A. Meir

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Sh'ma

A JOURNAL OF JEWISH RESPONSIBILITY

Inside...

What should we do—and what does it mean—when a patient desires death?

Physician–assisted suicide

■Samuel C. Klagsbrun

I feel very much alone in the position I've taken supporting physician-assisted suicide. In a recent debate on CNN, following the decision of the 9th and the 2nd courts to allow for such an act, the current president of the American Medical Association, Dr. Lonnie Bristow, totally misunderstanding both the courts as well as my position, severely attacked the decision in a rather intense fashion.

In a panel discussion at the American Psychiatric Association Convention this past May, Rabbi Moshe Tendler, professor of Talmud at Yeshiva University and a Bioethicist, discussing Mr. George Delury's presentation of a paper describing his painful and courageous decision to help his crippled wife commit suicide, accused him of committing murder. He also accused two other doctors and myself who sued New York State to decriminalize physician-assisted suicide of having "bad souls" and ended up somehow connecting us with the doctor's at Auschwitz who participated in the selections.

My barely controlled, vigorous response must have hit a nerve since his retort was, "Dr. Klagsbrun, your God is not my God." My own rejoinder was, "Thank God for that."

Yes I feel very much alone.

My Journey To Understanding

How did I get here? Why is a psychiatrist involved in such a decision to start with? My hospital, Four Winds, is a psychiatric treatment facility for children, adolescents, adults and geriatric patients. It has absolutely nothing to do with terminal illness, hospice care or cancer.

The journey began over 25 years ago, ironically precisely because of my religious background and training. As a Jewish Theological Seminary graduate with a Bachelor of Religious Education degree, I've been very involved in keeping a patient's religious reaction to suffering as part of the treatment.

When I began 25 years ago consulting at St. Christopher's Hospice, London, my exposure to spiritual, physical and emotional suffering deepened. As my knowledge of pain management grew, my practice with cancer patients developed—and I began taking care of dying patients and their families.

When A Patient Seeks The End

It became painfully clear to me, that in the normal course of treatment, many patients were not receiving adequate care for their pain, and even when they were, a number were not able to respond to even very sophisticated palliative treatment and therein lay the dilemma. Suffering patients, after receiving the best of care, may still ask to be relieved of further suffering by requesting to die. In many cases as a result of their physical incapacity, they are not able to act on their wish

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to die without help, and they quite naturally turn to their doctor for help.

St. Christopher's Hospice in London, possibly the most sophisticated hospice in the world, by virtue of its total and comprehensive care, has to my knowledge rarely had to face this crossroad, the request to die. However, in settings where palliative care is woefully lacking, these requests are heard more frequently. Obviously, one way to deal with the problem is to dramatically improve the level of sophistication in palliative medicine everywhere—but the issue will still remain and face us, though in lesser numbers.

Strategies Of Mercy

Jewish tradition has been marvelously sensitive to the need for mercy within the law. Rabbinic Judaism has often come to the rescue in interpreting what might appear to be harsh demands of the law. The face talmudic reasoning has put on how we define a "rebellious son" who by law ought to be stoned to death, is so restricted, that no such person has ever been found. The interpretation of "an eye for an eye" defined as monetary compensation for that eye certainly speaks for sensitivity.

The most telling argument demonstrating talmudic wisdom and flexibility is expressed by the discussion around a suicide. Since it is forbidden to bury a person who has committed suicide in the community graveyard, the family is doubly punished, losing a loved one and not being able to mourn properly. The wonderful way around the dilemma was resolved by defining a suicide in such a way as to never be able to find such a case. A suicide is a person who announces to witnesses that he will climb to the roof and throw himself off in order to die. The witnesses are required to watch him jump. That is a suicide, all other cases are deemed as deaths for other reasons therefore being allowed to be buried in the community graveyard with all proper rites (Tractate "Mourning", chapter 2, paragraphs 1–4).

Seeking The Voice Of Mercy Today

This is the level of sensitivity which in facing current medical practice I long to find in our tradition. My sense is that it did exist as reflected by these early examples. Sadly, I do not believe that currently the courage is present in the religious community to struggle and grapple with these massively new and challenging dilemmas. Medicine has evolved so rapidly and our ability to artificially keep people alive is so vast that our religious and ethical leaders have not had sufficient time or exposure to adequately review these cases in order to arrive at a modern and relevant halakhic system.

My own reaction is that when I find myself at a bedside and the guidance system I seek is trapped in a previous era, I am left without a religious system because it has not kept pace with the problems current medical treatment has created. I cannot abandon my patients and

DR. SAMUEL C. KLAGSBRUN Is Executive Medical Director of Four Winds Hospital in Katonah NY.

You shelter them in the safety of your presence...,
In your sukkah, You shield them
from contentious tongues.
Psalms 31:21

May this year be a year of civility and healing both in language and in deed.
And may it begin in our own backyards.
Hag sameah — Happy Sukkot

Sh'ma A JOURNAL OF JEWISH RESPONSIBILITY

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September 20, 1996

I will do the best I can using my own judgment, facing the consequences. I fear that I will be alone for a long time to come. ♦

Death with dignity: an alternative model

■Shira Ruskay

I bring multiple hats and conflicting perspectives to my struggle with the issue of legalizing physician-assisted suicide. As a cancer survivor myself, I always imagined that I would be able to tolerate my own prolonged dying process only with the comfort of knowing that if I couldn't stand it any more, I wouldn't have to. The ordeal of dying in God's good time would be bearable only by the illusion of control, by the sustaining presence of a lethal vial of hoarded pills by my bedside.

Temperamentally predisposed to champion individual liberties and to maximize the confluence between practice and policy, I should have welcomed the recent federal appeals courts' decisions decriminalizing physician-assisted suicide as the final triumph in patient rights, a practice which is already clandestinely widespread.

However, to the erstwhile lawyer in me, it seems a caricature of civil liberties to create an inalienable right to have another help us choose the time and means of our deaths rather than be subject to the uncontrollable vagaries of nature. I was under the impression that our country's founding fathers created fundamental freedoms and inalienable rights in order to carve out a sphere of liberties which may not be infringed upon by a government of mortals. What hubris to presume that the Bill of Rights could protect us from God's infringement as well.

Can We Trust Our Judgment

And in this exercise of power hitherto reserved for the gods, how shall we define the parameters of when it is and when it is not appropriate for others to facilitate the current or advanced directive of the patient to commit suicide? Because of the enormous emotional, financial and caregiving burdens of waiting for the death of a loved one, almost all who are near and dear to the terminally ill are secretly somewhat homicidal—and just as assuredly feel guilty about it. This does not mean that the decision to help a loved one die is *not* in that loved one's best interests. But a pure strain of altruism is too rare to isolate, and inherent ambivalences contaminate the decision-making process.

In this era of managed care and increasing constraints on medical practice, what is the likelihood that the physician with the power to decide and to prescribe just the right toxic mix will take the time to explore the physical, emotional and spiritual suffering that may be behind a patient's request for help in ending her life? Mental health practitioners whose job description this is, struggle to be reimbursed for such luxuries. If anything, the terminally ill often feel abandoned by the medical system for whom their grim prognosis represents failure. What safeguards will adequately insure that the decision to assist in a suicide will *not* be powered by the financial and logistical difficulties of caring for our society's poorest, most symptomatic, most isolated and vulnerable?

The experience of the Netherlands where physician-assisted suicide is legal confirms the most pessimistic predictions that the practice would slide down the slippery slope of decreased, *pro forma* safeguards and ever broadening application, with abuses not uncommon. How can we legislate the requisite reverence and awe that should accompany this immediate, irreversible, mortal exercise of power over the mortality of another? The Talmud cautions: *Hakol biy'dei Shamayyim chutz mi'yirat Shamayyim* (Everything is in the hands of God except the fear of God). As even God cannot legislate trembling, I tremble that legalizing assisted suicide will ultimately corrode the sanctity of life and the integrity of the medical profession.

Interpreting Calls for Death

As a hospice social worker, I have come to cherish a vision of death with dignity that does not depend on a legal stash of deadly pills. When a person with a terminal illness expresses suicidal ideation—and I believe almost *all* terminally ill people have suicidal thoughts—it is symbolic communication. It should be the beginning of intimate inquiry, not a trigger to phone the pharmacy. It may be a way of saying, "I can't stand the pain." It may be a lament over the loss of control, the degradation of dependency, an apology for burdening caregivers. It may be a plea for the family's permission to discontinue aggressive treatment or to stop eating. Talk about suicide may be a coded wail of panic about being alone and abandoned. It can be a weapon used angrily against others or a cry for help in healing the brokenness that modern medicine can neither diagnose nor narcotize. The dying person needs someone to listen—deeply—as she

SHIRA RUSKAY, a former practicing attorney, is Social Work Coordinator of a large hospice in New York City where she is also in private practice.

struggles toward authentic articulation of personal meaning while confronting the ultimate existential chaos of the human condition.

Hospice holds out an alternative model of end-of-life care that challenges us to give physical, emotional and spiritual support to the dying person as she struggles toward a sense of personal dignity and integrity in the midst of dependency, physical disintegration and diminishment of capacity; to support her grappling with a life's incompleteness, reviewing and grieving what was, what never was, what never will be. As the Darwinian life force loses ground in its battle against the progressive illness that will ultimately snuff it out, the human soul may be moved by the urgency of the moment to finish business, from logistical and financial business to the emotional business of repairing relationships with long overdue apologies, pardons, unuttered thank you's, and I love you's. Sometimes chasms are bridged in a single gesture, years of estrangement healed with a back rub. The lateness of the hour may become the impetus to repair one's relationship with one's Maker. As one of my patients—a Holocaust survivor—taught me, you don't have to believe in God to be angry at God.

The Gift In The Outstretched Hand

Without romanticizing a hospice death, grappling with life's incompleteness and with our existential anguish can be a rich opportunity. Nor do I wish to pathologize *tza'ar ba'alei chayyim*—the compassionate impulse to relieve another's pain. But I do want to suggest that there is suffering that can be creative and ennobling. Were we truly to provide compassionate, supportive end-of-life care for both patient and caregivers, I believe physician-assisted suicide would become unnecessary in all but the most egregious instances, like the talmudic paradigm of the Sanhedrin which, if it imposed the death penalty once in 70 years was considered a bloody court.

This misguided thrust of modern medicine to reassert its supremacy over death by bringing the great leveler, this last frontier of our human powerlessness, under its aegis, threatens to abort the richness and the legacy that are the spoils of the fearless soul's last mortal struggle. Unless we avail the dying of supportive services which afford them comfort and dignity in the final leg of their journey, suicide—with or without assistance—is not a choice, it becomes the only alternative to their suffering.

When we pray on these *Yamim Noraim, Al tashlikheinu l'eit zikna, kikhlot kocheinu al te'azveinu* (Do not cast us out in our old age, do not forsake us when our own strength fails), I hope that we contemplate offering in our compassionate outstretched hand more than a lethal vial of pills. ♦

Understanding the moral vacuum

■Barry Freundel

I find it ironic to be dealing with the issue of assisted suicide as a practical matter, given the assurances of early pro-choice advocates that no slippery slope would ever lead to this day. While the callousness toward the irreplaceability of any single human existence displayed in society's tolerance of the termination of any pregnancy for any reason is not the only contributing factor, we all need to recognize that life has become far less precious in many ways than it was 20 or 30 years ago.

It is simply not enough to express traditional Judaism's abhorrence and revulsion at the very concept of actively taking someone's life at any stage of existence. It is not enough even to remember that "the soul of the human being is God's possession." It is instead critically necessary to look at the forces driving this issue to understand the moral vacuum at its core.

The Price Of Life

First and foremost is cost. When the *New England Journal of Medicine* says without shame that society must be represented in the hospital room along with the doctor and the patient, what is truly being advocated is a cost/benefit analysis of whether someone's life is valuable enough to save.

Given how much a person's health care during life's end stage may cost, "society" needs to decide whether it is "worthwhile" to help. How anyone can see turning an actual life in need into a matter of dollars and cents as anything but crass materialism is beyond me.

It goes even further. Physician friends of mine have told me that those advocating for permitting assisted suicide have begun to create a climate which promotes a sort of "duty to die." This is truly remarkable. In a society that finds it difficult to tell anybody that anything is his or her duty, we are beginning to tell the sick and weak that they must die. Live any way you want, just die quickly. Certainly this attitude already influences people who face the questions of cessation or non-institution of care leading to passive euthanasia.

BARRY FREUNDEL is a Sh'ma Contributing Editor and Rabbi of Kesher Israel Congregation in Washington DC.

While many rabbinic authorities permit some range of latitude in this area, given a patient's fully informed and uncoerced decision, it is unconscionable that so many in the health care community judge a decision to treat or to continue care as an illegitimate choice. It is here that one can see most unambiguously that money is the primary motivator in the discussion. If this were truly about autonomy and dignity, then a personal decision to cling to life should be as respectable as a decision not to. In many settings, that is simply not true.

Seeking Humility

This brings us to the second contributor that needs exposure in the light of day—professional hubris. At a recent medical ethics conference at Georgetown University one of the participants told of a patient she had who though terminally ill, simply refused to die. "How," asked this health care professional, "can I get her to let go?" So much for not imposing one's own values.

So, too, several years ago at a medical conference in Chapel Hill, North Carolina, I heard, for the first time, a comment that is now repeated with regularity in settings where euthanasia of all types is discussed. "We shouldn't see it as causing the patient's death; we should understand it as one of many treatment options." Orwell would have been proud of this chilling exercise in double speak. Its obvious advantage? I am no longer in violation of my Hippocratic imperative to "do no harm." I am only providing a treatment option.

There is a third factor influencing this move toward doing away with people prematurely: our inability to deal with painful situations generally and with mortality specifically. Many of us live, by the standards of any other generation, a pampered existence. We expect instant and painless solutions to every problem. Unfortunately, dying is a messy business. If we can sanitize the process, if we can make it less messy and less painful especially for those who are watching it go on, so much the better. The problem, of course, is that the patient becomes less and less important.

Many studies have shown that in those European countries which permit assisted suicide, physicians regularly terminate the lives of people whom they decide are at a point where life is no longer valuable enough to continue—without getting the individual's permission or agreement. It is no wonder that when I speak, either alone or in debate on this issue before older audiences, the one emotion that emerges above all others is fear. We isolate our elderly in ways that make them feel powerless anyway. This issue simply takes the experience of powerlessness to its ultimate depths—someone may legally kill you when you're at your weakest and most vulnerable, and society will at least tolerate the act and may even applaud.

The struggle that is at the core of most contemporary political, philosophical, and societal debates is between advocates of autonomy and advocates of authority. Should moral decision-making be measured against my internal feelings and beliefs, or against an objective and external set of standards? For those who believe the latter, assisted suicide is the murder of God's most precious creation and, as such, is banned by law, tradition, and morality. Those who embrace autonomy, on the other hand, will argue that this is simply another individual choice.

Yet if autonomy is the ultimate value, it should be an illegitimate choice for them as well. Nothing destroys autonomy more than death as, obviously, once one is dead, one can exercise no autonomy. If autonomy is then the ultimate value, its advocates should require that only decisions which increase autonomy be deemed moral. As such, a decision to die should be immoral even to the most radical advocate of autonomy unless, as many suspect, advocates of autonomy are less interested in philosophy and consistence and more interested in selfishness and in "I want what I want, and I want it now."

Rushing Toward Death

We should also look to the patients themselves. Chronic pain will drive its victim to seek any escape. We need to work on methods of pain management and educate our physicians to practice these methods so that life for people suffering debilitating illnesses can become bearable again and perhaps even productive. Further, terminal and even serious illness is a depressing and confusing experience. People are naturally conflicted and unsure what to do and today's reaction and decision may not be next week's conclusion. Death, on the other hand, is irreversible, and advocates of assisted suicide never seem to take this into account.

I wonder if a measure of this confusion is not reflected in the need to have a Dr. Kevorkian in attendance. There are many ways to commit suicide and many of them are readily accessible to people. Naturally, however, people are conflicted about taking that step. Getting a doctor to attend gives an air of authority and a moral legitimacy to the proceedings that allow the patient to leave the moral decision-making to the authority figure and to focus only on his or her pain and discomfort. As such, one has to question whether the decision is being made with full weight being given to all factors, and therefore, whether it even meets the formal requirements of autonomy.

Finally, an image to keep in mind of the future that may await us if assisted suicide becomes the way of things: A recent cartoon shows a physician's waiting room filled with old and infirm people. A sign on the wall reads: "Pre-payment Required." The door to the medical area is half open and the nurse stands in the doorway. She turns to one elderly individual and says, "You're next, the Doctor will kill you now." ♦

Assisted suicide: a jewish perspective

■Elliot N. Dorff

Killing oneself or others has always been technically possible but forbidden in Jewish law. In our time, though, the matter has been complicated by our new ability to sustain bodily functions almost indefinitely, such that dying people live through a protracted period of suffering. Moreover, we can now predict the course of a disease with greater accuracy, and so people have less room for unrealistic hope.

These factors have prompted some people faced with an incurable disease to take their own lives, sometimes asking others to assist them. Those who commit suicide and those who aid others in doing so act out of a plethora of motives, some of which are less than noble. The morally hard cases, though, are those in which the primary intention is the benign desire to stop the pain of the dying patient. Indeed, some might claim that mercy killing is the only moral path, that keeping a person alive under excruciating and/or hopeless circumstances is itself immoral.

Jewish Attitudes Toward Pain And Medicine

Christian opponents of euthanasia sometimes base their opposition on the redemptive character of suffering. Euthanasia is unwarranted, the argument goes, because pain is itself salvational, symbolized most graphically by the crucifixion of Jesus. Other Christian voices oppose any medical intervention, including those intended to reduce pain, as an improper human intrusion onto God's prerogatives of deciding when to inflict illness and when to bring healing.

RABBI ELLIOT DORFF is Rector of the University of Judaism in Los Angeles and a *Sh'ma* Contributing Editor. A more extensive treatment of his approach to assisted suicide may be found in *Must We Suffer Our Way To Death?* edited by Edwin R. Dubose and Ronald P. Hamel.

Judaism's opposition to euthanasia cannot be grounded in either of these lines of argument. For Judaism, the pain of disease is not in and of itself a good thing. On the contrary, from its earliest sources, Judaism has both permitted and required us to act as God's agents in bringing healing or, failing that, in reducing pain.

Classical Jewish Views On Suicide And Assisted Suicide

Jewish sources prohibit even injuring oneself, let alone killing oneself. Thus when the Romans burned Rabbi Hananyah ben Teradiyon at the stake for teaching Torah, he refused to inhale the flames to bring about his death more quickly, saying "Better that God who gave life should take it; one should not injure oneself." One may remove impediments to the natural process of dying but not actively cause one's own death, much less someone else's. Indeed, based on the biblical story of Ahitofel's suicide (II Samuel 17:23), medieval sources maintain that "he who commits suicide while of sound mind has not share in the World to Come" and is to be buried outside the Jewish cemetery or at its edge.

Saul's suicide (I Samuel 31:3–5), though, is recorded in the Bible without objection, and that leads other sources to excuse suicide when done as an act of martyrdom in defense of Judaism or as a way of avoiding the temptation to convert under torture. One much-disputed source, claiming to be the opinion of the much-respected Rabbenu Asher (The "Rosh," c. 1250–1327), permits full Jewish burial of people who commit "suicide because of a multiplicity of troubles, worries, pain, or utter poverty" but does *not* permit committing suicide in the first place. In a poignant ruling from the Holocaust, Rabbi Ephraim Oshry permitted a man faced with Nazi torture to commit suicide but did not permit this ruling to be published for fear that it would undermine the commitment to life of the other Jews of the Kovno ghetto, and, other authors took pride in the small number of Eastern European Jews who committed suicide in the midst of the Nazi terror.

Contemporary Concerns With Euthanasia

I sympathize enormously with patients going through an agonizing process of dying, and in cases of irreversible, terminal illness, I have taken a very liberal stance on withholding or withdrawing life-support systems, including artificial nutrition and hydration, to enable nature to take its course. I would also permit the use of any amount of medication necessary to relieve pain, even if that is the same amount which will hasten a person's death, as long as the intention is to alleviate pain.

I oppose suicide and assisted suicide, though, for several reasons. If physicians assist people in dying, they risk losing the trust that patients have in them to work for their cure. Moreover, in most cases in which suicide is contemplated, sufficient pain medication has not been administered; physicians should seek to control pain rather than acquiesce to a request to die.

Physicians or others asked to assist in dying should recognize that people contemplating suicide are usually alone, without the social support of anyone who takes an interest in their continued living. In this age of individualism and broken and scattered families, and in the antiseptic environment of hospitals in which dying people usually find themselves, the *mitzvah* of visiting the sick (*biggur holim*) becomes all the more crucial in sustaining the will to live.

Finally, Jews need to learn to evaluate life not solely in terms of the American values of pragmatism and hedonism, so that they are interested in living only if they can do things and enjoy life, but also from the Jewish perspective which sees life as a divine gift with inherent worth regardless of the level of one's abilities. These medical, social and theological factors continue to make it inappropriate to commit suicide or assist in one. ♦

Ta sh'ma

We invite you to send us your favorite text and comment. Submissions should not exceed 200 words. Be sure to include proper citation of sources. Hebrew will appear in transliteration.

Yehudah Mirsky

Before entering a synagogue one should take to heart the commandment "Love your neighbor as yourself" (Leviticus 19:18) for humanity is "just a little less than divine," (Psalms 8:6) and to diminish the one is to diminish the other, for "humanity was created 'In His Image'" (Genesis 9:6).

YAACOV ZEMACH, SHULKHAN ARUKH HA-ARI (C. 1660)

On the threshold of prayer we are brought back to humanity, so as to root our intimacy with God in our concern for other people, who present God's face to us in their daily sufferings and joys. As Levinas taught, transcendence begins in justice, in going beyond ourselves to meet the other's needs. If we hope, through prayer, to awaken God's compassion, we must first awaken our own.

YEHUDAH MIRSKY lives in Washington DC.

Endthoughts

Celebrating sukkot

Nancy H. Alper

The night was clear, cool, windless; the foil baubles, the metallic silver, gold, and red balls barely turned and rustled in the breeze above and around us. "I brought with me tonight two guests, my grandmothers," one of the women said quietly, "because they both live and war inside of me." No one spoke, as we listened to this, one of the most ancient, and modern, of our stories: of the gentle, caretaking, unconditionally loving matriarch who wiped the noses, baked the *challah*, keeping, without fanfare, the chain of Jewish children unbroken; and of the unstoppable, original, opinionated ancestor who read books and started revolutions, terrorizing their spouses and children along the way. Like all miracles, what happened that night was as ordinary as talking across the fence or clothesline—and as startling as hurtling back through time to clutch, for a few moments, the hands of generations of our family's women.

Twenty-two Jewish women and teenage girls had gathered in Bethesda, Maryland that night, to daven in my *sukkah*, using the Global Women's service underwritten by Project Kesher for groups of Jewish women all over the world. In preparation, my daughter and I had put our ancient, filial bonds at risk by building the booth together. Using our deck—the edge of which my daughter said, constituted the outer limits of my concept of "Nature"—we wrapped and tied poles anchored in large pots of dirt with sheets of plastic netting designed to keep birds out of the garden. Humans too. Getting ourselves untangled sapped us of what otherwise would have been energy for creative decorating. The other hurtles: we could not *see* the clear mesh well enough to avoid or attach it, and most adornments only made it sag sadly.

A Bridge Built By Women

Not to worry. Transcendence was at hand via Project Kesher. Founded in 1989, Project Kesher has organized Jewish women around the world to reach out to Ukrai-

NANCY H. ALPER is Leader of the Women's Rosh Chodesh Study Group of a Reconstructionist congregation in Bethesda MD.

nian and FSU women and support them in their heroic efforts to revive the remaining, beleaguered Jewish communities. I attended and helped to run a seminar at their May, 1994 groundbreaking conference in Kiev; and, as was no doubt inevitable, I got much more there than I gave. Many Russian women graced me with the gift of their stories and, with them, the opportunity to see firsthand, their gargantuan leaps of faith toward a Judaism that was wholly unknown and massively inconvenient. Listening to them taught me that we Jewish women everywhere, through blood and belief, instinct and inspiration, are one family.

Returning Home

Now, thousands of miles and a year away from Kiev, Project Kesher set us up for the same lessons all over again. We, the women of Adat Shalom Reconstructionist Congregation of Rockville, Maryland, feasted inside our booths, sang and prayed, and told the stories of our *ushpizin*-heroines along with women in Australia, England, South Africa, Israel, The Netherlands, Ukraine, New Zealand, Germany, Canada, and across Russia and the United States.

The service, written and edited by Yael Ridberg and Margot Stein Azen, both Reconstructionist rabbinical students, provided traditional prayers in both the masculine and feminine and evocations of women-thoughts, about bounty and hope, more ancient than modern; "let us gather in the warmth of the harvest sun," we prayed, to "store it in our heart and bones to warm us throughout the winter"[.] We prayed to make "of ourselves a harvest booth of warmth, understanding, brightness, color, spice, and song" in order that we might remember "the lonely, the lost, the disconnected, the unloved, the hungry, and the bereft" (selections from a poem by Deborah Rosen).

But these prayers, both old and new, were only meant to be a spare skeleton, a temporary shelter, for the flesh of our ancestral motivations and histories, our personal family and our larger, Jewish family. So the service instructed us each to introduce ourselves by our own, unique, matriarchal "necklace" of names, linked forever by the "*bat*'s." Our Jewish-women-names mirrored the generational and geographical shifts, the outside and internalized pressures felt by our people: there were the up-front, Hebrew names of some of the youngest, the dual-namers, with Anglicized and Hebrew *monikers*, and those with no Hebrew name at all, who had never been taught how to connect the dots. Another function of our Jewishness: the reach of our knowledge seemed so short, for some, just barely to the edge of the Atlantic.

There was more connecting to be done. Project Kesher sent us templates of leaves, with instructions to cut them out and fill them with the names of our invited guests. We colored, decorated and hung ours from the *sukkah*'s transparent ceiling before gathering inside to eat. Looking up into the night sky, curled up on quilts, wearing jackets and blankets, we could watch them circling gently as we talked about these women we loved and admired. A mother spoke of her mother, her daughter, of her grandmother, and we nodded appreciatively as a participant observed that four generations of that family were then present within our booth. Two women brought Rebecca Szold as their *ushpizin*; another, a gentle, observant homemaker, brought Golda Meir. There was a familiar, Jewish sub-text here: who of these formidable women of our families—the traditionalists and secularists—would have been thrilled, and who horrified, to join us inside the *sukkah*, or to see their loved-ones there.

Last, Project Kesher connected us to the Jewish women of today, simultaneously participating in this service across America. We were scheduled to be called by one of the groups, in Pittsburgh, and instructed to phone a Lexington, Kentucky *shul* where another group was gathering. Spontaneously, we passed the receiver around, introducing ourselves individually, reciting a prayer, and singing "*Hinei ma tov*" with each group. A co-leader of Adat Shalom's *rosh chodesh* group knew the leader of the Pittsburgh celebration; they talked of family, laughed, and sent greetings

Building Women's Space

We ended our evening together by gathering in the dining room for dessert and whatever poetry and snippets of wisdom some of us had brought to share. As we said our good night's and thank you's, I was convinced that the world of our booth had brought together those two strains of troublesomely different Jewish women we had included with such humor and affection. Within our *sukkah*, we had honored our ancient, festival tradition and respected our ancestry, while making for ourselves, with women around the world, a new and special place of energy, hope, and connection. ♦

For information concerning Project Kesher's global Pesah celebration, call 847-332-1994, fax 847-332-2134, or write Project Kesher at 1134 Judson Avenue, Evanston IL 60202-1315.