

YOM KIPPUR MORNING SERMON 5769 HEALTH CARE

If you answer yes to any of the following questions,

please raise your hand/stand up if:

1. You don't have any health Insurance
2. At any time within the past 12 months, you did not have health insurance
3. You have a family member who is uninsured
4. If you've ever been denied health insurance
5. If you have health insurance but have been denied care for any reason
6. If your health insurance has ever denied you the prescription you need
7. If you have ever gone without prescription drugs
because your health care insurance has been insufficient.
8. If you've faced substantial financial loss and/or debt
due to expenses related to health care?
9. If you know anyone who does not have health insurance?

It is clear from the exercise we just did that there is

something wrong with our health care system.

You have probably heard the figure: 47 million Americans are uninsured.

Over 6 million in California alone.

That's more than 20 percent of California's population!

Connie in FRESNO

I can't afford health insurance even though I work full time.

I don't qualify for public assistance and I'm too young for

Medicare. I have cataracts,

but I can't afford to get them taken care of.

My glasses cost me over \$450 dollars –

that was a month's worth of income for me.

Where does that leave people like me?



Maria in VISALIA

My husband has diabetes, and even though he has insurance,

it's costing us a fortune. We are spending about \$400 dollars a week

on healthcare costs. In addition, some of his prescriptions are not covered

and one of them is costing us \$200 a month.

This has been very difficult for us.

Our hard earned money is going straight to medications and co-pays

instead of paying for our bills.

To make things worse, I don't have insurance for another 3 months.

My husband's new job has a waiting period of 90 days

before I am allowed on his policy.

Cathy in BAKERSFIELD

My father was able to successfully manage his diabetes for a long time. After he lost his job, purchasing COBRA coverage was much too expensive, so he had to go without. Without the medical treatment to control his diabetes, a small infection escalated until he lost both his legs. It's been a struggle to watch my father go through something that could have been prevented if he had health insurance. He still hasn't gotten any assistance and on top of all this, he has thousands of dollars in unpaid hospital bills to deal with. We all need affordable healthcare so this doesn't happen to hard working people.



Unfortunately, uninsured Americans often postpone medical care, even when they know they need it, because of expense. They wait until the problem is critical and end up in the emergency room. While it's true that hospitals will treat anyone who arrives in an emergency room with an acute problem — it's also true that hospitals bill patients for emergency-room treatment. And fear of those bills often causes uninsured Americans to hesitate

before seeking medical help, even in emergencies.

According to a recent estimate by the Urban Institute, the lack of health insurance leads to 27,000 preventable deaths in America each year.

Recently, a young woman in Ohio was having health problems while pregnant and tried to get help at a local clinic.

Unfortunately, she had previously sought care at the same clinic while uninsured and had a large unpaid balance.

The clinic wouldn't see her again unless she paid \$100 per visit — \$100 she didn't have. She eventually sought care at a hospital 30 miles away. By then, however, it was too late.

Both she and the baby died.

According to a recent report, 8 Californians die every day because they lack health insurance.

When Dr. Nancy Nielsen was attending graduate school she learned firsthand what it was like to be uninsured.

During that time, she had two children who were delivered through public health clinics because that was her only option.

When her 14-month-old daughter had a fever of 106 degrees, she brought her to the emergency room and

spent the next month's grocery money on medical care.

Dr. Nielsen went on to medical school and

is now president of the American Medical Association (AMA),

working to get more Americans health insurance coverage.

Her story is only one of many stories of the uninsured in America.

"In the past, the perception has been that the uninsured live in the shadows — the homeless, the downtrodden, the chronically unemployed.

Today, many Americans need look no further than their own families or working neighbors to find someone without health insurance.

Eighty percent of the uninsured are in working families," says Dr. Nielsen.

How does that affect you? Dr. Nielsen points out that:

- Employer-based health insurance isn't a guarantee, and your own family situation can change in a heartbeat.

Already forty percent of employers don't offer coverage for employees and their families.

- Even those with insurance coverage pay the price of not having all Americans covered. Whether it's crowded emergency rooms or escalating health care costs for all, the issue of the uninsured touches everyone.

The United States spends nearly \$100 billion annually to provide uninsured patients with health services, often for preventable diseases or diseases

more efficiently and effectively treated with an earlier diagnoses.

”The increase in the number of uninsured Americans is a forceful reminder that action is desperately needed. One in seven Americans are uninsured. That’s not just a statistic, it’s a tragedy,” says Dr. Nielsen.

“Providing health care coverage for all Americans is no easy task, but we’re committed to bringing patients and their physicians together to advocate for a solution — and to get one.”

The AMA has launched a multi-million dollar campaign called Voice for the Uninsured to spur legislative action on this issue.

In the first phases of the campaign, the AMA is reaching out to voters and candidates to talk about the problem and encourage Americans to vote in 2008 with the issue of the uninsured in mind.

”The fight to cover the uninsured is an issue that is deeply personal to me,” Dr. Nielsen says. “Living without insurance affected me, and it affected my children. It touched my life, and it can just as easily touch yours. We want to give voice to the 47 million Americans without health insurance — because it has become too heavy a burden on too many hard-working people.”

The fundamental question we need to ask ourselves

with regard to health care is:

What do we owe each other as Americans?

The Jewish answer is: Communities are obligated

to provide healing to all of their citizens

The Rabbis consider absence of health care to be like shedding blood.ⁱ

The Shulkhan Arukh, the definitive Code of Jewish law,

underlines the importance of caring for those who are ill in our community.

“There are those who say that the commandment

to [build and support] a synagogue takes precedence to the commandment

to give charity [*tzeddakah*, to the poor],

but the commandment to give money to the youth to learn Torah or

to the sick among the poor takes precedence over the commandment

to build and support a synagogue.”

To make that point even more strongly,

listen to this story from the Jerusalem Talmudⁱⁱ:

“A sage boasted about the great sums of money which his fathers

had contributed to the construction of a synagogue.

His friend remonstrates indignantly:

"How many lives did your fathers donate --

were there no sick people lying in rubbish?"

From here Rav Shmuel derives that it is better to give charity for sick paupers than to give it to a synagogue."

Saving a life is one of our most important sacred obligations, grounded in such biblical verses as,

"You shall not stand idly by the blood of your fellow."

Our tradition teaches us that human life is of infinite value.

As the Talmud says: "The one who saves one life, it is as though he had saved the world."

The Jewish tradition considers the sanctity of all human life as an overriding principle in developing theological and legal guidelines.

Consequently, talmudic academies included in their curriculum medical studies, and scholars, according to the Talmud,

were forbidden to live in a community that did not boast a physician and a surgeon.

Physicians were therefore called upon to minister to all the sick regardless of religion or ethnicity. Men, women and children were given access to daily prayer and medical treatment.

As the Talmud observed, a healthy body must come before a healthy soul.

But who is ultimately responsible for providing this care?

The Jewish tradition lays the responsibility for health care on 4 players:

The individual, family members, the physician and the community.

Regarding the individual: One must pay for one's own health care before one pays for anyone else's, for saving one's own life takes precedence over saving anyone else's.

The Talmud makes this clear in discussing the case of two men in a desert, one of whom is carrying a flask of water when they discover that they have enough water only for one of them to make it back to civilization and survive.

There is a dispute as to what to do, but the law is ultimately according to Rabbi Akiba, who says that whoever has possession of the flask of water should drink it.

He justifies that ruling on the basis of the law in Leviticus that one must give to the poor "so that the poor will live *with you*."

That can only happen, Rabbi Akiba notes, if you are alive first.ⁱⁱⁱ

A person is also obligated to behave responsibly:

if a person repeatedly endangers his or her health

through practices known to constitute major risks such as smoking,

drug or alcohol abuse, or overeating, the community may decide to impose

a limit on the public resources that such a person can call upon to finance treatment resulting from these unhealthful habits.

Those who have no resources to pay for health care may accept public assistance to procure it.

In fact, they must do so, for to refuse needed care is to endanger their lives which is, for Jewish law, tantamount to committing suicide.

Still, the *Shulhan Arukh* strongly condemns those who use public funds for their health care when they do not need to do so.

And whoever cannot live unless he takes charity --

for example, an elderly person or a sick person or a suffering person --

but he forces himself not to take [communal funds]

is like one who sheds blood [namely, his own] and he is liable

for his own life.

After caring for oneself, the next level of responsibility is

for family members. One may not preserve the family fortune

and make the Jewish community or government pay for one's health care,

except to the extent that the government itself makes provision for all sick,

elderly citizens in programs like Medicare without restrictions as to a

person's income or estate. Absent such provisions in the law, one must provide for one's own health care and for that of one's relatives.

Physicians also have a responsibility to provide for health care:

Jewish law permits physicians to charge a fee for their services.

Indeed, the Talmud states that "a physician who charges nothing is worth nothing!"^{iv} At the same time, there is great concern that the poor should have access to medical services.

The Talmud thus approvingly sets forth the example of Abba, the bleeder, who placed a box outside his office where his fees were to be deposited.

Whoever had money put it in, but those who had none could come in without feeling embarrassed.

When he saw a person who was in no position to pay, he would offer him some money, saying to him,

"Go, strengthen yourself [after the bleeding operation]."^v

There are similar examples among medieval Jewish physicians, and the ethic must have been quite powerful because it is not until the nineteenth century that a rabbi rules that the communal court should force physicians to give free services to the poor if they do not do so voluntarily.^{vi}

The costs the physicians assume in gaining a modern medical education must somehow be repaid -- to say nothing of malpractice insurance, overhead for their offices and for the hospitals in which they practice, staff, etc. Paying for medical care in our society therefore becomes a critical issue, and its burden cannot fall to physicians alone.

Community: The individual also has a duty to contribute to the medical care of others besides one's family and the costs of health care for the poor become part of the charity one must give. With donations from, or taxes on, its members, the community as a whole has the duty to pay for the health care of those who cannot afford it themselves.

The community, in turn, must use its resources wisely, a demand that can serve as the moral basis within the Jewish tradition for some system of managed care. The community must balance its commitments to afford health care with the provision of other services. The Talmud lists ten such services:

It has been taught: A scholar should not reside in a city where the following ten things are not found:

- (1) A court of justice;
- (2) a charity fund;
- (3) a synagogue;
- (4) public baths;
- (5) toilet facilities;
- (6) a circumciser (*mohel*);
- (7) a surgeon;
- (8) a notary;
- (9)

a slaughterer (*shohet*); and (10) a school-master. Rabbi Akiba is quoted [as including] also several kinds of fruit [in the list] because they are beneficial for eyesight.^{vii}

Maimonides, a revered Jewish scholar, a rabbi and a physician, listed health care first on his list of the ten most important communal services that a city had to offer to its residents.^{viii}

Almost all self-governing Jewish communities throughout history set up systems to ensure that all their citizens had access to health care.

Since no community's resources are limitless, and since social needs other than health care must also be met, the community must ensure that those who receive public assistance for health care deserve it.

How to decide? The criterion embedded in the *Shulhan Arukh*

is as follows: (1) saving the life most threatened;

(2) attending to those in danger but not as much at risk;

(3) educating the youth and curing the sick among the

poor, each having the same degree of priority; and then, again as

equivalent levels of priority, (4) either providing food and (then) clothing to

the poor (with women coming first) or building and maintaining synagogues

so that Jewish life and the Jewish tradition can be carried on.

The *Shulhan Arukh's* prioritization is a recognition

of the varying needs of the community --

physical, educational, religious, and social.

Why should we care? Aside from the matter of justice,

next time it could be you.

Lack of adequate health care is not just a problem for the poor;

It is also a middle class problem.

We might be lulled into complacency by believing in a series of myths.

Myth #1: People without coverage don't work.

Fact: Eight out of ten uninsured are in working families.

Myth #2: Only the poor are uninsured.

Fact: The uninsured come from every walk of society,

class and race.

29 million uninsured had household incomes of \$25,000 or more.

In California, 25% of those lacking health insurance

have a family income of \$50,000 or more.

Myth #3: Most of the uninsured are minorities.

Fact: Three-quarters of those who are uninsured are

non-Hispanic whites.

Myth #4: People who work for large firms have health insurance.

Fact: One of four uninsured work for a firm with 500 employees or more.

Those who are uninsured are people we encounter

and interact with every day: they are waiters and gas station attendants

without the political clout to demand this most basic right.

Even those who do have health insurance now can't count on keeping it.

In addition, as the cost of health care continues to rise,

those of us with insurance are not sure we can continue

to pay for our share of the coverage.

I know people right now who have employer-sponsored insurance

but can't use it because the cost of their deductible

and their co-pays are too high.

Now, I am not here to propose one solution or the other. Single payer or.

Eric Yoffie: "I propose, therefore, that this Movement begin immediately to support state initiatives to expand health insurance."

May God who blessed our ancestors: Abraham, Isaac, and Jacob, Sarah, Rebecca, Rachel and Leah; bless and heal The Healthcare System – the vessel through which we might all find healing.

May the Holy One Blessed-Be-God protect The Healthcare System and save it from all illness and distress and from all affliction. Bestow blessing and success upon all the work of its hands.

May The Healthcare System merit long life and may its years be blessed with abundant strength and peace.

For the sake of all of the congregation praying for The Healthcare System and in its own merit, may the Holy One Blessed-Be-God bestow abundant mercy upon it, strengthen it, and fully end its distress.

Our God in Heaven, may it be Your will that our prayers and requests come before Your merciful throne, and send complete healing: healing of soul, healing of spirit, and healing of body to The Healthcare System- speedily in our time. And let us say together, "amen".

ⁱ S.A., Yoreh Dei-ah 336:1.

ⁱⁱ Peah 8, Shekalim 5.

ⁱⁱⁱ Bava Metzia, 36.

^{iv} B. Bava Kama 85a.

^v B Taanit, 21b.

^{vi} Rabbi Eliezer Fleckeles, *Teshuvah Meahavah*, III, on S.A. *Yoreh De'ah* 336.

^{vii} B. Sanhedrin 17b.

^{viii} Mishneh Torah, Hilchot De'ot IV: 23.