

THE REST OF YOUR LIFE

Finding Strength From Women in the Bible

BY DOUG BRUNK
San Diego Bureau

In the early 1990s, Dr. Shera M. Aranoff began studying the Hebrew Bible in her spare time and became struck by how often she read about the instrumental role of women in the history of the Jewish people.

"Most people think of the Bible as very patriarchal and that women didn't have much of a say or much of a place," said Dr. Aranoff, a dermatologist who practices in New York 3 days a week. "But if you read the stories, the men were busy fighting with their neighbors and talking to God. The women really determined the course of their nation's history; they propelled the religion to the next generation."

For example, she said, the great lawmaker and prophet Moses was constantly being saved by women—when a pharaoh demanded that all newborn Hebrew males be killed, Moses' mother, Jochebed, weaved a basket that transported him to safety down the Nile River. An Egyptian princess, Batya, rescued the infant downstream.

Later in life, God became angry at Moses for not having circumcised his youngest son. His wife, Zipporah, stepped in and performed the circumcision.

The impact of these and other women are the subject of a weekly "Women in the Bible" class that Dr. Aranoff teaches every Thursday morning during the academic school year at Kehilath Jeshurun, a synagogue in New York. Dr. Aranoff spends 10-15 hours every week preparing for each hour-long class, including reading the Bible chapter being studied and reading



Dr. Shera M. Aranoff teaches a weekly "Women in the Bible" class.

commentaries from ancient biblical and Talmudic texts about the relevant chapter, as well as outlining her own thoughts. She presents the information in a lecture format followed by an open discussion.

About 35-40 women from all walks of life attend the class, including physicians, psychologists, lawyers, publishers, homemakers, social workers, and real estate agents. "It's a way of looking at life and a way of living your life, because you can identify with these women in what they've gone through and what the really important things in life are," said Dr. Aranoff, who has conducted the class free of charge for more than 15 years. "The superficial things fade away; they just seem meaningless. It helps you keep your priorities straight."

Four years ago, her scholarship for the class resulted in "The Passions of the Ma-

triarchs" (Jersey City, N.J.: Ktav Publishing House Inc., 2004), a book that describes the women of Genesis—Sarah, Rebecca, Rachel, and Leah—based on traditional Jewish sources. Her more recent book, "Moses' Women" (Ktav, 2008), is a commentary based on traditional sources about the women in the book of Exodus, the second book of the Hebrew Bible.

In these books and in her classes, the women of the Bible "come alive in their commentaries as we enter their private lives to understand their innermost emotions," Dr. Aranoff explained. "Their thoughts, words, and actions are fleshed out and they become complex human beings exhibiting a full array of human passions—love, tragedy, and strength, as alongside their husbands, the Jewish patriarchs, they build the house of Israel."

Dr. Aranoff sets the tone for a friendly atmosphere that pairs intellectual rigor with a quest for spiritual meaning. "There's a feeling there that we're all seeking together, we're all learning together and trying to understand God and religion in the world and in ourselves," said Dr. Barbara A. Kapelman, who practices gastroenterology in New York.

She said that studying the main character in the Bible's Book of Ruth resonated with her. The story tells of Elimelech, his wife, Naomi, and their two sons, who move from Bethlehem to the nearby country of Moab to escape a famine. Once they settle in Moab, Elimelech dies, Ruth marries one of the sons, and Orpah marries the other.

The sons subsequently die and Naomi decides to return to Bethlehem. She instructs her daughters-in-law to return to

their own mothers and to remarry. Orpah leaves, but Ruth remains loyal to Naomi and utters the line, "Where you go I will go, and where you stay I will stay. Your people will be my people and your God my God."

"The eventual story is that Ruth becomes the great-grandmother of King David," Dr. Kapelman said. "So she is blessed for her loyalty and kindness to her mother-in-law by becoming the ancestress of King David. There's a beauty and gentility about that story that I like."

For her part, Dr. Aranoff said that all of the work she has poured into the class has led her to conclude that many things in life "are predetermined—if you're a religious person you'll say by God, if not you'll say by your DNA. [But] the only attribute that makes us truly human are the choices that we make. Those choices make us who we are, not whether you're rich or poor, or whether you're born brilliant or blind. What you get credit for are the choices that you make in your own life. Those choices determine who you are. That comes out over and over again." ■

By Doug Brunk, San Diego Bureau

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LAW & MEDICINE

Universal Coverage: How to Get There

Last month, I discussed the universal health coverage proposals offered by the presidential candidates. Now let's look at two areas that could help us figure out how to get there: universal health care systems in other countries, and how America's one universal coverage-type program—Medicare—came about.

Earlier this year, PBS broadcast "Sick Around the World" as part of its "Frontline" series, focusing on the health care systems in the United Kingdom, Taiwan, Germany, Japan, and Switzerland. Taiwan's system is based on the Canadian-style national health insurance model, in which private practices are paid by the government; the United Kingdom is the paradigm for the socialized medicine model, in which physicians are salaried government employees; and the other three systems are based on the German model, in which workers pay into "sick funds" to

receive coverage from private insurers, and those who can't afford to pay are subsidized by the government.

These plans function fairly well, and their citizens don't pay for health care (at least not directly, though the taxes in these countries are considerably higher than in ours). Insurers are not expected to make a profit.



BY MILES J. ZAREMSKI, J.D.

Whatever the system, each country's premise is the same: Everybody has a right to health care. The money to correct what ails the U.S. system (an estimated \$100 billion) is the equivalent of how much the government is spending in half a year in Iraq, according to Princeton University economist Uwe Reinhardt, Ph.D.

But how would we convince Americans that health care for all is worth the cost? Some clues might be found in considering the way in which another costly health program—Medicare—advanced

through the halls of Congress. Opposition was everpresent (particularly from organized medicine via the American Medical Association), and it took 8 years and 80 revisions from the introduction of the original bill in 1957 until Medicare became law in 1965.

The preamble to a piece of congressional legislation, the 1966 Comprehensive Health Planning Act, states, "The fulfillment of our natural purpose depends on promoting and assuring the highest level of health attainable for every person."

Once all parties signed on to the idea that seniors needed help in paying medical bills, the question became which mechanism to use—government subsidies, direct government payments, or health insurance financed and administered through Social Security. The latter option prevailed, but these options all sound familiar to what we hear from our presidential candidates today regarding universal coverage.

This pundit has another suggestion: Why not provide a basic layer of health protection for all Americans funded with taxpayer dollars, with any additional cov-

erage paid for by the individual, the employer, or both through the private sector? In this way, every citizen will be guaranteed a certain level of health care, while letting market forces take care of levels of health care above a certain floor. This represents a blending of what presidential candidates Sen. John McCain (R-Ariz.) and Sen. Barack Obama (D-Ill.) have advocated.

If there is a recognition that Americans are entitled to health care, Sen. Obama and Sen. McCain would do well to learn from the past endeavors that made Medicare possible and from the programs that exist in other countries. If we fail to learn from history, we are bound to make the same mistakes. Our nation can ill afford to make these mistakes when we consider the present state of the crisis in availability and accessibility of health care in our country today. ■

MR. ZAREMSKI is a health care attorney who has written and lectured on health care law for more than 30 years; he practices in Northbrook, Ill. Please send comments on this column to imnews@elsevier.com.