Rabbi Yechezkel Roth שליט"א

- "It is most appropriate that whoever is capable of donating a kidney to save a fellow Jew and preserve his life should do so. His lot is a most auspicious one. He will surely merit life of many years and good health." Rabbi Ephraim Fishel Hershkowitz
- "Fortunate is the lot of all donors.
 Hashem will surely reward them,
 bring good health to them and
 theirs, to their children's children
 for all eternity." Rabbi Yisroel
 Belsky שליט"א

To be sure, every potential donor is advised to consult his own rav before making this decision.

ENTER "RENEWAL"

enewal is an organization that serves as a comprehensive resource and database center for people suffering from serious kidney disease. Renewal was founded specifically to promote awareness of the problem, to explain how reasonable an option donation is, and to find compatible donors for those in need of obtaining a kidney. However, the list of services they provide goes beyond that. Renewal offers well researched guidance and referrals to dialysis centers, doctors and hospitals. The expertise and clinical outcomes of different dialysis centers vary widely, and choosing the correct center can greatly affect the quality of life of the patient. Even more so, selecting the physician and medical center that are best suited for the transplant procedure is an extremely crucial decision that can often determine the difference between success and failure. chas veshalom.

Renewal's goal is to assist each and every patient and donor with any help and support he or she may need. This includes educating potential donors about kidney donation, and offering advice on how one can prepare oneself for donating a kidney, on compatibility,

and on any risks involved. Both the donor and recipient (and their families) are guided through the process of transplantation from the diagnosis until the actual transplant.

A guide has been published that has been reviewed by rabbanim, physicians, and past donors. This guide takes the donor through the entire process and gives him a feel of what kidney donation is all about. Rabbanim have graciously agreed to make themselves available to answer any questions one may have on any aspect of this procedure. A network of donors is ready to discuss any concerns a potential donor or his family may have. Be'ezras Hashem, it will be a most uplifting experience, and everyone will return to their normal daily routine in a relatively short time.

Renewal has been a lifesaver for many families who now feel that they have their father/mother/spouse/child back, and that their lives have returned to normal. The following are just some of the Renewal success stories:

- Bringing together a 30-year-old donor from Kensington with a 23-year-old recently married woman from Israel;
- Facilitating the donation of a kidney from a 56-year-old Brooklyn woman to a woman from Monroe;
- Matching a 23-year-old donor from Petach Tikvah with a nine-year-old boy from New York.

What *Renewal* needs now is to receive phone calls from those who want to help.

Experience shows that donors feel

an immense sense of personal satisfaction from donating. We, who know that "Whoever saves one life is considered to have saved an entire world" will undoubtedly experience an infinitely greater sense of satisfaction, coupled with the blessing that such a noble deed will surely generate.

Perhaps the greatest obstacle to donation is a certain sense of squeamishness associated with the procedure, justified by the unspoken question "Why me?" Given the above information on the procedure and the daily suffering of so many fellow Jews on dialysis, a more appropriate question should be — "Why not me?"

If you are considering donating a kidney and would like to receive our Donor Guide or would just like more information, please contact Renewal at 718-431-9831.



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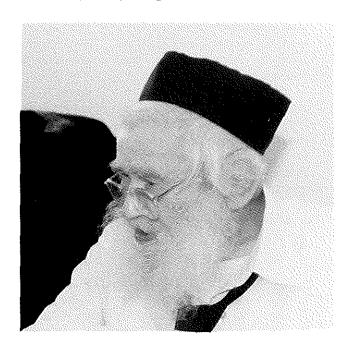
RABBI SHLOMO LORINCZ

PREPARED FOR PUBLICATION BY YONOSON ROSENBLUM

Rabbi Lorincz represented Agudath Israel in the Israeli Knesset from 1951-1984, during which time he was an intimate of a number of Torah luminaries of the past half century. The extensive notes that he kept on those

meetings serve as the basis of this article on his relationship with Harav Hagaon, Rabbi Elazar Menachem Man Shach who served as the Ponovezher Rosh Hayeshiva from 1951 until his petira (passing) in 2001/5762.

Remembering Rabbi Elazar Menachem Man SHACH



Por the majority of his long and accomplished life, Rabbi Elazar Menachem Man Shach had no knowledge of, or interest in, any subject other than Torah. When I informed the Brisker Rav that Rabbi Shach had agreed to join the *Moetzes Gedolei HaTorah*, a small smile crept onto the Rav's face, and he asked me, "Tell me, Reb Shlomo, is our Reb Leizer'l capable of participating in the *Moetzes Gedolei HaTorah*? He belongs entirely to Torah; he knows absolutely nothing about this world."

For six decades he devoted himself exclusively to studying Torah and spreading knowledge of Torah. His single-mindedness was not the result of a determined effort to seclude himself from the world around him; he simply did not know that such a world existed. Nothing existed for him outside the *daled amos* of halacha.

THE LEADER OF KLAL YISROEL

In light of his removal from the day-to-day world, Rabbi Shach's ascent to leadership of the yeshiva world was a shock. To the great surprise of all those who knew him, he became the most powerful leader of the Torah world in recent generations, and his influence reached to all corners of the globe. Nothing that happened in the Torah world was too big or too small for his attention.

Most Torah leaders make decisions as to how to handle a particular issue, and then leave the execution of those decisions to faithful messengers, whose job it is to transform their directives into concrete actions. That was the style of leadership chosen by both the Chazon Ish and the Brisker Rav. They guided the lay leaders and gave us direction, but they rarely played a role in orchestrating their decisions. Neither one actually joined Agudath Israel, nor did they sit on the *Moetzes Gedolei HaTorah* or any other rabbinical board.

Rabbi Shach's style of leadership was just the opposite. He was personally involved in each and every Torah organization. He was the preeminent figure on the *Moetzes Gedolei HaTorah*, and served as leader of *Va'ad Hayeshivos* and *Chinuch Atzmai*. He took part in every meeting of all boards that he sat on, and his decision on any matter – big or small – was final.

"In the Future, They Will Reprimand Me!"

Rabbi Shach was driven by an overwhelming sense of responsibility for the welfare of *Klal Yisroel*. He often said, "In the future, they

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will reprimand me and ask me, 'This happened in your period – why didn't you do something about it?' "

That sense of responsibility infused him with the superhuman energy that he devoted to leading *Klal Yisroel* for forty years. When the situation demanded, he ruled with a strong hand, because he saw that as the role thrust upon him from Heaven.

The forty years of his leadership were stormy ones for Torah Jewry. The Chareidi community found itself beset by many harsh decrees. One such decree involved autopsies wantonly performed without permission of the deceased's family. Family members with critically ill relatives in the hospital were forced to stand guard around the clock to prevent autopsies from being performed contrary to halacha.

Another decree involved the drafting of girls into the IDF, unless they could prove they were religious. Girls who sought to be exempted from army service had to appear before a board of primarily irreligious army officials to prove their religious convictions.

Due to Rav Shach's powerful leadership and tireless efforts, the chareidi public grew rapidly and Torah learning flourished under his stewardship, despite all external efforts to stymie the community's growth.

HE RISES LIKE A LION

o single event so illustrates Rabbi Shach's force as a leader as that which took place at a meeting of the *Moetzes Gedolei HaTorah*, shortly after Menachem Begin was elected Prime Minister in 1977.

Agudath Israel made a historic decision to join Prime Minister Begin's coalition, the first time a Chareidi party agreed to join an Israeli government. As part of the coalition negotiations between Agudath Israel and Prime Minister Begin, I was appointed to meet Begin and convince him to raise the government's allocations for yeshivos and Torah institutions. Until that point, yeshivos had received only a small frac-

tion of their operating budget from the government, while secular institutions had received full funding.

To my dismay, when I made my request for an increase in funding to the Prime Minister, he replied, "I am unwilling to raise the percentage of financial allowances for Torah institutions."

But my disappointment was not long lasting. Prime Minister Begin immediately added, "Why should I raise the percentage of funding? I think that Torah institutions should receive full support from the government, just like any other educational institution."

I knew that the *Moetzes Gedolei* HaTorah was meeting in Telz-Stone

Chofetz Chaim's reasons for not becoming fully dependent on the government. First, the merit of supporting Torah institutions belongs to *Klal Yisroel* as a whole, and we have no right to deny them that merit completely. Secondly, those collecting for Torah institutions often make a powerful impact on those from whom they are collecting. When a Jew with beard and *peyos* meets a wealthy secular Jew, he reminds him of how his own ancestors looked and acted. The latter's attitude towards Torah may change, and he may even decide to send his children to a yeshiva.

Most important, *Chazal* teach, "Do not become overly familiar with the gov-

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outside of Jerusalem as I was negotiating with the prime minister, and I could hardly wait to give them the wonderful news. Sure enough, my tidings were met with great excitement. I never received more blessings from the members of the *Moetzes* than when I shared with them Begin's words.

When emotions in the room had settled a bit, Rabbi Shach rose from his seat. From his expression, it was clear that a stormy emotional battle was taking place inside him. His voice suddenly roared like a lion. "We cannot agree to have Torah institutions take 100% of their funding from the government, by virtue of a tradition received from the Chofetz Chaim himself!"

Rabbi Shach then spelled out the

ernment" (Pirkei Avos 1:10). We cannot rely on any government, even the best government. Today, they may decide in our favor. But tomorrow - when the government changes or the interests of those in the government shift – this decision can easily be overturned. If, at some point in the future, the government decides to cut the allocations for Torah institutions, the yeshivas will be faced with a huge financial burden that they will be unable to handle. By that time, Torah institutions will have long ceased to raise funds, and they will find it very hard to start again. Benefactors will no longer be accustomed to giving freely to yeshivos, and it will be hard to convince them of the need once again.

"Therefore," Rabbi Shach announced,

with an air of finality, "no more than 50% of our funding can come from the government; the yeshivos must continue to raise the other 50%. I request that we write into our protocol that we will never take more than 50% – at most 60% – of our funding from the government."

The other members of the *Moetzes* were shocked. They had been so excited by my news, and had all been quite ready to accept the Prime Minister's generous offer. Yet when they saw that Rabbi

for bnei Torah (Yated Ne'eman), and created a new political party, uniting bnei Torah (Degel HaTorah).

The amount of time he spent investigating the details of the issues that were brought to him would have easily filled the day of the average person. Yet, despite bearing the mantle of leadership of *Klal Yisroel*, he remained thoroughly ensconced in Torah study. Most of his day was spent with his students, delivering daily *shiurim*, a weekly *shiur klali*, and *mussar* discourses. On the days that

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Shach felt so strongly about the issue, not a single member of the *Moetzes* argued against him, and his decision became final.

I asked Rabbi Shach at the time how he had had the inner strength to make such a difficult decision against all the other members of the *Moetzes Gedolei HaTorah*. Rabbi Shach answered in a soft voice, "I accept responsibility only after checking myself many times to ensure that there is no trace of self-interest in the decisions I reach."

TIME FOR EVERYONE

s an inside observer of gedolei haTorah for seventy years, I never saw another whose impact on Klal Yisroel was as great as Rabbi Shach's. At nearly ninety years of age, he initiated the publication of a newspaper he prepared his weekly *shiur*, his mind was so engrossed that it was virtually impossible to discuss with him anything other than the *shiur*.

Yet somehow, he also managed to meet with everyone who came to seek his advice. Many times, he did not content himself with giving advice, but would personally intervene to solve the problem.

The principal of Ohr HaChaim (a dormitory institution for girls) once hung up a sign forbidding the girls from asking Rav Shach's advice without her consent. She felt that her students were wasting his time with inconsequential matters. Rav Shach noticed that the frequency of visits from the girls had diminished, and he investigated the matter. When he heard about the sign, he insisted that it be taken down. "Anyone is allowed to come to me so that I can help them," he said.

TZADDIK NISTAR

Te truly cannot understand how one man could have handled all these roles: Rosh Yeshiva of Eretz Yisroel's premier yeshiva, leadership of the entire Torah world, and advisor to multitudes of members of Klal Yisroel. We thought that we knew him, but he remained hidden from us.

We cannot grasp Rabbi Shach's true stature because we are so far removed from his level of perfection. But we can gain some perspective from another Torah giant, Harav Hagaon Rabbi Shlomo Zalman Auerbach. Chazal teach us that there are always thirty-six hidden tzaddikim in the world (see Sukka 45b and Tikkunei Zohar 21:57). My son Reb Yitzchok (who is married to Reb Shlomo Zalman's granddaughter) once asked Reb Shlomo Zalman if this teaching applies to our generation. Reb Shlomo Zalman answered that Chazal's timeless words certainly apply to our generation.

My son asked, "Many people believe that these hidden tzaddi-kim camouflage themselves as simple working men. In our day, there are several people who act and dress like simpletons, but are considered by many to be hidden tzaddikim. Is this true?"

Reb Shlomo Zalman replied with certainty, "No, those are not the hidden *tzaddikim*."

"Who are the hidden tzaddikim, then?" my son inquired.

Reb Shlomo Zalman answered, "You know a hidden *tzaddik* very well – your rebbi, Rav Shach."

My son was quite surprised. "How can Zeide say that Rav Shach is a hidden tzaddik? He is one of the most famous people in our generation!"

Reb Shlomo Zalman countered, "As famous as Rav Shach is, no one knows his true inner greatness. The hidden aspects of Rav Shach's greatness are far greater than the known."

Reb Shlomo Zalman then explained, "If not for Rav Shach's

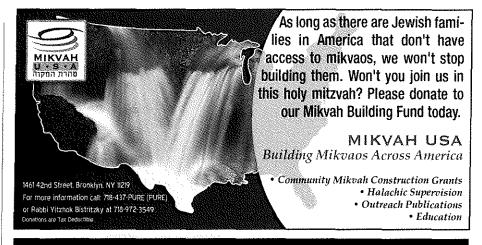
hidden greatness, it would be impossible for him to have reached the level that is known to the world. When you see a tall building, you can be sure that it was built on a very strong and deep foundation. Without such a foundation the building could not stand for long. Similarly, from the spiritual greatness we see in Rav Shach, we can be sure that his true level of perfection vastly outweighs that which is known to us."

Here we will add Rabbi Shach's own words regarding hidden tzaddikim, from his address at the founding conference of Degel HaTorah at Binyanei Ha'umah Convention Hall in 1989: "Rabbi Yisrael Salanter maintained that there cannot be any hidden tzaddikim in the latter generations, and he is right. Any Jew who considers the honor of Hashem dear would not choose to shut himself off in his own dalet amos while a fire rages outside. He would go out and fight for the honor of Hashem and His Torah."

"I Know Nothing On My Own"

Ithough Rabbi Shach led his generation with unflinching strength of character, he was wont to say, "I know nothing on my own. All that I know are the lessons that I learned from the Chofetz Chaim, Reb Chaim Ozer Grodzensky, the Chazon Ish, and the Brisker Rav "Tw. Whenever I am faced with a question – whether in matters pertaining to the public or to an individual – I ask myself, "What would Reb Chaim Ozer and the Chofetz Chaim have said in this case?"

This appreciation of Rabbi Shach was written for the benefit of the younger generation that did not merit to see him, and cannot possibly imagine such spiritual greatness. Hopefully, this brief synopsis will prepare them for the following chapters, as well as shed light on the chapter that appeared last month, in which I will expand on each of the points mentioned briefly here.





The following essay appears under the theme "Musings" which will אידה be a regular feature in *The Jewish Observer*, presenting thoughts, insights and personal perspectives on contemporary occurrences and phenomena by leading thinkers, teachers and writers.

RABBI NOSSON SCHERMAN



Life Begins Whenever You Want It To

uring the last several weeks, I received invitations to two siyumei haShas, both from strangers.

One of the celebrations was tendered by the family of a man who, although an observant Jew all his life, had never had the benefit of a yeshiva education. There was no yeshiva where he grew up and he had never studied Gemara – until he made up his mind one day that the time had come. He began, did it on his own and – to his joy and that of his family – succeeded and completed the entire Talmud. That in itself is gratifying and cause for celebration, but it wasn't even the most notable aspect of his achievement.

This case was different. The celebrant opened his first Gemara when he was eighty years old, and made his *siyum* at the age of eighty-seven!

The second invitation came from a successful attorney. He had had a very unsuccessful yeshiva career, one that left him with unpleasant memories, and for about thirty years, he had no

desire to open a Gemara. He used to drive to the office with an associate from his firm, an attorney who is an alumnus of the Philadelphia Yeshiva. The young man suggested that they learn a Mishnah a day on the way to work. They would read the Mishnah with the English commentaries and discuss it. The experience ignited a spark. For the first time in his life, the senior attorney felt the joy of learning. The two began to study Gemara during the commute. They made a *siyum* and an ambition was ignited.

He began studying the Talmud intensively, voraciously, his keen legal mind stimulated as it had never been before. The years and tractates flew by and he is about to make his first Siyum HaShas – his first, because he expects to make more. His celebration will have many guests, because he hopes others will be inspired to follow his example.

Madison Square Garden, Nassau Coliseum, the Meadowlands, dozens of other halls and arenas worldwide – we have become accustomed to most celebrations of Torah study. What a far cry from the days when I was a *kollel* member and knew barely a handful of

people who learned Daf Hayomi.

Numbers are wonderful, but there is nothing as gratifying as the stories of individuals who prove that life can begin at eighty, or fifty, or anywhere in between.

Rabbi Shneur Kotler איז told me the story of a "gevir" (wealthy Jew) in Kletzk. I put the word "gevir" in quotation marks, because the measure of wealth in a shtetl with a population of six thousand – three thousand of them Jewish – would barely break into the middle class by the standards of today. He undertook primary responsibility for the construction of the yeshiva's new building in the 1930s.

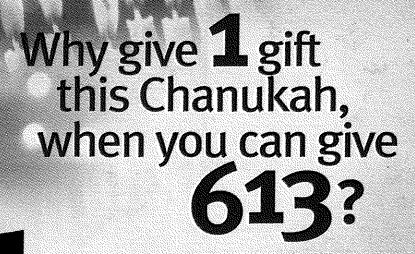
And then, when he was near sixty, he sold his assets and settled in *Eretz Yisroel*. There, he devoted himself to learning and actually wrote sefarim on Shas. Rabbi Aharon Kotler 'T used to say about him, "Er is gevoren a gadol oif der elter – He became a gadol in his old age!"

Someone once said "What a pity that youth is wasted on the young."

How discouraging. How false.

Learning is the eternal mission of the Jew – and with it comes eternal rejuvenation.

RABBI SCHERMAN, A MEMBER OF THE EDITORIAL BOARD OF *THE JEWISH OBSERVER*, IS A GENERAL EDITOR OF MESORAH ARTSCROLL PUBLICATIONS.



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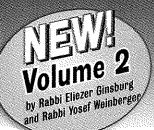
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