

Nataline Sarkysian was 14 when she was first diagnosed with leukemia. Living in Calabasas City outside of L.A., she had been a regular vivacious teenager until her symptoms began in 2004. As the disease quickly progressed, her immune system was increasingly compromised and in 2007 she underwent a bone marrow transplant in an attempt to rebuild her immunity. The surgery resulted in complications and her organs began to fail, including her liver and her kidney. To survive she needed a liver transplant, and so she was taken to UCLA medical center, which specializes in the procedure. She was stabilized, an appropriate donor liver was identified – and then her parents’ insurance company refused to pay for the operation, saying that the risk factors didn’t merit the procedure. Her parents, her teachers, her doctors all appealed to her insurer, Cigna HealthCare (which, incidentally, is based in Center City), to cover the procedure which was deemed medically necessary, but the doctors were overruled. There were protests, appeals by politicians, a rally by nurses – and yet that first donor liver and then a second liver were turned away. The parents were told that they would need to pay the cost of the liver transplant and a year of follow-up care – \$450,000 – out of pocket.

Nataline’s parents had health insurance – at the time her father worked as an automotive technician for Mercedes-Benz – and yet an arbitrary decision and no accountability meant his daughter could not get the care she needed. All over the country we hear stories of families whose medical claims are rejected, who receive staggering medical bills that insurance companies refuse to cover. And these are the lucky ones, for nearly one in six Americans today has no health coverage at all.

The Torah teaches us that human beings are created *b’tzelem Elohim*, in the image of God. This core assumption – reaffirmed with last week’s celebration of Rosh ha-Shanah – is the central principle in framing a Jewish approach to understanding health care. For the ancient rabbis, *tzelem Elohim* meant that each life was infinitely precious, worthy of abundant respect and dignity. The rabbis asserted, therefore, that tending to the sick and healing them was a *mitzvah*, a positive obligation – an assertion that was far from obvious, by the way, at a time when many religions were openly skeptical of doctors, who were viewed as meddling charlatans at best, and as interfering in the divine order at worst. So important was the doctor’s role that physicians’ life-saving activities were exempted from the prohibitions connected with observing Shabbat. And of course the high esteem for physicians in the Jewish community continues today in the classic Jewish mother’s wish to have her daughter – and now, son – marry a doctor.

We have a crisis in health care today in this country. To say this has become a cliché and, like many clichés, it can be easily assimilated and ignored. Right now, more than 49 million Americans are without health care coverage, a number equivalent to the population of New Mexico, Montana, Rhode Island, Delaware, Wyoming, North Dakota, South Dakota, Hawaii, Kentucky, Arkansas, Vermont, Mississippi, Alaska, Iowa, New Hampshire, Maine, Idaho, Nebraska, West Virginia, Utah, Nevada, Oklahoma, Kansas, Oregon, Connecticut, and Washington DC – combined. Of these 49 million, 8 million are children. Despite the enormous amount of money spent on health care in this country, infant mortality, life expectancy, and the survival rate for heart attacks are all worse than the average figures for all other industrialized nations. This lack of coverage has no analog anywhere else in the developed world, where health care – even if imperfectly delivered – is viewed as a basic right. In Israel, for example, there is universal health care rooted in the Talmudic dictum that when community leaders fail to provide for the collective well-being, “any blood spilled... is counted as though they spilled it.”

In America, on the other hand, those without coverage often need to make difficult decisions about whether they can afford to see a doctor when they’re sick, often postponing treatment in ways that put their health at grave risk and make treatment much more expensive when eventually sought. Emergency rooms have become frontline options for many without coverage, and so ER’s – which are not equipped to handle the sorts of medical issues coming through their doors in increasing numbers – are often overcrowded and overburdened, with long waits in difficult conditions. And while hospital emergency rooms cannot turn patients away, they charge for their services and charge highly – the

average emergency room visit for an uninsured patient in some areas results in a bill upwards of \$3000. Even for those who are lucky enough to have coverage, navigating the health care system is often frustrating at best and a downright nightmare at worst – high premiums, deductibles, co-pays, referrals, out-of-network charges, caps on reimbursements, prescription formularies, exemptions for preexisting conditions – all of these make obtaining proper and timely care arduous and expensive even for those with health insurance plans. Accordingly, the leading cause of personal bankruptcy and home foreclosure in this country is medical expenses.

Given the mind-boggling number of uninsured Americans; given the difficulty and expense of obtaining treatment even for those Americans who do have coverage; given the burden to American companies who can't compete as their bottom lines are strained to pay inflated prices for coverage of their workers, it's both flabbergasting and dismaying to see the vocal opposition to any attempts at reforming the health care system in this country. We've all seen footage of angry attendees shouting at politicians at town-hall meetings and we're all dismayed by activists working to undermine civil, thoughtful discussion of the issue. Whatever our personal feelings may be about the right way to proceed, I think we can all agree that our health care system as it exists today is badly broken, and the cynical attempts by interest groups to disrupt and undermine civil discourse and the effort to arrive at solutions is manipulative, self-serving, and wicked. Our country needs – and our citizens deserve – health care that is affordable, comprehensive, and universally available.

From a Jewish perspective, providing health care is an ethical imperative. In her new book, *There Shall Be No Needy*, my friend and colleague Rabbi Jill Jacobs – who came to teach on workers' rights at Or Hadash a few years back – surveys some of the core texts that serve as underpinnings for this obligation. The Jewish starting point for the requirement to care for those whose health is endangered is a verse that speaks to the highest ethical teachings of our tradition, one so central that we will read it this afternoon for our Yom Kippur minchah service. The Torah declares "*al ta'amod al dam re'echa*" – "do not tread on your neighbor's blood" or, as it is often rendered, "do not stand by idly as your neighbor bleeds." While this verse most obviously applies to a situation where someone's life is imminently imperiled – the classic case of a doctor coming upon an accident scene or observing someone having a heart attack – the law has consistently been interpreted in Jewish thought to encompass proactively caring for people whose health may be at risk – what in modern medical parlance we would term 'preventive care.'

I would point out incidentally, that the obstacles to obtaining preventive care – monitoring someone's health and intervening as necessary before a patient becomes gravely ill – is to me one of the central failures of our current health care system. Regular mammograms are crucial tools in the fight to identify tumors in women and fight breast cancer at its earliest stages, just as regular PSA blood tests help men fight prostate cancer. Yet much of the way our current health coverage is structured creates economic disincentives for getting preventive care, in deference to expensive procedures after the fact. Lung cancer is difficult to treat, horrible to experience, and generally incurable; but insurers would rather pay for expensive and debilitating radiation and chemotherapy after a patient has become ill than subsidize a smoking cessation program beforehand. Everyone knows that being overweight is a huge risk factor for developing Type II Diabetes, yet plan after plan would rather pay for insulin and dialysis – and the other procedures associated with complications from diabetes – than support a diet and exercise program that might prevent the disease in the first place. Prenatal vitamins rich in folic acid and other essentials are key in helping develop a healthy fetus, but insurers would rather deal with the agony and horror of birth defects after the fact than include prenatal vitamins on most prescription drug plans. And every year addiction and mental illness tear families apart and cost our economy more than one hundred billion dollars in lost productivity – and yet it is virtually impossible to get meaningful counseling and mental health treatment under existing insurance plans. *On economic and moral grounds this makes no sense.* Proponents of this arrangement talk about 'moral hazard' – the

hypothesis that people *would be more likely to start smoking* if they knew treatment would be available later on. On every level it's clear that this argument makes no sense in practice: what teen who takes up smoking considers whether or not an insurance company will help subsidize anti-smoking treatment later on?

And yet insurance companies continue to make this self-serving argument in hopes that patients will pay for this treatment themselves. When they don't – often because they can't afford to – patients get sick and the companies get stuck with much higher bills. Incidentally, the Torah spoke to the whole 'moral hazard' question 2500 years ago with the requirement that people building houses place parapets around the edge of the roofs to prevent people from accidentally falling off. The Torah did not ask: Will people pay less attention and take less responsibility for their behavior *because* I've built a parapet? The Torah doesn't suggest we should teach someone a lesson by *letting* them fall because maybe it would make them be more careful next time they're traipsing around a roof – no, there's only the singular and unequivocal requirement to build the parapet with the clear understanding that, if you don't, you're responsible for what happens.

'You're responsible for what happens' – this is the clear and overriding call of conscience that emerges from a Jewish approach to thinking about healthcare. So much of the current debate on healthcare is motivated by the drive to avoid responsibility – from doctors who order costly and unnecessary tests to avoid concerns about potential malpractice suits, to insurers who create systems designed to frustrate those who try to understand and make use of their benefits – but the Jewish ethos has always been that the problems of any of us are the responsibility of all of us. Jewish law dictated that communal funds be created to care for the sick – and there's nothing in the halachah about preexisting conditions! Down the ages, local communities created their own institutions to care for those who couldn't afford treatment or otherwise obtain it if it wasn't available to Jews. Beginning in thirteenth-century Europe – *thirteenth century* – Jews began establishing hospitals; Albert Einstein Medical Center and Moss Rehab are both formed from 'Jewish Hospital,' founded by Philadelphia's Jewish community in 1864. At every stage Jewish communities recognized a communal obligation to care for the sick; rather than trying to avoid taking responsibility, the Jews fulfilled their requirement to meet it head on and address the problem. Contrast this to the prevailing tone in the contemporary discussion that problems with access to health care are *their problem*. Who is *'they'*? The uninsured, those who can't find coverage, those who don't have access to quality medical services in their area. The truth is, *'they'* includes our friends, our neighbors, people sitting right here with us in this room. It includes those of us who have lost jobs and those of us whose businesses can no longer afford to subsidize premiums, those who are self-employed and can't afford the higher cost of an individual plan. It includes *us* the moment we become sick and run into obstacles obtaining care. This is all of our problem.

Jewish thought hasn't ignored the question of affordability either. Rabbi Jill Jacobs cites a passage from the classic medieval code of Jewish law, the *Shulchan Aruch*, which says: "If one has medicine that a sick person needs, it is forbidden to charge more than the appropriate price for this medicine. Furthermore, even if the sick person agreed to a high price out of urgent needs, as the medicine is nowhere else to be found, one can still only accept the appropriate price." Compare this with a survey that found incidents of doctors routinely inflating prices for procedures to get as much money from insurance companies and unwitting patients as possible – \$20,120 for a knee operation that Medicare pays \$584 for, \$72,000 for a spinal fusion that Medicare covers for \$1629. These are some extreme examples but, the fact is, the costs involved in obtaining – and providing – health care have spiraled all out of control until we're all in a Looking-Glass land where the numbers and the stakes are equally huge, and all the players are scared of giving up what they've gained at our expense.

I don't want to make this problem sound easy: it is huge and complex and multi-faceted. There is no one culprit and no one solution. There are the insurance companies that spread fear and

disinformation to protect their unprecedented profits; there is the greed of some doctors, who turn away patients on Medicare in deference to those with private insurance or who are willing to pay out of pocket; there is the unmanageable cost of malpractice insurance and the culture of entitlement that makes such insurance necessary by pushing for ever-larger settlements; there is the greed of pharmaceutical companies who have funded deceptive studies and paid doctors in trips, consulting positions, and cash to prescribe their drugs; there is the routinization of extremely expensive tests: my father-in-law was recently charged \$1900 – I kid you not – for *one* blood test; and there is our own complacency and inactivity as, content with our own care, we ignore the plight of the uninsured and leave the advocacy to others.

In a few moments we'll hear our Haftarah for this Day of Atonement. As we sit here, uncomfortably aware of our own bodies and our own hunger, we would do well to heed the prophetic words of Isaiah: "Is this the kind of fast I delight in? A fast merely to deprive one's body? Is it bowing the head like the willows, or reclining in sackcloth and ash? Do you call that a fast, a day in which the Holy One delights? Is not the fast I desire the unlocking of the chains of wickedness, the loosening of exploitation, the freeing of all those oppressed... and not hiding from your kin in need?"

This day needs to remind us of our responsibilities: toward ourselves, toward those we love, toward God, and toward society – not to let things continue as they are, where far too many are one illness or accident away from catastrophe. Maybe we support a single-payer system, maybe we want an insurance mandate or a public-private system; maybe we advocate a public option and maybe we don't. The point is: beyond the rhetoric, beyond the talking points, beyond the cable news, beyond the politics, *even beyond ideology*: we must recognize that something is dreadfully broken and it is all of our problem. We must collectively lend our support to seeking solutions or we run the risk of becoming complicit ourselves.

Nataline Sarkisyan's condition worsened as the leukemia continued to ravage her body. To call attention to their daughter's plight, the family began traveling with the John Edwards presidential campaign since he had made healthcare reform a centerpiece of his brief presidential bid. As Nataline lay in a drug-induced coma to keep her condition stable, the rallies and petitions and news conferences and other forms of pressure finally worked. With a growing public relations debacle on its hand, Cigna relented and agreed to pay for the procedure. Too late: the very same evening in November 2007 that the company finally approved Nataline's operation, she died. She was seventeen years old.

We in this country must do better – and we can. A growing number of Americans is recognizing the moral and practical necessity of ensuring that everyone in our country has access to affordable health care. We are the richest nation in the world – but until we provide for our sick and our needy, we will be one of the most bankrupt. Let us go forward from our fast today, stirred by our prayers and Isaiah's ancient words, ready to heed the call of justice so that, in the word of the prophet, "our voices will rise up like a shofar" and "the waters of healing will soon flourish."

"Then shall we take pleasure in God everlasting, and God will convey us on high to feed us with Jacob's inheritance – for the mouth of the Eternal One has spoken."