

### *Tazria-Metzora*

מִיָּמֵי שִׁבְעַת וַטְמְאָה--זָכַר וַיִּלְדָּה, תִּזְרַךְ יַעַ כִּי אִשָּׁה

Leviticus 12:2 ...*if a woman at childbirth delivers a son, then she will be impure seven days*



The chapters prior to Tazria and Metzora discuss the rules of Kashrut, telling us that we can be impure when certain things enter INTO our bodies. Conversely, these two *parashiot* focus on the ways we can become impure when certain things come OUT of our bodies.

We read about swelling, scaly rashes, skin discolorations, boils, discharges, and fungal growths. The infected person is quarantined in what seems a safety measure for both the afflicted and the community. Continually checked and cared for by the priest, when the person is finally deemed safe enough to reenter the community a special ritual is enacted.

It seems strange that this litany of conditions that make us unclean begins with a woman who gives birth (12:1).

It gives the impression that in ancient times, people believed that the very act of a child exiting the womb would cause a woman to be impure. Considering the fact that childbirth was once (and in some places of the world still is) considered quite dangerous and potentially life threatening to the mother, perhaps it makes sense that a woman would be isolated; when it was clear that she would survive the dangers of childbirth she would make offerings through the priest before reentering the community.

Israel's community leaders in charge of health matters are no longer priests. Instead there is a governmental system tasked with ensuring the safety of individuals and the communities in which they live. This system, called *Kupat Holim* (The Sick Fund) was a consequence of an injury sustained by an agricultural laborer in December 1911. Almost immediately, a medical organization was established based on the principle of providing a mutual/benevolent assistance to all laborers. In 1920, the Histadrut united several individual clinics scattered throughout the *Yishuv*, called *Kupat Holim Clalit* (General Sick Fund) of the Hebrew Laborers in Eretz Israel. For minimal monthly membership laborers were covered fully for any injuries or illness.

The General Sick Fund currently has over 1,400 clinics, 14 hospitals, more than 450 pharmacies, 40 centers for children's health, 40 separate centers for women's health, and more than 90 emergency centers. In addition to these health care facilities, there are clinics known as *Tipat Halav* (Family Centers) with specific focus on maternal, infant, and early childhood health. The health bureaus in each community operate the 58 *Tipat Halav* centers scattered throughout Israel. Their on-line help site and in-person services are available in 6 languages: English, Hebrew, Arabic, Spanish, French, and Russian — a testament to Israel's public health care accessibility for all of its citizens.

For women's health, Israel's public insurance is comprehensive. The plans cover preventive care such as prenatal monitoring, maternal wellness, postpartum care, mammograms, and reproductive health as well as more elective and individual issues like fertility treatments and management of specific conditions. Not surprisingly, the Israeli system was slow to cover forms of contraception. However, there are feminist and civil rights organizations — including the policy-analyst organization Adva — which petitioned the Supreme Court. They asserted that the exclusion of contraceptives in the benefits package constitutes discrimination. With ongoing pressure from these groups, Israeli NHI has begun to cover certain methods of contraception for women.

While the system is not without some challenges such as adequate facilities and staff in remote communities serving minorities, most of the population of the country today has membership in either one of the Sick Funds and seven million citizens are treated regularly. The Ministry of Health is unequivocally committed to taking responsibility for the health of the general population.

Like our biblical ancestors, Israeli's health care concerns, including those of expectant mothers, are attended to with careful attention, as should be the case for those among us who are most vulnerable and who bring the promise of new life into the world. The assurance of the best possible care, by the best possible professionals, so that the least amount of time is spent in isolation, is as crucial now as it once was in ancient days.

### **Discussion Questions:**

1. Compare and contrast the way mothers are regarded in the Bible and today in Israel immediately after delivering?
2. How do you think religious values dictate the priorities for women's health care in Israel today?
3. The Zionist movement's concern for a healthy population derived from the ideology that a well cared for, healthy individual will be hard working and productive. How does that compare to the Toraitic and Talmudic laws governing health? Are they mutually exclusive?

### **Additional References:**

[Kupat Holim Clalit](#)

[Israeli Health](#)

[Mystical Medicine](#)