

Tazria 5768 Community and the Individual

Shabbat Shalom.

I have a lot of *rahmanus* – compassion for op-ed columnists. Writing two or maybe three columns a week is challenging. That sympathy comes from my own experience writing *divrei* Torah and sermons; it's not always easy.

So, this Shabbat I will share a little secret. I like to test my ideas during the week. Sometimes I will deliver a dvar Torah at a meeting that's really a test-drive for Shabbat. That experience helps me fine-tune and clarify a topic or perspective. Sometimes, I share an idea with a family during the Bat-Mitzvah interview, giving them a sneak preview.

Though, when I met with the Skerkers a couple of days ago, I have to confess, I did not yet have a direction, and then Jenny bailed me out! Thank you Jenny!

During our conversation, she asked me about the point of this parashah. Since it is filled with details about skin ailments that our current medical knowledge renders mostly irrelevant, why do we read it?

A fine question indeed.

In my office, I shared that we read this section – as well as many other seemingly irrelevant, wrong or even problematic sections of the Torah – because its meaning is not found simply in its *peshat* – in the simple meaning of the text, but in the interpretation of that text. Thus, for generations our people have interpreted this parashah in many different

ways, and we continue to read it and re-interpret it. In addition, its sanctity goes beyond its words to the sacred act of a people around the world reading the same text each year for thousands of years.

So, what are these new interpretations and understanding of this parashah?

Allow me to share a few.

First, this parashah has been utilized by our rabbis as a springboard to discuss how we speak, *lashon hara* – gossip and slander. Since in another passage in the Torah, Miriam comes down with leprosy, having previously made a negative statement about Moshe's wife, skin ailments are associated with slander. This then becomes an opportunity to remind ourselves about how we speak about each other and the need to be extremely careful in the words and ways we choose to speak about each other.

Second, we learn some basic practices of ancient medicine. We see an ancient quarantine system whereby the one with the skin affliction would be removed from the community. Perhaps this helped limit the spread of the contagious disease, though, as many have pointed out, that to truly slow the transmission of illness, merely removing the person from the camp is not sufficient. Contact with this person or being in his or her home should have been banned.

Third, we can learn from the role of the kohein, the priest. He was called upon not only in some quasi-medical role, but also as a spiritual

guide. The kohein was consulted to help determine the nature of the affliction, separate the ill from the camp, and, as we see in next week's reading, guide people back into the community with a purification ritual.

This gave the one who was ill an opportunity to share and heal – physically and emotionally. In these encounters, perhaps the kohein also served as a type of therapist to the one who suffered. We continue this practice today with *bikkur holim* – visiting the sick, bringing their meals and helping them as we do at Temple Emunah with our Hineini committee. It is also important to remember that, in ancient times, science and religion were one and the same. Thus, the priest served as a doctor, a spiritual presence and a holy person.

In his commentary of the book of Leviticus, Baruch Levine writes that the priest “combined medical and ritual procedures in safeguarding the purity of the sanctuary and of the Israelite community, which was threatened by the incidence of disease. He instructed the populace and was responsible for enforcing the prescribed procedures.”

It must have been a tough job. The kohein has to protect the one who was sick, but also had to look after the needs of the larger community. If he erred too much toward the one who was ill, he could leave the community unprotected and vulnerable to illness. And alternatively, if he focused on the community, he could leave a vulnerable person in worse shape.

This tension exists today. When I visit someone in the hospital, I am often asked to don protective clothing, sometimes for the one who is ill and sometimes to protect me and the rest of the hospital. These additional layers make visiting difficult and can often increase the psychological isolation that one feels in a setting like a hospital.

Looking at these explanations, we can see a meta-issue, a thread that unites all these explanations – defining the boundaries of a community while giving space for the needs of the individual.

As Jenny pointed out in her d'var Torah, our needs can come into conflict with the larger community. So, how do we weigh those needs versus the needs of the larger community?

This same tension exists in all communities and even on festive moments, not only in the domain of illness. In fact, it is played out right in our shul on a regular basis as it was this morning. How do we balance the needs of a family versus the community? Our practice of having three aliyot reserved for the rest of the shul on every Shabbat, even on one when we celebrate a **Bat-Mitzvah**, speaks to that commitment to carve out space for the community during a family's special Shabbat. While I think we create a unique environment where one can celebrate a Bat-Mitzvah, the family reciprocates, providing a Kiddush for the larger shul community.

Another example comes from the opposite emotional pole: mourning. While the mourner sits shiva in her or his own home and the community is supportive, providing help, support, food and a minyan,

shiva stops on Shabbat. The mourner is asked to leave the home and be a part of the shul and the larger community. Similarly, when the mourning period runs into a holiday, it is cut off.

In essence, the needs of the community to be joyful on a holiday come into conflict and, yes, they even take precedence on some level over one's sadness. This is difficult for us as modern thinkers who were raised in a culture that has accepted John Stuart Mill's and others' notions of liberty and individual rights. Our society and country places the greatest value on "liberty and the pursuit of happiness" – each person's own happiness.

Of course this individuality now dominates American religious life. Arnie Eisen and Steven Cohen have characterized this approach as the Sovereign Self – we all choose how we will live, feeling less obligated to a communal standard or norm.

While Judaism does not deny our right to our own pleasure and happiness, it does limit it. The individual is subservient to the needs of the community. The fragility of the joy the community's needs on a holiday is real and thus the community places demands on the mourning period so that the holiday can be experienced.

That is not to say that we do not compromise – we do. In the case of mourning, we come to shul for davening, but often do not stay for Kiddush if we are not comfortable and find ways of holding shiva or a *yom*

nehamah, a day of comfort – a shiva-like day during or after a holiday to give the mourner more comfort.

Parashat Tazria leaves us with a clear value judgment – the kohein dealt with the disease in a way that prioritized the rights of the community over the individual. Segregating the one who was sick was a health matter and served a practical purpose, but it also represented a model that the spiritual health of the community must be protected.

Our modern world preaches a radical individualism that is different from our tradition. Judaism teaches that we are part of long chain of history spanning millennia and continents. And yes, it considers the links less important than the chain itself.

As we see from the Torah, it was the kohein who had to make these difficult choices about quarantine. As Judaism evolved, it became different leaders, eventually the rabbis, who had to make tough choices vis a vis the balance between the needs of the one versus the many.

Jewish law is filled with these scenarios and the leaders' attempts to navigate these challenging waters. While we do not find the tradition ignoring the individual, there is the realization that the individual's concerns cannot always win the day. I think it's clear that caring for the individual is a priority – think of the mitzvot: take care of the orphan, the widow and the stranger – always protect the most vulnerable. We have always been concerned about those on the margins, those who suffer from physical or emotional illnesses.

While we should never give up our commitment to individuals, we should always understand the implications of our decisions.

There is one last point that brings this parashah all together for me – the rabbis of the midrash do a word play of the skin ailments – skin is *‘or* – *ayin, vav, reish*, and light is *‘or* – *aleph, vav, reish*. This is picked up by the *Sefat Emet*, Rabbi Yehudah Leib Alter of Warsaw, a great Hasidic leader, who reminds us that the key to this parashah is that the kohein should look not only at the person’s skin, but, more importantly, at their inner light – their *‘or*.

Just as sometimes the needs of the people are more important than the needs of one, the *‘or*, our inner light, is more critical than our outer skin. Let that light remind us of how connected we all are to each other.

Shabbat Shalom.