

## Judaism and Health

*Commissioned by Urban Strategies, LLC  
Arlington, VA*

“We *affirm* the principle of separation of church and state.  
We *reject* the separation of religion and the human situation.”\*

Author:

Rabbi Nancy E. Epstein, MPH, MAHL

Reviewer

Michele Prince, LCSW, MAJCS

Director, Kalsman Institute on Judaism and Health

Summer 2011

---

\* Rabbi Abraham Joshua Heschel, “What We Might Do Together” in *Moral Grandeur and Spiritual Audacity*, Susannah Heschel (editor), Farrar Strauss, 1996, p. 298 (*emphasis Heschel’s*).

JUDAISM AND HEALTH. Prepared by Rabbi Nancy E. Epstein, MPH, MAHL, and edited by Urban Strategies under Contract Number HHSM-500-2010-00054C. Engagement Strategy to Enhance and Reinforce the Faith-Based Partnerships, sponsored by the Centers for Medicaid and Medicare Services, Department of Health and Human Services. 2011.

***Table of Contents***

Preface ..... 4

1. Introduction..... 5

2. Overview of the Jewish Community in the U.S..... 5

    A. Overview from the National Jewish Population Survey 2000-01 ..... 5

    B. Overview from the Pew U.S. Religious Landscape Survey ..... 6

3. Key Concepts regarding Judaism and Health..... 7

    A. Our Bodies Belong to God..... 7

    B. Each of Us Is Created in God’s Image..... 7

    C. The Human Being Is an Integrated Whole..... 8

    D. Piquah Nefesh: We Must Do Everything Possible to Save a Life..... 8

    E. The Duty to Heal Is Incumbent on Each One of Us and on Society..... 8

    F. Community Is the Primary Focus of Judaism ..... 9

    G. An Identifiable and Unique Field of Judaism Health and Healing Has Been Emerging  
    in Recent Times ..... 10

4. Conclusion..... 10

Author ..... 12

Reviewer ..... 12

Sources and Citations ..... 13

    Books ..... 13

    Articles, Book Chapters, and Reports ..... 13

## **Preface**

This research project was commissioned by Urban Strategies in Arlington, VA, under a contract with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to reinforce and enhance CMS's efforts to partner with faith-based organizations. To that end, this paper is designed to provide a focused synopsis of the broad historical field of Judaism and health viewed through the lens of what would be most relevant for administrators and policymakers of the Medicaid and Medicare programs. The paper emphasizes how the Jewish tradition views health and the importance of health care.

This paper is one in a series of seven papers, each representing the unique views of different faith communities: Catholic, Jewish, Protestant, Muslim, Hispanic Catholic, Hispanic Protestant, and African American Protestant.

## 1. Introduction

Judaism is understood as the religious civilization of the Jewish people. This civilization has developed over millennia and has been guided by Jewish law that is continually evolving and changing with the times. Judaism is more than a religion. It is a rich, evolving tradition with its own languages, its own laws, its own customs, and its own people. Individual Jews tend to regard themselves as part of the Jewish people.

There are numerous movements within Judaism. The most recognized of these are the Reform, Reconstructionist, Conservative, and Orthodox movements, which together represent a wide breadth of practices across a continuum of religious observance and reflect a diversity of practices with regard to the concepts outlined in this paper.

While the three Abrahamic religions (Christianity, Islam and Judaism) are all based on the Hebrew Bible, each is distinctive about how it interprets and applies the Biblical message (7, p. 32). Jews have continually studied Torah, the Hebrew Bible, and its ongoing interpretation over the centuries. There is a feisty, healthy argumentative character to the Jewish tradition whose rabbis have played the fundamental role of debating and re-interpreting Jewish tradition and the Jewish laws that have governed Jewish life for millennia (4, p.104). This is a never-ending process that goes on in every generation and requires that we understand everything in its historical context.

Today, rabbis, religious leaders in the Jewish community, continue to write legal opinions that interpret and re-interpret the wisdom and meaning of the Jewish tradition and the wealth of Jewish law in relationship to contemporary issues. In sum, Rabbi Elliot Dorff, one of the leading contemporary American Jewish scholars wrote, “One cannot point to a clear statement of Jewish beliefs regarding health care that was formulated and adopted by some authoritative body at some time in Jewish history and has governed all decisions since. The tradition just does not work that way” (4, p. 14).

## 2. Overview of the Jewish Community in the U.S.

### A. Overview from the National Jewish Population Survey 2000-01

The most recent National Jewish Population Survey (NJPS) was last conducted in 2000-01 and is a nationally representative survey of the U.S. Jewish population. It is the only survey of this scope undertaken in the U.S. The survey was administered to a random sample of approximately 4,500 Jews and included over 300 questions on a wide variety of topics (23, p. 6). Readers should note that it did not solely focus on health. The 2003 Executive Summary from the NJPS presents the most recent national data available, focused specifically on Jews in the U.S., outlining the following key points (24, pp. viii and ix).

- The Jewish population in the U.S. totals 5.2 million people, consisting of an estimated 4.1 million adults and 1 million children in households and 100,000 Jews in institutional settings.
- Jews reside in 2.9 million households with a total of 6.7 million people, both Jews and non-Jews.
- The median age of the Jewish population currently 42, which is 5 years older than the median Jewish age in 1990 and 7 years older than the overall median age for the U.S. population.
- More Jews live in the Northeast than any other region, but many have migrated to the South and West.
- Jewish women have somewhat lower fertility rates than all U.S. women.

- Relative to the total U.S. population, Jews tend to be more highly educated and have higher household incomes.
- Approximately 5% of Jewish households report incomes below the U.S. federal poverty line. An estimated 353,000 people including 272,000 adults and 81,000 children live in poor Jewish households.
- Poverty is more common among the Jewish elderly, immigrants, single mothers, those with a high school education or below, and those who are not currently employed.
- Adults living in households under the poverty line report poorer health and more health conditions that limit daily life.
- Relative to other Jewish adults, more elderly (age 65 and over) live alone, have low incomes, and report both poor health and health conditions that limit daily activities. Many elderly Jews remain actively engaged in the Jewish community.
- Poor Jews are equally or more likely than other Jews to observe rituals such as lighting Sabbath and Channukah candles and keeping kosher. They also have equally strong or stronger ethnic attachments than other Jews.
- The intermarriage rate for Jews who have married since 1996 is 47%.

The NJPS also reported that between 1990 and 2000-01, the median age of the American Jewish population rose from 37 to 42 while that of the general American population increased from 33 to 35 years of age. In that same period, the proportion of elderly Jews increased from 17% to 19%, in contrast to a decrease in the proportion of the elderly in the total U.S. population from 13% to 12% (23, p. 3). The fastest growing Jewish age group is those over the age of 75 (14, p.3).

There were only two physical health variables included in the NJPS (16). Jeff Levin, PhD, one of the leading researchers in the field of religion and health, reported in a new research article published on April 19, 2011, that “[t]here has never been a national Jewish health census or survey” and “there has been little in the way of programmatic population-based health research on Jews, especially in the USA.” Levin reported that “[t]he most interesting finding from these analyses [of the NJPS] is the importance of synagogue participation for health, but primarily for those Jews who, presumably, value traditional forms of Jewish observance” and added “the more fundamental questions about the health status of Jews, much less about the Jewish religion’s influence on this status, have mostly gone unaddressed” (16).

In February 2011, the Kalsman Center on Judaism and Health, with funding from the John Templeton Foundation, convened a roundtable of 30 Jewish leaders, representing seminaries, universities, health care researchers, and practitioners to begin brainstorming about how to address this crucial gap in data and research. This paper’s author, Rabbi Nancy Epstein, was one of the roundtable participants.

## **B. Overview from the Pew U.S. Religious Landscape Survey**

The Pew Forum released the reports from its U.S. Religious Landscape Survey in June 2008. They interviewed 35,000 adults across the country. Key data about U.S. Jews included in this report includes the following.

- Jews make up 1.7% of the American population
  - Approximately 0.7% of the American population identify as Reform, 0.5% identify as Conservative, and 0.3% identify as Orthodox

- 41% live in the Northeast
- 35% have postgraduate educational degrees
- 22% are over the age of 65
- 52% are male
- 48% are female
- 72% report that religion is somewhat or very important to them
- 89% report that there is more than one true way to interpret the teachings of their religion

Notably, the percentage of Jews over age 65 reported in the 2008 U.S. Religious Landscape Survey is higher than the percentage reported in 2003 by the NJPS.

### **3. Key Concepts regarding Judaism and Health**

Key concepts within the longstanding Jewish tradition provide insight into a historical Jewish approach to health and the provision of health care. A summary of some of the most prominent concepts follows below and is drawn from the scholarship outlined in the sources and citations at the end of this paper. These concepts largely reflect the perspectives of the more liberal, progressive Jewish community.

It must be noted that Jewish writings are quite extensive on each of these topics noted below; therefore, the reader must understand that this synopsis cannot fully capture the extraordinary depth and specificity of Jewish law and interpretation through history about Judaism, health, medicine, health care, and related issues.

#### **A. Our Bodies Belong to God**

According to the historical Jewish tradition, our bodies (and everything else) belong to God. They are on loan to us during our lifetimes and, upon our deaths, they return to God. During our lifetimes, we have an obligation, actually a religious duty, to live lives of holiness and maintain our health as a way of taking good care of God's property. Taking good care of our bodies is central to Judaism.

Maimonides, the great Medieval Jewish physician, rabbi, and philosopher, outlined obligations that, today, we would classify as health prevention strategies. These focus on maintaining a proper diet, getting sufficient exercise and sleep, maintaining good hygiene, and having a healthy mind. Equally important were obligations not to harm oneself or one's body. Rabbi Teutsch states that "keeping our bodies in tip top shape is what some would call a prerequisite to mental and spiritual hygiene" (8, p. 7). Jewish law until more modern times required Jews to live in a community in which there was a doctor, public baths, and healthy food, specifically fruit, in order to assure access to health care, proper hygiene, and healthy food.

#### **B. Each of Us Is Created in God's Image**

Jewish tradition holds that divinity is inherent in each one of us. Just as in modern western culture, Judaism focuses on the fundamental dignity of human life and strongly affirms that all members of society possess value and dignity. Jews are required to preserve the dignity of self and others. Taking care of oneself and healing others is a way to fulfill this obligation. Since poverty is an affront to the dignity inherent in us as God's creations, all those who can are obliged to help (3, p. 136).

The Jewish tradition strongly protects those who are vulnerable and disenfranchised. Each individual's unique value is honored. Rather than shrink away from differences, the early rabbis determined that one should be required to say a blessing upon seeing someone with a disability. That blessing honors our differences and says, "Praised are you, Lord our God, who created us as different." The Jewish tradition also focuses on helping someone with a disability to be productive.

Our Biblical ancestors are noted as having lived long lives. In terms of aging, the Jewish tradition affirms the meaning and wisdom that can occur in later life. Spiritual development does not stop as one ages; in fact, it may intensify. Each person, regardless of age or physical or mental status has value. We each have an inherent responsibility to provide for future generations. Thomas Cole, PhD, a leading scholar of aging, health, and the humanities, wrote "One does not retire from the [Jewish] covenant, which provides a fundamental framework and obligation between God (however defined) and the Jewish people" (1, p. 147).

### **C. The Human Being Is an Integrated Whole**

Contrary to some other western religions, the Jewish tradition asserts that the soul and the body are equally important. According to Rabbi David Teutsch, "Jewish thought generally treats a living person's body and soul as fully intertwined" (8, p.13). Our bodies are as much the creations of God as our minds, wills, and emotions (8, p. 33). Therefore, care of our bodies as well as care of our souls is important.

The Jewish tradition embraces the idea that body and soul are integrated and that we use our full, complete selves to perform our duties and obligations to God. In fact, the word "shalom" means "complete, harmonized wellbeing" in addition to the more commonly recognized definition of "peace." The rabbis understood that there was no peace without harmony and wellbeing. Peace and wellbeing are important for both the individual and the community. A daily Jewish prayer asking for healing of body and soul is written in the plural; as Jews, we pray that we should all be healed.

The Jewish tradition focuses on healing mental health issues as well as physical health. As opposed to a stereotypical shunning or punishment of the patient/person experiencing mental health problems, "[R]abbinic interpretations . . . maintained that mental health was to be treated as seriously as physical health, given the intricate link between human body and soul" (18, p. 3).

### **D. Piquah Nefesh: We Must Do Everything Possible to Save a Life**

The phrase *Piquah nefesh* embodies the Jewish obligation to save lives. Jews are obligated to do everything possible to save a life. Preserving a life is of paramount importance in the Jewish tradition and takes precedence over almost all other Jewish laws. This obligation to save a life is embedded in the belief that we are all created in God's image and is exemplified by the Biblical injunction "Do not stand idly by the blood of your neighbor" (Leviticus 19:16). As Jews, we affirm God's presence in the world by healing as many of God's creations as possible.

### **E. The Duty to Heal Is Incumbent on Each One of Us and on Society**

The Jewish tradition emphasizes that the duty to heal is an obligation of each individual and society-at-large. It must be balanced with the duties to provide other essential services, such as food, shelter, and clothing. "As opposed to the U.S. Declaration of Independence, which begins with inalienable rights, Judaism begins with duties . . . indeed God's commandments" (12, p. 15). Healing is considered "a duty one has to oneself and to others (8, p. 4)." The Biblical injunction to pursue



justice is captured well in the Biblical imperative “Justice, justice thou shall pursue” (Deuteronomy 16:20) and is tied to communal healing and personal wellbeing.

Throughout Jewish history, the rabbis took this injunction very seriously. In order to pursue justice, the Jewish tradition strongly focused on the importance of providing food, shelter, clothing, and medical care to those in need and to use a community’s resources wisely to balance their allocation and make sure the social safety net comprised all these primary needs.

The Jewish concept of *tzedakah*, meaning “charitable giving in pursuit of justice” is built on understanding that caring for others, particularly those who are poor, is the right thing to do, and we each have the right to receive and the responsibility to provide health care. The Biblical tradition admonishes us not to harden our hearts nor shut our hands to the needy among us (Deuteronomy 15: 7-8). In fact, the injunction to heal is for both Jews and non-Jews alike.

### **F. Community Is the Primary Focus of Judaism**

The Jewish tradition asserts that we are responsible for one another and called to fulfill the mandate to make health care accessible to everyone, including those who are poor. “The Jewish tradition . . . with its thick sense of community makes it advocate a much stronger safety net than the United States has ever provided, except perhaps during the Depression of the 1930s” (3, p. 126-7). Throughout history, “[C]are for the poor became nothing less than a defining characteristic of Jews, a manifestation of what it means to be a Jewish community” (3, p. 131), which is also perceived as a way of pursuing holiness.

Jews, historically, lived in communities segregated from the mainstream and were largely governed by Jewish laws determined and elaborated over the centuries by the rabbis. As such, Jews were obligated, together as a community, to care for and be responsible for each other in numerous ways. One way was providing and paying for health care. A second was visiting the sick, which continues to this day and is one of the primary ethical duties of all Jews. Visiting the sick is also considered an essential component of the obligation to heal.

The Jewish tradition focuses on the covenantal responsibility to be holy by caring for those who are poor and helping everyone become self-sustaining and escape the slavery of poverty (Jews and non-Jews alike). It recognizes that those who, at any point in time, are rich and those who are poor are related and that one can easily move from one status to another. In addition, the Jewish tradition strongly focuses on helping those who suffer by visiting the sick, providing very compassionate end-of-life care, and observing mourning practices that focus strongly on social support and community.

In earlier times, all Jews bore the responsibility to provide and pay for medical care as a shared responsibility among physicians, communities, individuals, and their families. By taxing or receiving donations from all its members (whether rich or poor, all were required to contribute), the community as a whole assumed the duty to pay for the welfare and health care of those who could not afford it themselves (4, pp. 302-3). Jewish physicians often gave freely of their services although this was certainly not always the case. Sometimes the “communal court could coerce physicians to give free medical service to the poor if they would not do so voluntarily” (5, p. 37).

While providing health care has been considered a collective responsibility, the obligation of each Jew is first to use one’s financial resources to care for him/herself, then to care for those closest to

him/her, then to branch out in concentric circles from family to close friends, to those in need in one's own community, and then to those in other communities.

Those who lack resources to pay for health care are mandated to accept public help for their health and wellbeing because to refuse needed care would be to endanger their lives, which is, for Jewish law, tantamount to committing suicide. Still the foundational Jewish legal code, the *Shulkhan Arukh* strongly condemns those who use public funds for their health care when they do not need to do so and appreciates those who postpone calling upon the public purse for as long as possible (13, p. 24).

### **G. An Identifiable and Unique Field of Judaism Health and Healing Has Been Emerging in Recent Times**

A strong Jewish healing movement emerged in the 1990s and is manifest today in synagogues and Jewish communal institutions across the U.S. by flourishing, vibrant programs and offerings focused on Jewish healing and spirituality. They are grounded in Jewish teachings through the ages about the integration of body and spirit and tend to focus on social support, healing prayer services, health education, health promotion, community-based chaplaincy, pastoral care, and other communal services. Such programs focus on wellness as well as services to support those who are experiencing illness, pain, and loss and are often led by Jewish leaders (20).

In 2010, the Kalsman Institute on Judaism and Health surveyed the field of Judaism, health, and healing by interviewing a sample of key stakeholders and reviewing a large sample of programmatic offerings of which this author was one. Their key findings, reported in an assessment report published during the winter of 2011, indicated that “unique and grassroots efforts have developed in the field of Judaism, health, and healing focusing on several areas” (20, p.4), as listed below.

- Liturgical expression, communal programming, education and lay support efforts with individuals and families
- Community agencies focused on education, resources and support for those experiencing illness or celebrating wellness
- Centers for health care and medicine providing education and resources for health care clinicians
- A robust and growing Jewish chaplaincy movement
- Jewish seminaries providing ever-growing pastoral education through coursework and field work
- Continued scholarly work in the field of Jewish bioethics through academic, centers for health care, and Jewish denominational leadership
- Opportunities for social action, social justice, and community organizing around health care policy, provision of and access to health care, and disease-specific education and resources

Together, this survey by the Kalsman Institute and the roundtable of Jewish leaders that they convened in February 2011 are intended to lay the groundwork for an emerging research field about Judaism, health, and healing.

## **4. Conclusion**

In sum, the field of Judaism and health is a vast field of scholarship that developed throughout history. Key concepts prevailed over time, some of which were perceived as imperatives of the Jewish community to care for those in need. A number of prominent concepts of Judaism and

health are outlined in this paper including a holistic approach to health that values body, mind, and soul, an obligation to heal, and the ever present focus on community and communal responsibility that extends beyond the Jewish community.

It is important to note that there currently is no definitive source of data about the health practices, health status and gaps in access to health care for Jews across the United States. The limited national studies that exist have been noted in this paper. The growth of the field of Judaism, health and healing is demonstrated by the increased programming in synagogues and Jewish communal organizations and the emergence of a nascent focused research field on Judaism and health.

## **Author**

Rabbi Nancy E. Epstein, MPH, MAHL, is Associate Professor in the Department of Community Health and Prevention at the Drexel University School of Public Health and has worked in the public health field for 33 years. Originally trained as a community health educator, she has held leadership positions in health policy and legislation, advocacy, community organizing, nonprofit management, and public health education. Her work has spanned a diverse range of topics, including health care for underserved communities, health insurance disparities, patients' rights in managed care, hunger, nutrition, physical and mental disabilities, and oral health. She served as Executive Director of the Texas Senate Committee on Hunger and Nutrition, Executive Director of the Disability Policy Consortium, Director of Health Policy and Programs for the Center for Policy Alternatives (a national nonprofit organization that worked extensively with state-elected officials across the U.S.) and consultant to the W.K. Kellogg Foundation's "Community Voices: Health Care for the Uninsured" Initiative. She earned a Master of Public Health degree from the University of North Carolina at Chapel Hill and a Master of Arts in Hebrew Letters, rabbinic ordination, and a chaplaincy certificate from the Reconstructionist Rabbinical College in Wyncote, PA. She has served on the Drexel University School of Public Health faculty for more than 10 years.

## **Reviewer**

This paper was reviewed by:  
Michele Prince, LCSW, MAJCS  
Director, Kalsman Institute on Judaism and Health  
Hebrew Union College - Jewish Institute of Religion  
3077 University Avenue  
Los Angeles, California 90007  
(213) 765- 2149

## Sources and Citations

### **Books**

1. Cutter, Rabbi William (editor), *Midrash and Medicine: Healing Body and Soul in the Jewish Interpretive Tradition*, Jewish Lights Publishing, 2011
2. Cutter, Rabbi William (editor), *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health*, Jewish Lights Publishing, 2007
3. Dorff, Rabbi Elliot, *To Do the Right and the Good: A Jewish Approach to Modern Social Ethics*, The Jewish Publication Society, 2002
4. Dorff, Rabbi Elliot, *Matters of Life and Death: A Jewish Approach to Modern Medical Ethics*, The Jewish Publication Society, 1998
5. Feldman, David M., *Health and Medicine in the Jewish Tradition*, The Crossroad Publishing Company, 1986
6. Freeman, David and Abrams, Rabbi Judith (editors), *Illness and Health in the Jewish Tradition*, The Jewish Publication Society, 1999
7. Jacobs, Rabbi Jill, *There Shall Be No Needy: Pursuing Social Justice through Jewish Law and Tradition*, Jewish Lights Publishing, 2009
8. Teutsch, Rabbi David, *A Guide to Jewish Practice: Community, Gemilut Hesed, and Tikun Olam*, Reconstructionist Rabbinical College Press, 2009
9. Teutsch, Rabbi David, *Bioethics: Reinvigorating the Practice of Contemporary Jewish Ethics*, Reconstructionist Rabbinical College Press, 2005
10. Zoloth, Laurie, *Health Care and the Ethics of Encounter: A Jewish Discussion of Social Justice*, University of North Carolina Press, 1999.

### **Articles, Book Chapters, and Reports**

11. Benjamin, Maureen, et.al. "A Local Community Health Survey: Findings from a Population-based Survey of the Largest Jewish Community in Chicago," *Journal of Community Health*, Vol. 31, Number 6, 2006, pp. 479-495
12. Dorff, Rabbi Elliot, "Judaism and Health," *Health Values*, Vol. 12, Number 3, May/June 1988, pp. 32-36
13. Dorff, Rabbi Elliot N., "Paying for Medical Care: A Jewish View", *Kennedy Institute Ethics Journal*, Vol. 7, Number 1, 1997, pp. 15-30
14. Friedman, Rabbi Dayle, *Gearing Up for the Age Wave: A Guide for Synagogues*, published by Hiddur: The Center for Aging and Judaism, Union for Reform Judaism, date not noted

15. Hirsh, Rabbi Richard, "Reflections on "Healing" in Contemporary Liberal Judaism", *The Reconstructionist*, Vol. 63, Number 2, Spring 1999, pp.16-25
16. Levin, Jeff, "Health Impact of Jewish Religious Observance in the USA: Findings from the 2000-01 National Jewish Population Survey," *Journal of Religion and Health*, published on-line, April 19, 2011
17. Levin, Jeff and Prince, Michele, "Judaism and Health: Reflections on an Emerging Scholarly Field," *Journal of Religion and Health*, published on-line, May 12, 2010
18. Praglin, Laura, "The Jewish Healing Tradition in Historical Perspective", *The Reconstructionist*, Vol. 63, Number 2, Spring 1999, pp. 6-15
19. Prince, Michele, "Judaism, Health and Healing: How a New Jewish Communal Field Took Root and Where It Might Grow", *Journal of Jewish Communal Service*, Vol. 84, Number ¾, Summer/Fall 2009, pp. 280-291
20. Prince, Michele and Adi Bodenstein, "*A Program Assessment: Exploration of the Field of Judaism, Health and Healing through Program Review and Key Stakeholder Interviews: A Report by the Kalsman Institute on Judaism and Health*", Winter 2011
21. Sered, Susan, "Healing and Religion: A Jewish Perspective," *Yale Journal for Humanities in Medicine*, published on-line, January 28, 2002
22. Silverman, Gila, "A Public Health Perspective on the Religion-Health Connection," self-published, May 2005.
23. *The American Jewish Elderly: Report Series on the National Jewish Population Survey 2000-01*, published by United Jewish Communities, October 2004
24. *The National Jewish Population Survey 2000-01: Strength, Challenge and Diversity in the American Jewish Population*, published by United Jewish Communities in cooperation with the Mandell L. Berman Institute – North American Jewish Data Bank
25. The reports of the Pew Forum U.S. Religious Landscape Survey can be found at <http://pewforum.org/US-Religious-Landscape-Survey-Resources.aspx>