

★ A FOCUS ON HEALING ★

Prayers for healing



BY ALDEN SOLOVY

Quick Prayer for Healing

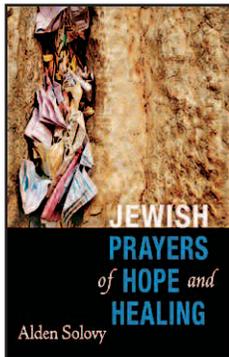
G-d of love,
Cast the light of health and well-being
On the injured, the infirm and the insecure,
All who yearn for Your healing hand.
Bless them with healing of body
Healing of soul
And healing of spirit.
Grant all in need a full
and complete recovery.
Blessed are You, *Adonai* our G-d,
Source of Life.

R'fuat HaNefesh

G-d of the spirit,
G-d of the soul, the breath and the wind,
Look with kindness and favor on _____, (name)
My [father /mother / sister / brother / son /
daughter / friend / husband / wife / partner]
Whose heart aches,
Crushed and fallow,
Whose heart yearns,
Empty and broken.
G-d of the *nefesh*, *ruach* and *neshama*,
Guide his / her soul
Back to wonder and mystery,
Sacred moments and glorious days,
So that he /she knows the power of Your love
And the wisdom of Your word.
May his / her soul shine,
A light and blessing
For our people Israel.

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Alden Solovy spreads joy and excitement for prayer. A poet and liturgist, his work has been used by people of all faiths throughout the world, in private prayer and public ceremonies. He's written nearly 500 pieces of new liturgy, offering a fresh new Jewish voice, challenging the boundaries between poetry, meditation, personal growth and prayer. He's a teacher, a writing coach and an award-winning essayist and journalist. Solovy has



Two great tribes



BY RABBI DAVID WOLPE

There are two great tribes in the world – the sick and the well. This is why I think spirit unites both.

A faint dark scar runs down my arm. It is a reminder of the day the chemo line split and the poison ran free.

Sitting in the chair at the center I was constantly struck by the radical break between our sense of ourselves as bodies and our sense of ourselves as spirits. The cancer was, after all, my own cells multiplying inside myself, as if seized by a wild urge to grow beyond my own bounds. So it would seem to be all about the body. And yet illness often spurs us to consider our souls, as if in the act of being sick the body becomes somehow less important. As my hair fell out and the weight slid off, I felt more like a spirit than sinew, essence overriding anatomy.

I prayed but for strength. I've never been one to believe in the magic potency of prayer, as though mouthing certain formulas spares you from tragedy and the poor guy in the hospital in bed six, who neglects to say anything, is swept away. Rather, prayer for me is what was beautifully described by the 17th-century rabbi Leona Medina: If you watch a man out on a boat grab a rope and pull his boat to shore, you might think that he was really pulling the shore to his boat. People have the same confusion about spiritual

been named 5th Liturgist-in-Residence at the National Havurah Committee's Summer Institute 2015 taking place August 3–9, at Franklin Pierce University in Rindge, New Hampshire. Go to: <http://havurah.org/institute>.

Originally from Chicago, Alden has led writing workshops for adults, teens and pastoral care counselors in the United States and in Israel. He would love to come to your synagogue. For more information, check out his website: www.tobendlight.com.

Also join the To Bend Light Facebook page and follow To Bend Light on Twitter to get announcements about new prayers and stories posted, as well as (almost) daily mini-prayers. Here's a link to find out more about his book, Jewish Prayers of Hope and Healing: <http://tobendlight.com/book-jewish-prayers-of-hope-and-healing>. (Watch for upcoming book review.) ★

weight and motion. In prayer, some believe that you are pulling God closer to you. But in fact, Modena taught that prayer pulls you closer to God.

However you conceive of God, in sickness God can be thought of as the source of that strength that helps you endure. There is more to the trial than pain and fear. Sickness brings with it boredom, the condescension and confusion of others and the indignities of a thousand pokes and prods. The sameness of each day is allied to its uncertainty. You need to be as strong for the mundane as you do for the moments of drama.

I have undergone two neurosurgeries (for a brain tumor and then to fix a problem with the original surgery, six years later) and chemotherapy for lymphoma. This is what I have learned: There are two great tribes in the world, the sick and the well. We cannot completely understand each other. Each has its frustrations and fears. But for moments, in meditation, in prayer, in tears, we can join across the divide and see that each is part of the inevitable human fate. We have all been well and will all be sick. A universal cord binds us all, and sickness' twitch upon that string ripples through the whole. One more thing I have learned: The wretchedness of the body need not lead to impoverishment of the spirit.

So in prayer, in fellowship, in friendship, in community and in self-realization, sickness carries its blessings. They are blessings we do not choose, blessings we would not choose. But there are human angels of healing and large-hearted people whose empathy and goodness renew one's faith in our ability to transcend division. There are resources in the soul – in your soul – that you cannot begin to imagine if you have not been seriously ill. But we are more than we imagine.

Whether we call it God, Spirit, Oneness, what you will, we can reach beyond ourselves to whatever exists. If we are blessed on our journey we will grow closer to others, to what is best in ourselves and to whatever mystery rolls through the universe, touching our lives in scary yet sacred moments.

Voted #1 rabbi in America by Newsweek (2012) and named one of the 50 most influential Jews in the world by The Jerusalem Post (2012), Rabbi David Wolpe is the senior rabbi of Temple Sinai in Los Angeles and author of several books including most recently David: The Divided Heart. From Reimagine, The Magazine: <https://reimagine.me/magazine/> March 26, 2014. More by him at www.facebook.com/RabbiWolpe. ★

Our Health, Our future



BY LISA E. HARRIS, M.D.

The following is an excerpt of a speech given from the pulpit of Congregation Beth-El Zedeck in Indianapolis on Sept. 6, 2014 at the Bat Mitzvah of Ella Eskenazi.

I have always admired the Jewish tradition for its focus on social responsibility, for the deep sense of personal obligation and humanity's shared responsibility, encompassed in the Hebrew phrase *Tikkun olam*, to heal, repair and transform the world, leaving it a better place for our brief presence in it.

So, though I had certainly heard the rhetoric – “if not us, who, if not now, when,” – I wasn't surprised to learn from the Rabbis Dennis and Sandy Sasso that it originated with Hillel the Elder, one of the most important leaders in Jewish history, who put it like this:

“If I am not for myself, who will be for me? If I am for myself alone, what am I? And if not now, when?”

When Rabbi Dennis Sasso spoke these words as he and Sandy explained to me how the *Bat Mitzvah* signals the age of moral discernment and therefore moral responsibility – of higher obligation and accountability for one's actions – he sent chills up my spine.

These words resonate powerfully with me from many perspectives. The one I want to focus on this morning, though, is not only the notion of personal responsibility for one's own health, but our responsibility for the health and vitality of all those living within our community – and the good that can transpire from taking on that responsibility.

Because good health provides the foundation for everything else we aspire to individually and collectively.

If I am not for myself, who will be for me?

The notion of personal responsibility for health and the powerful impact that personal decisions and behaviors have on health and wellbeing is at the core of our approach to care at Eskenazi Health. Because we know that if we wait until the point at which we're treating chronic disease, we have only a 10% opportunity to reduce the risk of premature death.

That's right. 10%.

The biggest opportunity, 50%, lies in personal lifestyle – good nutrition, and regular physical activity, but also connection to nature, social connection, and strong ties to family, friends and community.

Another 20% lies in the environment – clean air and water, certainly, but also safe workplaces, homes and roads, a built environment that enables good health behaviors, for example, easy access to healthful foods and sidewalks that are in good repair.

The remaining risk lies in the genetic blueprint we're born with. However, only about 2 percent of deaths in the US can be attributed to purely genetic disease and even for a problem like obesity, for which almost two-thirds of the risk may be genetic, the risk is almost entirely controllable by lifestyle choices.

So close to 90% of the responsibility for health is on us. The biggest opportunity for living a long, vibrant life lies in our daily habits.

And to give you a sense of the power that lies with the personal choices we make:

A while back we were part of a national study that randomly assigned half of a group of patients to 30 minutes of daily exercise and a low-fat diet and the other half to a drug used to treat diabetes, to see which approach was most effective in reducing the risk of diabetes. The study was stopped early because it would have been unethical to continue, given that the participants receiving the medication were not benefitting from the dramatically better outcome experienced by the group receiving the lifestyle intervention: exercise and diet reduced the risk of developing diabetes by 60%!

“The biggest opportunity for living a long, vibrant life lies in our daily habits...good nutrition, and regular physical activity, but also connection to nature, social connection, and strong ties to family, friends and community.”

There really isn't much we can do in terms of treating disease that has anything close to this powerful an effect.

This is why we see it as our responsibility not just to take care of you when you're sick or injured, but to do everything we can to help you stay well in the first place. And it's why we spend a lot of time working to help create and support the kind of environment here in Indianapolis that makes good health possible for everyone living in our community.

It's why we offer free personalized health coaching throughout our primary care practices and it's why, within a few months, we'll have the capacity to download the data from personal fitness tracking devices right into our patients' medical records, so that physicians can monitor not only the usual weight, blood pressure and heart rate, but also physical activity, one of the most important contributors to health.

But it isn't only about being active and

eating right, it's about connection to nature, a rich cultural and spiritual life and, perhaps most important, social connection – caring for each other.

To have the kind of effect we need, though, if we're going to have a community that supports the quality of life we all want, that connection, that caring, has to extend beyond the familiar network of family and friends, it has to reach across the breadth of our community.

“If I am for myself alone, what am I?”

We are also responsible for the well-being of our neighbors.

Over the past several decades, though, there's been a widening gulf between the “haves” and the “have not's.”

And that's a big problem, not only for those who are left behind, but for everyone living within our community, because we are all affected by the consequences of poverty; increasing crime, resources directed toward a growing burden of chronic disease and away from education and creating the kind of environment that enhances quality of life for all.

Rather than allowing the social separation that can come with widening income inequality, we need to stick together, engaged in dialogue, reaching across social and economic divides in the interest of greater mutual understanding and support. We can't very well repair the world if we're oblivious to where it's broken.

By way of example, let me tell you what played out at Eskenazi Health: Blackburn, one of our inner-city health centers, a couple of weeks ago.

It was 7:00 in the evening; everyone had left for the day, when the burglar alarm went off. One of our security guards responded, finding a young black male with a tablet computer under his arm at the back door.

As he approached the young man, an older brother ran out of a house across the street, accompanied by several of his friends.

There was a lot of posturing.

Our officer called for back-up, and soon there was quite an assembly. Tensions were high in that parking lot.

This could have gotten ugly, and if it had, you likely would already have heard the story. But that's not what happened. As it turned out, one of the individuals responding to the call for back-up was Kelley Hayworth, a member of our security staff, who was on his way home when he got the call. He recalls that the thought on his mind, as he turned his car around was: “this can't go bad.”

It didn't.

What ensued was an interaction between Kelley and the young man's older brother, in which Kelley worked first to defuse the tension and then orchestrated

a dialogue that acknowledged mutual concern for the safety and well-being of those living in the neighborhood, appreciation and respect for all those working in the interest of the neighborhood and the need to understand the importance of the roles each played. Eventually, everyone went home.

And what do you think the young man was doing with a tablet computer outside our health center?

His homework.

His home didn't have internet access, so he was tapping into our wi-fi. (We're working to amp up the signal so it reaches a little farther.)

Kelley and I talked about this after I'd heard the story several days later. One of his main reasons for wanting to make sure things went well is that he didn't want anyone in the neighborhood surrounding Blackburn to feel as though they couldn't turn to us in the future for care and understanding. I love how, as a security guard, he unassumingly embodies the most important values we hold as an organization.

This capacity for compassion and understanding is especially important to us because of one of the singular roles we play in our community. Yes, we care for faculty members and their families, business leaders and philanthropists. But, as a level 1 trauma center, we also care for victims of violent crime.

And, in the past, it was the case that if an individual survived being shot or stabbed the first time (as most do), there was a 32% chance that they would return within 2 years, again a victim.

We thought it was a problem that these individuals were on first-name basis with our trauma surgeons, so we started Project Prescription for Hope, hiring a couple of individuals, who had themselves at one time been caught up in the web of violence, but who had done the hard work of putting themselves on another path.

They began working with these victims in the context of their social milieu, their families, their gangs, to address the factors that got them headed down this self-and-community-destructive path and, within a couple of years, we had reduced the rate of violence recidivism from over 30% to less than 5%.

The program has many components, one of which is a group-based anger management program similar to the alcoholics anonymous sponsorship approach. When the first group of individuals had managed 9 months without an outburst of violence among them, we asked them what they wanted to do to celebrate. Within reason, pretty much anything was on the table.

What did they want to do? They wanted to go to King's Island.

They're not thugs. They're kids.

They don't need to be locked away. They need our understanding and our help "If not now, when."

Well, getting back to the notion of personal responsibility for health, Ella, for you and all of your friends, though it's never too late, now is the best time to establish those daily habits.

Eat your fruits and veggies, stay away from the junk (you know what that is!) – get moving! Find ways to get out into nature – spend time with your family and friends, get these habits set now and they will help you all through your life.

(That's not to say, though, that you all shouldn't enjoy the Candy Bar at the Children's Museum tonight – a party, after all, is a party!)

For that notion of our broader responsibility, there's a sense of urgency.

We're faced with an epidemic of obesity and related chronic illness that's consuming enormous resources, resources that could otherwise be spent on education, on investment in the public infrastructure that enhances life for all of us. Just this week, the IJB reported that Indiana is spending \$585 more per person annually on health care than is spent, on average, across the US.

Indianapolis was recently ranked #2, behind Seattle, among US cities in terms of cultural activities and attractions per capita, but everything we've achieved in recent years is at risk because of the alarming upsurge in violence that has its roots in poverty, lack of investment in early education, and the social support necessary throughout childhood and adolescence, without which the result is social drop-out.

At the same time, though, positive momentum builds within our city.

Think of the cultural trail, all the yellow bikes out there, the urban agriculture initiative. You have a great example, Ella, at the Legacy Center where the Patatruck is based. What a great opportunity the Patatruck project and the urban gardens that are springing up around Indianapolis offer for bringing us together in the interest of broader engagement and understanding across the breadth of our community.

Who knows where what you're doing to help the children there might lead?

The SkyFarm on top of our outpatient care center, where we're now harvesting over 100 pounds of produce a week, had its roots in a greenspace on our old campus where employees tended small plots of ground. Who would have imagined?

We developed our entire campus to contribute to the positive momentum growing within our community.

Because we believe that our campus,

with patients, staff, faculty and medical students coming from all corners of the globe and all walks of life, represents one of our community's most diverse intersections. So we developed the Commonground at the heart of our campus as a space where all are welcome and all are celebrated, a space that increase the likelihood of coming together across the broad social landscape.

And we are grateful to your family and so many others across our community for the generous gifts that allow us to carry on our long legacy of caring for everyone within our community, and now in an environment deliberately designed to lift the spirits both of our patients and those who care for them.

Central to this healing environment is a public art program, one of my favorite pieces of which is a sculpture comprised of intertwining ladders made of Indiana maple. The artist, Aaron Stephan, named it "Paths Crossed," for the ways our lives intersect on our various paths from health to the challenges of illness and back to health again.

The message that Aaron is conveying with his art is the same message that Kelley delivered in the parking lot behind Blackburn: the business of caring and support doesn't go just one way – we all bring resources to the mix – we all have something to give and to learn.

Ella, you come from a religious tradition that asks big questions, questions that are as important today as they were nearly 2,000 years ago.

"If I am not for myself, who will be for me? If I am for myself alone, what am I? And if not now, when?"

And you are fortunate to come from a family that strives to live by example the answers to those questions.

Take good care of yourself. Figure out what you can do to take good care of your world and do it. It's waiting for you.

Dedicating her career to improving health care for vulnerable and underserved populations, Lisa E. Harris, M.D., has practiced medicine for 30 years at nationally recognized Eskenazi Health (formerly Wishard Health Services). Today, Dr. Harris serves as Eskenazi Health's chief executive officer (CEO). In addition, Dr. Harris is engaged in research and teaching as the John F. Williams, Jr., M.D. scholar; associate professor of medicine; and associate dean for the IU School of Medicine.

Annabella Morris Eskenazi (Ella) is the daughter of David and Julie Eskenazi, and the granddaughter of Sidney and Lois Eskenazi and Sally and Jerry Sussman. In June 2011 Sidney and Lois Eskenazi provided a \$40 million gift to the Eskenazi Health Foundation to build new hospital facilities in downtown Indianapolis. ✨

Vital Conversations

By DENNIS ROSEN, M.D.

Excerpt from Vital Conversations: Improving Communications Between Doctors and Patients



I was about three hours into call at the neonatal intensive care unit (NICU) in Kaplan Hospital, Rehovot, Israel, when my pager went off. Marina, the obstetrics resident covering the delivery room, was calling to let me know that there was a twenty-five-year-old woman who was six months pregnant with twins and now in active labor who would probably deliver within the next hour.

"You'd better call your attending at home and tell her to come in," she said. "I'm sorry, Dennis. You're not going to get much sleep tonight."

She was right.

Forty minutes later my attending and I received the twins, immediately inserting straw-sized endotracheal tubes into their windpipes right there in the delivery suite, and spraying surfactant into their immature lungs to help them breathe. We then placed them inside the pre-warmed incubators and rolled them back to the NICU for further care. After we had transferred the babies to the open-air incubators in the NICU, we worked on stabilizing them for the next ninety minutes or so, until I felt comfortable stepping away to provide an update to the family waiting outside.

Stepping through the accordion-like partition that served as the door between the NICU and the Newborn Unit, I saw about fifteen people. Half a dozen men were deep in conversation, their *tzitziyot* (ritually prescribed fringes) dangling down from under their white shirts and the black velvet *kippot* (yarmulkes) on their heads identifying them as orthodox Jews. On the other side sat a group of women engaged in animated conversation about their own birth experiences and about whether or not they'd be able to celebrate a *brit mila* for the boy in eight days.

"*Heenay hadoktor higi'a!*" [The doctor has arrived!], exclaimed one of the women, and then, all at once, three of them stood up and made their way toward me. The other women and the men followed, forming a half-circle around me. A midsize woman who looked to be in her mid-forties wearing a dark kerchief on her

head, a red cardigan, and long patterned skirt (the twins' grandmother, it turned out) took center position, and asked me how the babies were.

It felt really good, standing there and telling them about all that my attending and I had done for the infants. I described how we had received the babies, intubated and ventilated them, and stabilized their breathing. I explained how we had given them medicines to keep their blood pressures steady. I reviewed with satisfaction the head ultrasounds we'd done, which did not show evidence of bleeding. I informed them that the girl had a heart murmur and that while we'd get an ECHO cardiogram to confirm, it was likely the result of a blood vessel that might close on its own, and that if it didn't, we might need to give her medicine to do that or even consider surgery. I felt so smart and important standing there and was really enjoying showing off my command of medicine to these people whose newest family members my attending and I had just saved.

For at least ten seconds after I finished speaking, they all just stood there, staring at me silently with unreadable expressions on their faces. Even now, I'm not sure what I was expecting to hear from them. Fawning admiration? A grudging concession that science was more powerful than religion, that Fanaroff's neonatology textbook trumped the Talmud? Applause? Whatever it might have been, that wasn't what I got. I was completely taken aback by the grandmother's next question:

"*Aval doktor, kama hem shoklim?* [But doctor, how much do they weigh?]"

The more time I've spent with patients and their families, the more I understand what it says about much of the "dialogue of the deaf" that all too often passes for communication between physicians and patients. These people weren't stupid or disengaged from the modern world surrounding them. However, they were in no position to make sense out of the myriad data and facts I had just bombarded them with. The one measure of the newborns' well-being that they could relate to, the single most important piece of information they needed in order to contextualize the infants' condition within their personal and collective experiences and that they could share with others, was exactly that which I had neglected to provide them with: the infants' birth weight. If the babies weighed less than four pounds – and in fact, they weighed less than two pounds each – the *brit mila* would need to be postponed. All the rest could have been science fiction as far as they were concerned.

Dennis Rosen, M.D. is a pediatric pulmonologist practicing in Boston, and



Psalm 23

By REB ZALMAN SCHACHTER-SHALOMI, z"l

A David Song

Yah, my shepherd, you supply my needs; I don't ever feel deprived.

You feed me in the meadows; I am led to quench my thirst by a quiet stream.

You stir my soul and guide me gently through the thicket of right action; such is Your Fame.

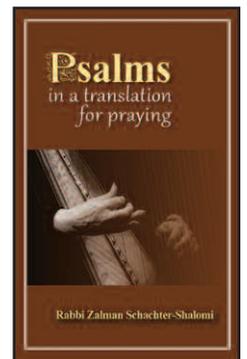
At times, I must make my way through dark and dangerous gullies, but because You are with me, I won't panic if I have to face evil.

Both Your rebuke and Your bracing support give me comfort.

In the presence of adversity, You set me a feast at which my anxious head is soothed and my thirst is amply slaked.

[Because You have invited me,] I affirm that only goodness and graciousness will manifest for the rest of my life, in which I will be always at home with You.

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