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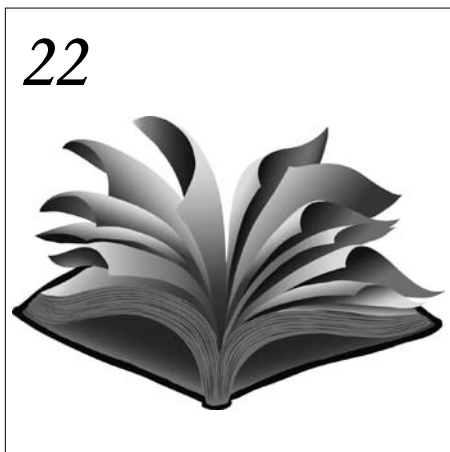
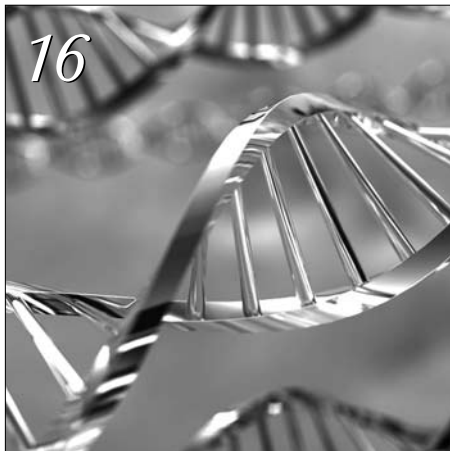
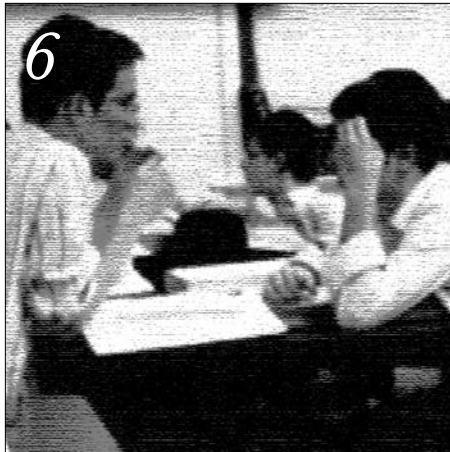
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RABBI MATIS ROBERTS



Struggling With Success

GROWING PAINS IN THE YESHIVA WORLD

As everyone knows, the yeshiva world is undergoing very difficult times. Many of the ills that pervade society around us have found their way – albeit on a much smaller scale – into our homes and institutions, and the results are catastrophic.

People often focus on specific aspects of the problem, dwelling on who is to blame for a particular issue and how it could be resolved if only this or that were done differently. But such approaches take things out of context, for they ignore the general framework in which all of these problems exist. The truth is that the difficult conditions we face are integral to the times in which we live. Current circumstances virtually guarantee an ongoing wave of crises and conflicts. They are not grounds for condemnation, and we need not react defensively to suggestions for change. But we must explore and tackle the big picture if we hope to resolve these problems effectively.

RABBI ROBERTS IS THE MASHGIACH RUCHANI OF YESHIVA SHAAR HATORAH - GRODNO OF QUEENS. HIS ESSAY, "FROM YOU TO YOU - THE ROAD TO MEANINGFUL PRAYER," WAS FEATURED IN JO, SEPT. '00.

THE ARK AND THE TABERNACLE

To a great extent, the difficulties facing the yeshiva world are the products of its astonishing success. Rabbi Yitzchok Hutner זצ"ל noted that the Torah deals with the construction of two very different edifices. One is the ark of Noach, which was built as a sanctuary for survival. The other is the *Mishkan* – the tabernacle erected by the Jewish nation in order to “house” the Divine Presence.

The great bastions of Torah that illuminated European Jewry for generations were modeled after the *Mishkan*. The foundation upon which they were erected is the loftiest of all human endeavors, Torah *lishma* – the study of Torah for its own sake. These institutions were designed primarily to serve the elite, to mold a select few into the Torah leaders of the next generation. Students accepted into the major yeshivos had already shown outstanding scholastic ability. They were highly motivated to study Torah diligently, requiring little encouragement or supervision.

The structure of yeshiva learning reflected these realities. Most educational systems offer a broad-based curriculum, providing familiarity with

many different subjects and fostering a basic level of competence in all of them. Not so the yeshivos. Students were expected to master the functional disciplines on their own. The heart and soul of yeshiva life was the study and analysis of Gemara and its commentators. That is what occupied the bulk of a student’s time, energy, and interest. The *shiurim* (lectures) were geared accordingly, challenging them to ever higher levels of academic excellence. The schedule, too, was extremely rigorous. Intensive Torah study filled nearly every waking moment.

FACING THE CHALLENGES

Today’s yeshivos are the successors to their European counterparts. Their core function continues to be the noble enterprise of Torah *lishma*, and their primary products are the outstanding scholars who will provide Torah leadership and transmit the Torah’s teachings to the next generation of Jews. But America is not – by any stretch of the imagination – pre-World War II Eastern Europe. Transplanted in the American spiritual wasteland, the yeshivos have assumed an additional role. Here, they must also replicate Noach’s ark, serving

as sanctuaries for survival amidst the roaring sea of alien values. And if we try to copy the yeshivos of Europe in every detail, we will lose the essence of all that they achieved.

In its early years, the American yeshiva world comprised a new elite – the few individuals who heard the echoes of Sinai above the din of American materialism. But over time, what began as a system for the few mushroomed into a mass movement, far exceeding anyone's most optimistic predictions. This incredible reality is the legitimate source of a great deal of pride. In a remarkably short period of time, the yeshiva world has radically broadened the Torah horizons of vast segments of American Jewry. Torah scholarship at its highest levels – once considered a hopeless dream on this continent – is now commonplace throughout the land. Within a large segment of American Jewry, yeshiva life has become the norm – upon finishing eighth grade, every boy goes to yeshiva high school. Countless laymen are involved in daily, substantive Torah study in shuls and yeshivos across the country, while many more are tuned in to *shiurim* on tape, on the telephone, and over the airways. Once again – as was true throughout our exile, but was once very rare on this side of the Atlantic – the fondest hope of many Jewish parents is that their sons develop into true *talmidei chachamim* and their daughters marry the same. And the pursuit of that dream, which used to bring only scorn and derision, has become the accepted standard among the many thousands studying in yeshivos and Bais Yaakovs.

But new realities – even spectacular ones – bring new challenges. Instead of the ridicule that once hampered the growth of many American *b'nei yeshiva*, they now face the opposite pitfall of complacency. Today's yeshiva *bachur* has no need to validate his decision to stay in learning: "Everybody is doing it." Consequently, many never undergo the intense soul searching that once preceded such a decision and the solemn commitment it involved. Accordingly, they also do not experience the ascent to true greatness that such commitment

produces.

Furthermore, the needs of outstanding scholars often do not coincide with the requirements of the masses. A *shiur* that demands the pursuit of excellence is likely to overwhelm and discourage those who are average or weaker. A curriculum that is broadly inclusive will not impel the highly gifted to push themselves to their limits. Yet the yeshivos must somehow meet the educational needs of all of these different students.

DIVERSE BACKGROUNDS, ONE APPROACH?

Then there are the different backgrounds from which young men come to yeshiva. Some are sons of *roshei yeshiva*; others come from lay families. Some grew up in intensely religious *kehillos*; others in smaller Jewish communities of various sizes and with varied religious environments. Still others were raised in homes that were not religious at all.

And these differences in background are just the tip of the iceberg. The variables mentioned, among many others, create some very substantive disparities that greatly affect a child's preparation for yeshiva life.

Given the affluent society in which we live, our concepts of a viable life-style are very different from those of previous generations. Nevertheless, some homes still subscribe to the ideal of limited materialism, and raise their children to be satisfied with that which in our world is considered simple living. The pursuit of excellency is reserved for the goals and ideals that really matter. Such children enter the gates of yeshiva fueled by the ideals of devotion and dedication.

Others, however, have fully bought in to the American Dream, and live a life of ongoing self-indulgence. No convenience is too extravagant, and no luxury too outlandish. Along with this standard of living comes a mentality that is completely foreign to Torah values. Leisure and recreational activities are viewed as the highlights of life, while moral endeavors are relegated to the realm of "should" and "shouldn't,"

"must" and "must not." Children from such homes are often protected from hardship and disappointment whenever possible, robbing them of the chance to learn how to cope with adversity. And when they enter yeshiva, they are likely to be more concerned with the quality of their food and accommodations than with the caliber of their learning and *avodas Hashem*.

Yet, the products of all of these homes are viewed as essentially similar; they are all considered budding *b'nei Torah*. And the yeshivos are expected to cater to their varied – and conflicting – needs effectively, and to cultivate in all of them the same devotion to Torah growth and development.

CONFRONTING THE WORLD AROUND US

Our situation is further aggravated by the problem of exposure to the outside world. The effects of a society steeped in corruption, depravity, and moral relativism are clearly not conducive to producing Torah life and values. Thus, we have been forced to raise barriers from within, to build artificial walls that insulate us and our children from general society and its values. But we live in a world where distances and natural boundaries have been neutralized by modern technology. There is no escape from the world around, no avoiding its influence. And even minimal contact can provoke a strong desire to partake of the forbidden fruits outside – fruits that are readily accessible to all who seek them.

With total seclusion unattainable, there are different views as to what is the proper degree of insulation. Should we isolate ourselves as much as possible, shutting out the influences around us to the greatest extent possible? Or do we need to seek a more delicate balance between the protection we desire and the exposure that cannot be avoided?

Both of these approaches have their advantages as well as their risks, their successes as well as their failures. Controlled exposure is a very appealing

idea – at least in theory. But temptation and confusion are powerful forces that often upset the equilibrium, and their impact is much more compelling once the door has been slightly opened.

On the other hand, total seclusion breeds fierce hostility to the outside world and a negative view of all that it includes. This makes it very hard for the many who must eventually confront that world to do so in an appropriate manner. In addition, those who are raised to view other life-styles with total disdain do not always distinguish between that which is immoral and that which is merely different. This often creates tragic barriers of distrust between various groups of Jews who are fully committed to Torah living.

In any event, here we have another factor that generates significant variations in outlook and life-style among those who enroll in the same yeshivos. And, once again, *All of the rivers flow into the sea* – the yeshivos must meet all of their different needs within the same general structure.

SEEKING SOLUTIONS

So what can be done about this situation? Some contend that the time has come to restore the European model. Let the exalted title “Yeshiva” be reserved for those institutions that are wholly

dedicated to producing first-rate Torah scholars. Beyond that, let us build an educational system to produce Torah laymen – deeply infused with Torah and its values, but well prepared for interaction with the world beyond.

This approach, however, is fraught with grave danger. The age of entry into yeshiva is no longer the cutoff point between those who do and do not succeed. Many outstanding students blossom only after several years in yeshiva, sometimes well after graduating high school. The approach in question would exclude all such individuals from the upper echelons of Torah scholarship.

Furthermore, we cannot ignore the track record of the past half century. Countless individuals who would never have gone to yeshiva in Europe have developed into exemplary *b'nei Torah*. They may not all be towering giants of erudition, but their lives are governed by the Torah – its laws, its values, and its priorities – and they are regularly engaged in serious Torah study. What's more, many of them have profoundly influenced congregations, schools, and even entire communities across the country. How much of this would be lost if we were to split our educational system?

Another important point is the pitfalls that a new setup would create. For many, the pride that comes with the title *ben Torah* – or yeshiva *bachur* – is what gives them the strength to prevail. How many

youths would resist the endless temptations around them and devote themselves to serious Torah study – at any level – without the reinforcement provided by that pride? Surely, many would lose even the sanctuary that yeshiva life provides, let alone the chance for significant Torah growth.

Nor can we disregard the realities of parental vanity. Even now, there are many parents who refuse to recognize their children's limitations. Instead, they insist on placing them into scholastic settings that exceed their capabilities and offer them little chance for success. How much more prevalent would this be if there were a clearly defined line dividing “real” yeshivos from other institutions of Torah learning?

Clearly, then, there are no simple, sweeping solutions that will eradicate the problems we face. Any apparent alternative to the system that has developed is likely to create more problems than it would solve. Instead, we need to deal with the difficulties within our system as it exists.

ONE SIZE FITS ALL?

The issues we've discussed open up a vast array of pressing questions – questions that pertain to anyone enrolled in a yeshiva. What is the best possible balance between cultural isolation from the outside world and controlled exposure to its influences? How much time should a yeshiva student leave himself for rest and recreation? How much – if at all – should he be involved in other activities for the sake of personal development? What type of lifestyle is appropriate for him – what constitutes too much materialism and what is an unrealistic level of self-denial? At what point should he consider steps to prepare for a livelihood? What about *bein ha'zemanim* – vacation? Should he spend all his free time learning; should he use it to expand his experiences by working or teaching; or should he just take a break?

The approach to these and similar questions tends to develop communally.

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Whatever standards take hold exert a very strong pressure – placing people's pride and prestige very much on the line. For those who can meet such standards, this can be very constructive. As Chazal tell us: *Envy of scholars increases wisdom*, for it provides the motivation to persevere in the face of difficult challenges.

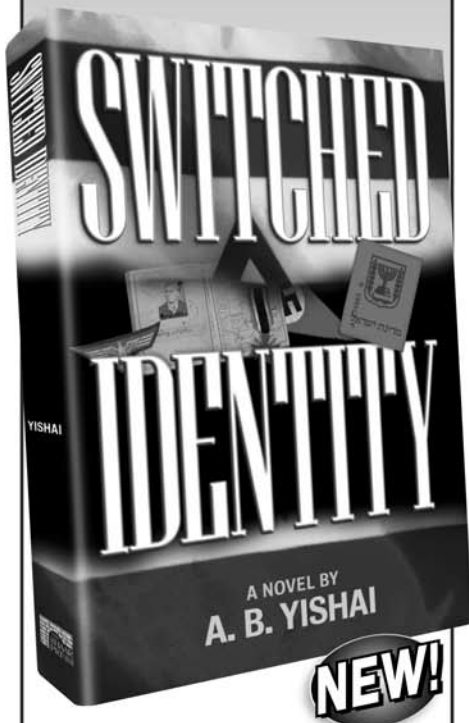
But the larger our society grows, the more different types of people it includes. And the same dynamic that so benefits some is extremely harmful to others. It pressures them to pursue

inappropriate goals and to set for themselves impossible standards. Worse yet, it affects their acceptance by others. People who are comfortable with the existing structure can be very critical of those who do not fit in. They expect everyone to conform to the prevailing lifestyle in all of its aspects – even facets that are not really essential. Failure to do so often brings censure and disdain – sometimes even outright rejection. Ultimately, this pushes people into all kinds of predicaments that they are not equipped to handle.

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בפיקוח הרה"ג ר' ראובן פיינשטיין שליט"א

The truth is that all such questions need to be resolved on an individual basis. They depend greatly on each person's particular strengths and limitations. *What is his background? How well prepared is he for the challenges before him? How intense and consistent is his diligence? How idealistic is he – how committed to personal growth? How suited is he to the world of chinuch, and what are his vocational options beyond that?*

And then there are issues of character. *How susceptible is this person to the effects of negative influences? Conversely, how likely is he to succumb to the pitfalls of extreme insulation? Is he emotionally steady, or subject to frequent ups and downs? How well does he deal with adversity – both practical and emotional?* These are just a few of the variables that affect the answers to the questions mentioned earlier.

But someone devoted to an ideal does not give up easily on his dreams. The investment of pride, energy, and commitment is very great and can eas-

ily distort his judgment. Nor should we underestimate the influence of status and prestige. No one wants to be considered second-rate, especially among those who share his values. Thus, all too often, those who set out to seek what is most noble end up pursuing that which is most gratifying.

But to live by the Torah, we have to apply it to the reality that is, not to the way we wish things would be. Thus, it is vital for every *ben yeshiva* to have a *rebbe* whose judgment he really trusts, a mentor who knows and understands him well and is willing to face *his* reality – whatever that may be – and guide him accordingly. Such a *rebbe* will encourage him and help him to reach the limits of his abilities, while steering him clear of waters too deep for him to tread. But others, too, must respect that process. They need to recognize that we cannot all fit into the exact same mold, and that the proper approach to the issues we've mentioned can vary widely among different people.

SUMMARY

Ultimately, our objective is quite ambitious. We seek to enable every child to find his proper place in the yeshiva world, and to fill that place successfully. But for that to occur, we have to make some serious adjustments. Within our communities, we need to allow more breathing space to accommodate the rising numbers of distinct personalities our society has come to include. In the yeshivos themselves, students need to be taught the vital necessity of having a *rebbe* – in the fullest sense of the word. And within our homes, we must work harder to align our values and priorities with those that foster a life devoted to Torah.

As individuals, each of us can help those whose lives we touch by applying these principles. And if we can weave these ideas into the fabric of our communities, we will radically improve the ability of our youth to integrate themselves into the Torah world, and the world of Torah into their lives. ☐

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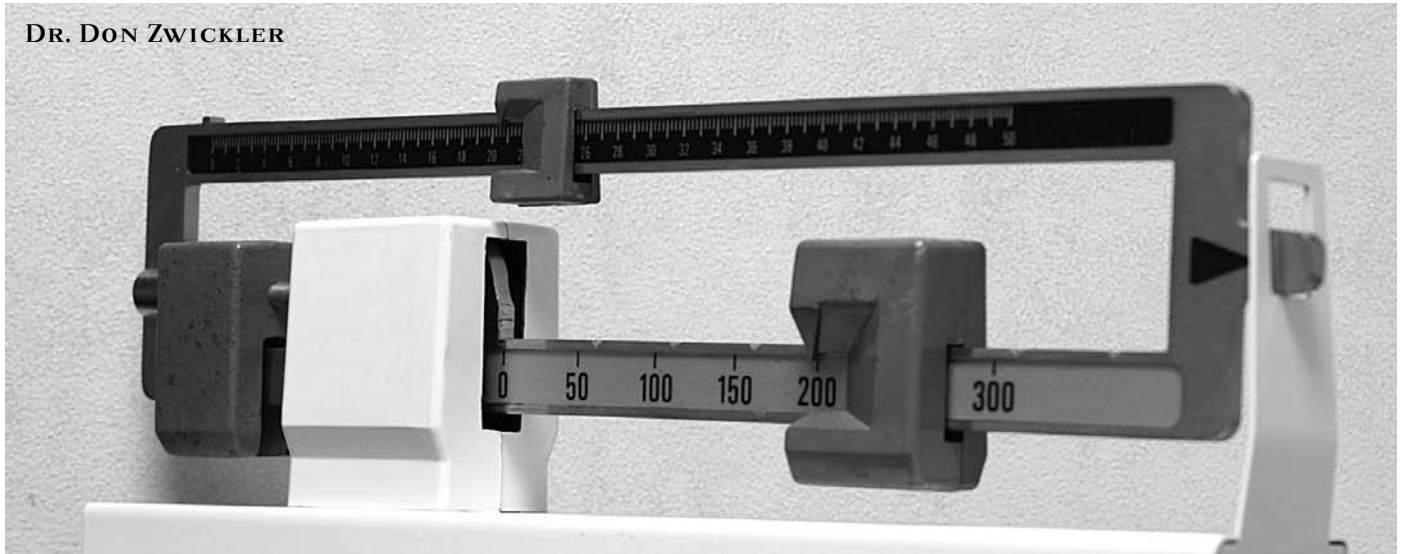
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DR. DON ZWICKLER



We Eat to Live

THE TORAH VIEW OF GLUTTONY: A DEAD END

A few years ago, I spent *Shabbos* in Lakewood, and had the *zechus* to meet Rabbi Chaim Kreiswirth זצ"ל. During the course of our conversation, I mentioned my profession as an endocrinologist, and he in turn informed me that he was struggling with Type 2 diabetes. We discussed various options for treating his ailment, and as our discussion drew to a close, Rabbi Kreiswirth remarked that his diabetes had taught him a practical lesson in helping him overcome his desire for sweet foods. This disorder brought home to him the Torah's message that gluttony is dangerous—not only to the spiritual wellbeing of a person, but to his physical health, as well.

The Torah is very clear about this. To be sure, temptation is all around us; that cannot be denied. But one cannot hide behind the excuse of "I simply can't resist." As Torah Jews, we are

DR. ZWICKLER, WHO LIVES IN MONSEY, IS AN ENDOCRINOLOGIST IN ROCKLAND COUNTY. HE IS A MUSMACH OF RABBI BEREL WEIN.

often warned to guard ourselves against gluttony. According to one interpretation, even the "*Al Cheit*" of "*maachal umishte*h (food and drink)" in *Viduy* (the Yom Kippur confessional) can refer to overeating. We not only confess transgressions such as mistakenly eating food with an unreliable *hechsher* or accidentally eating milk products before meat was fully digested, we also confess to the sin of eating for absolutely no reason at all. For the times when we ate a four-course *seuda* followed by dessert, and then visited a neighbor who offered a plate of goodies that appeared irresistible, we have to ask forgiveness. This applies to the scene at a shul *kiddush* as well: People devour *kugel* and *cholent* and cake, only to eat an identical, if not more elaborate, meal upon arriving home from shul twenty minutes later. The Torah's view is ages old. It is far more advanced than modern science, emphasizing the importance of moderation, and the dangers, both physical and spiritual, that overindulgence causes.

We are meant to enjoy this world, not drown ourselves in its pleasures. Imagine a winged insect buzzing above a honey dish. He dips to the edge of

the jar for a little lick of its sweetness. But if he flies too low, he'll fall into the depths and become mired in the sticky substance. As soon as he realizes he's in a death trap, the honey loses its sweetness and takes on the bitter taste of doom. Indeed, too much of a good thing is not good at all.

The incident of *Kivros Hataava* in the *Midbar* (desert) is another illustration of the Torah perspective on eating. In the *Midbar*, *Hashem* provided *Bnei Yisroel* with the manna so they could focus on spiritual pursuits rather than struggle to feed themselves. Each family gathered their portion of manna and discovered that, despite efforts to add or subtract from their share, they always returned home with the exact amount *Hashem* had commanded them to take—no more, no less. *Hashem* knew precisely what each person needed to satisfy his physical hunger. That should have been clear proof to *Bnei Yisroel* that their physical needs were being attended to. However, they craved meat, which represents the carnal appetite of a human being. They did not feel that the manna was sufficient, even though, according to the Gemara (*Yoma* 75b), they could

conjure up any food they craved and the manna would adopt that taste. They wanted meat, and complained to Moshe, asking *Hashem* to send it to them. They rejoiced upon seeing the *slav* (a type of fowl) rain from the sky, and stuffed themselves to a sickening degree. Their overindulgence was punished, and their *taava* (desire) for *bassar*, which was a *taava* of the *guf*, the physical body, led to their demise at *Kivros Hataava*.

Surprisingly, in *Parashas Re'ei*, *Bnei Yisroel* are encouraged to indulge in what is referred to as *bessar taava* after entering the *Eretz Yisroel*. In fact, the *passuk* states: "*Bechol avas nafshecha tochal bassar* – Eat meat to your heart's content." What distinguishes the *bassar taava* in *Eretz Yisroel* from the *slav* (*taavas bassar*) in the *Midbar*? The answer is that in *Parashas Re'ei*, the word *taava* is always coupled with the word *nefesh*, teaching us the importance of eating to sustain our *nefesh* so that we may engage more easily in the service of our Creator – that is, eating to live. By contrast, the *pesukim* about the *slav* in the *Midbar* do not mention the word *nefesh*. There, the intent was clearly to live for the sake of eating, an inappropriate habit which only led to burial in the cemeteries of *taavas haguf* (physical indulgence).

The Torah states in *Parashas Eikev* (8,10): "*Ve'achalta vesavata uveirachta* – And you will eat and you will be satisfied and you shall bless the Creator." The *Kli Yakkar* asks: How do we reconcile this Torah mandate with the *passuk* that follows (8,12): "*Pen tochal vesavata uvattim tovim tivneh veyshavta* – lest you will eat and be satisfied and build fine houses and dwell (in them)." The latter *passuk* appears to strongly discourage and criticize those who eat to the limits of satisfaction. The *Kli Yakkar* explains that in the latter *passuk*, there is a change in form from the word "*tochal* – you will eat" in the future tense, to the word "*vesavata* – in the past tense. The Torah is cautioning: lest you will eat after you were already satisfied with a full meal. That is gluttony, and is contemptuous.

The message to glean from these words is clear. One who eats, not to

the point of gluttony, but rather to satisfy his hunger, has the opportunity to thank *Hashem*. Unlike one who can never fully satisfy his cravings, he who eats to sustain himself for the service of *Hashem* recognizes that *Hashem* provides his every need, and will feel a gratitude that expresses itself in thanking *Hashem*.

Indeed, the latest breakthrough in recent health studies leads researchers to conclude that overeating is a dangerous habit. Articles speculating the effect that overeating has on metabolic functions exhort the general population to control their urge to overeat. These articles, which are currently the popular columns in leading health and fitness magazines, indicate that obesity is no longer an unsightly problem; it is downright fatal.

MORE THAN A MATTER OF "POOR BODY IMAGE"

Though obesity certainly lends itself to a poor body image, the dangerous aspect of obesity is the high risk of medical complications linked to overeating. The most notorious aspect of obesity is metabolic syndrome, as the majority of the obese population is more susceptible to this metabolic disorder than individuals of normal body weight. Also known as Syndrome X or the Insulin Resistance Syndrome (IRS), this dangerous syndrome is a major risk factor for diabetes and atherosclerotic heart disease. In fact, for those with metabolic syndrome, risk of developing diabetes is almost forty percent, and nearly sixty percent are at risk of developing early heart disease. Indeed, Type 2 diabetes is so often associated with weight control that it justifiably warrants its nickname "diabesity."

Included in the overwhelming array of health complications attributed to the syndrome are the problems of infertility, stroke, cancers, and high blood pressure. Researchers report that escalating blood pressure in the obese population can often be attributed to the internal fat deposits that increase insulin resistance in the body. The Harvard School of

Public Health researchers also discovered that mental impairment was 50% worse in those who had Type 2 diabetes for at least 15 years.

The metabolic syndrome is a condition of insulin resistance or insensitivity, which essentially means that fat cells, liver cells, and muscle cells are not adequately responsive to their own insulin. This results in high insulin levels, intolerance to glucose, and other abnormalities, such as high triglycerides, low HDL (good cholesterol) and high LDL (bad cholesterol) levels, which can eventually lead to heart disease. Furthermore, the subtypes of HDL and LDL in this syndrome are more atherogenic (leading to coronary heart disease), leading to a greater incidence of clogging of the arteries than in the normal population. Other symptoms of the metabolic syndrome include centripetal or truncal obesity, also known as "apple obesity," which means that fat in adipose tissue settles around the person's waistline and excess fat is deposited around the liver. The insulin resistance also triggers oxidants that are toxic to the endothelium (blood vessel wall lining) to circulate in the blood stream.

The statistics concerning the metabolic syndrome are staggering. To date, it is estimated that nearly 30 million people in the United States are genetically susceptible to the metabolic syndrome. In the Ashkenazi Jewish community, the occurrence of obesity has tripled from less than ten percent to a more than thirty percent rate in the last 10 years alone. The cases of Type 2 diabetes have rapidly increased from less than three percent to more than five percent, perhaps a direct proportionate result of the increased rate of obesity. In fact, one in four people with the metabolic syndrome will develop Type 2 diabetes.

THE BODY FAT FACTOR

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directly linked to excess body fat and inactivity. Genetics play a role, but the full-scale syndrome is mostly the result of too many pounds and insufficient exercise.

Given the primary cause of the metabolic syndrome, which is body fat, the most effective treatment is diet and exercise. Dropping just 5-7% of body weight can improve insulin sensitivity, meaning that the cells regain their ability to follow insulin's signals. Also, the hormonal imbalances of obesity that often contribute to infertility can be corrected by losing just 5% of body weight. Such weight loss can significantly improve chances of conceiving. New research at Cornell University has also found that overweight women produce less of the hormone prolactin in response to their nursing babies. Low prolactin production in overweight women can often cause trouble nursing, while generous prolactin levels help ease the flow of milk.

Studies reveal that the most effective insulin-sensitizing weight loss plans maintain a low and steady blood sugar and are packed with produce and low-fat dairy products. Reduce the carbohydrate intake, and such a diet can also be beneficial in lowering the cardiovascular risk factors of this syndrome. In a large controlled study that compared a low-fat diet to a low-carbohydrate diet, there was a significant reduction in blood sugar and triglycerides in the group on low carbs. In addition, the HDL increased significantly in this group. No considerable difference in weight loss (approximately 5-7%) between the two groups was noted. However, in the case of patients who already have the metabolic syndrome, most physicians recommend a low-carbohydrate diet to boost the body's response to insulin.

INACTIVITY SEALS THE SYNDROME

Body fat is not the only problem, though. Inactivity exacerbates the syndrome. Without exercise, the body relies even more on insulin and insulin recep-

tors to transport sugar into cells. And in the case of metabolic syndrome, the insulin is being resisted; it's not doing its job. Therefore, exercise proves to have dramatic benefit for these patients. Several studies indicate that patients who exercise 4 to 5 times weekly for 30 to 45 minutes reduce their risk of developing diabetes or cardiac disease. This holds true even for people who are genetically susceptible to developing diabetes, because insulin sensitivity, too, improves with exercise. In fact, if symptoms are diagnosed as the metabolic syndrome in their early stages, then even patients with a genetic syndrome can reduce their chance of developing diabetes by up to seventy percent.

Researchers are struggling to devise tests that can detect the early signs of metabolic syndrome. In the interim, they propose detailed diet and exercise plans to address the needs of the escalating number of metabolic syndrome patients. Although effective in many cases, crash diets often backfire, resulting in boomerang weight gain. An overweight person who goes on a diet to lose about ten percent of his body weight will find that his metabolic rate slows tremendously because his body automatically tries to conserve fat. If he reaches his target loss and then reverts to his former eating habits, the lost weight will return, and perhaps bring an additional couple of pounds with it. This failure of the diet, though, can be prevented if the person follows with a maintenance diet that's consistently lower-calorie.

A recent Hong Kong study of overweight and obese preadolescents ages 9 to 12 proves that extra pounds – long known to damage adult arteries – attack children's blood vessels, too, resulting in stiff arteries. When these children ate a low-calorie diet for 6 weeks, their arteries grew more flexible, cutting the risk for high blood pressure and, ultimately, heart failure, heart attack, and stroke. Those who also exercised twice a week saw the biggest improvements. However, only the children who continued exercising (just once a week for a year) maintained this supple-artery

advantage; among those who stopped their fitness regimen, stiffness returned regardless of diet.

The real eye opener in new metabolic syndrome studies is that it is possible to be obese on the inside but not on the outside. This study shows that normal-weight women may be headed for obesity-related health problems due to an unhealthy lifestyle — the increasingly common metabolic syndrome. Clinical investigators indicate that these women are metabolically obese, despite their young age and normal body mass index (BMI, a measure of weight in relation to height used to indicate body fat). Those who showed no signs of outward obesity, but are termed “metabolically obese,” had high percentages of body fat, less muscle, lower physical activity levels, lower peak oxygen uptake (meaning a lower level of cardiovascular fitness), and higher cholesterol levels. In addition, the metabolically obese, normal-weight women were less preoccupied with restraining or monitoring what foods they ate – the notorious habit associated with metabolic syndrome.

THE ONLY LONG-TERM SOLUTION: A RE-EVALUATION

A joint diet and exercise plan can help treat and sometimes prevent the metabolic syndrome. The only long-term solution to this widespread problem of obesity, however, is a

complete re-evaluation of lifestyle. We must ask ourselves the following provoking question: *Do we eat to live, or do we live to eat?*

Bear in mind that the Torah's instructions to guard against gluttony do not, by default, condone deprivation. The Torah's disapproval of overeating is not a license to “undereat.” “*Venishmartem me'od lenafshoseichem*” is a precept that instructs us to protect the bodies that *Hashem* entrusted to us. Just as obesity is a threat to one's health, statistics about anorexia nervosa indicate that starving oneself is decidedly dangerous, as well. General estimates suggest that as many as 10 to 15 percent of eating disorders, such as anorexia, are fatal for those affected. The Torah teaches us the guidelines of *moderation*; neither excessiveness nor deprivation is the right approach. Everything, especially food, should be in good measure.

The phrase “Eat to live, don't live to eat” should be our mantra, aiding us in the struggle to maintain a healthy lifestyle. The medical risks that accompany obesity and the metabolic syndrome should urge each individual to examine his eating habits and overall lifestyle choices. From a Torah perspective, the damage that overindulgence can inflict upon people should be considered carefully, as well, as it could lead a person to overlook the fact that *Hashem* knows exactly what we need, and in what quantity we need it, in order to live.

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SHIA MARKOWITZ



Genetic Testing: A Blessing or a Curse?

A plethora of premarital, prenatal and newborn genetic testing has become a standard service offered by medical professionals, social service organizations and government agencies to their constituencies. The purpose of this article is to help readers familiarize themselves with the potential benefits and serious concerns associated with these tests as they relate to the Torah-abiding community.

Ask a medical professional about the importance and benefits of genetic testing and you will probably receive the following reply: It depends. Is the testing to be done prior to marriage or after marriage? During pregnancy or on newborns? Also, what types of tests are being performed? Are they reliable? How will the results of the tests be presented to the patient? And, finally, how will the patient deal with the information received?

If you are, like most of us, uninformed in the science of genetics, this response will probably make your head spin. Because medical professionals are increasingly availing themselves of genetic testing, it is important for observant Jews to have at least a superficial understanding of the subject and how it can impact on families within our community.

SHIA MARKOWITZ OF MONSEY, NY, A PARTNER OF THE GOLDMARK GROUP, WHICH HAS BEEN DESIGNING THE JEWISH OBSERVER AND PREPARING IT FOR PUBLICATION FOR OVER TWENTY-FIVE YEARS, IS ACTIVE IN COMMUNAL AFFAIRS.

WHAT ARE GENES?

Genes are specific pieces of information in the DNA, or genetic material, which we inherit from our parents. They tell our bodies how to develop and function. It is estimated, according to some scientists, that each person has as many as 100,000 genes. They are contained on 23 pairs of chromosomes and make up our genetic profile. When a change occurs to the information contained within a gene, the gene might not function properly. This type of change is called a mutation.

HOW GENES INFLUENCE RECESSIVE DISEASES

Genes come in pairs, with one copy inherited from each parent. As we have two copies of each gene, if only one of the genes inherited by an individual is defective (i.e. a person is a carrier for the genetic disease), there is no impact

on the health of the individual because the other gene contains the information needed for the body to function normally. For a person to be affected by a recessively inherited condition, such as Tay Sachs, Cystic Fibrosis (CF) or Familial Dysautonomia, he/she must inherit a particular mutated gene from both parents. Thus, if only one of the parents is a carrier of a mutated gene for a recessive condition, although that parent might pass the recessive gene to a child, the child will not be affected with that condition.

WHAT IS GENETIC TESTING?

Normally, a blood sample is taken and a genetics lab performs special tests that analyze the individual's genetic material by looking for genetic mutations. Though there has been an increase over the past decade in the number of diseases that an individual can be tested for, genetic tests are only available for a

fraction of the many genetic conditions we see today.

PREMARITAL TESTING AND THE CONCERN OF GENETIC LABELING

The ability of genetic researchers to identify specific mutated genes that cause particular diseases has produced a sort of conundrum for medical professionals. Though such research helps spawn the possibility of new cures and treatments for those already affected by disease, the information generated by such tests can stigmatize individuals who are only carriers and create unnecessary concern about one's responsibility for passing the disease on to future generations.

Halachic and medical literature are in agreement regarding the problem of stigmatizing carriers, and advise that, whenever possible, an individual not be labeled as a carrier of a particular mutation. Scientific research clearly indicates that it can be traumatic to individuals to learn that they are carriers of a genetic mutation. To address this issue, Dor Yeshorim (DY), an organization dedicated to preventing Jewish recessive genetic diseases, has made confidentiality the cornerstone of its program and has received endorsements from leading rabbinic and medical authorities worldwide. Because of its success over the past two decades, nearly 200,000 young adults entering marriageable age have been tested and have no knowledge of, or concern about, their carrier status. A simple phone call to the DY office at the time of a proposed *shidduch* informs the potential couple whether their match is genetically compatible. The organization has informed over 700 couples who were considering each other as potential *shidduchim* that their match had significant risk of producing children with severely debilitating fatal genetic diseases.

For those very few individuals who choose not to test at all and rely on the dictum of "*Shomeir pesa'im Hashem – Hashem protects the simple*" (*Tehillim*

EXCERPT OF A LETTER FROM AN EXPECTANT MOTHER

The voice on the other end sounded extremely tense. Before I could recognize who was on the line, Dr. G. bluntly said, "Your blood test came back positive for Gaucher Disease (GD). It's a fatal disease that is caused by a fatty substance that collects around the kidney and stops it from functioning. You have a chance of passing it on to your children. In order to confirm this, we must test your husband as soon as possible!"

I called my husband immediately and he rushed out of his office to be tested the same day. Our long wait for results seemed like it would never end. The torture we experienced every day is indescribable. At night, I lay awake haunted by the thoughts of giving birth to a sick child and seeing his condition deteriorate. My husband's and my appetite became poorer day by day. I almost couldn't swallow anything at all. I felt myself disconnecting with reality and falling into a new world – one full of fear. I cried, my husband cried, and it seemed like the entire world was crying along with me. My *Tehillim* became soggy from the tears that *Hashem* must have known came from the depths of my heart.

After two stressful and traumatic weeks, the doctor called back and informed us that my husband was

also a carrier for this disease. I completely fell apart. I pleaded with the doctor to give me a more detailed description of the disease and possible remedies. At this point, the doctor explained that he really was not familiar with the details of the disease and recommended that I see a genetic counselor. A friend of mine suggested that I call Dor Yeshorim and tell them about my story. Rabbi (Yoseif) Ekstein (Dor Yeshorim's founder and current Director) listened with compassion and explained in detail what the disease is all about and how mild some of the symptoms usually are. He also informed me that many individuals live their entire lives without realizing that they are affected with GD. Even in those rare instances where the disease takes on a more aggressive nature, treatment has been developed that helps these individuals carry on their life in a normal fashion. He further noted that his office was receiving many similar calls each week.

Author's Note: The NIH (National Institute of Health) Technology Assessment Conference determined that widespread application of genetic screening to detect Gaucher Disease is not appropriate at this time and that the medical value for such testing has not been established. (The Journal of

11,5), they, too, have no knowledge of their specific carrier status.

POST-MARITAL TESTING AND THE BURDEN OF KNOWLEDGE

We have recently entered an era of increasing prenatal genetic testing and enhanced sonogram imagery. This has presented physicians with an entire menu of moral challenges and responsibilities. In theory, this increase of knowledge should translate into additional

practitioner hours devoted to analyzing and checking test results, as well as more time devoted to patient interface and follow-up. The reality of the situation, however, is often the opposite. As more of the physician's client base turns to HMOs for insurance, he/she finds himself in the unenviable position of receiving little or no reimbursement for spending a disproportionate amount of time with certain patients. With more patients to see and less time to spend with each one, most doctors are usually unable or unwilling to take the time

necessary to thoroughly explain the testing process and results. Patients like expectant mothers, who are particularly vulnerable, and who need effective communication with, and the support of, their physician, are too often left feeling apprehensive and unnecessarily stressed. Far too many expectant mothers are leaving medical facilities confused, and are ill prepared to cope with the news that they are carriers for a debilitating recessive genetic disease. (See sidebar., page 17)

An article questioning the virtues of "just plowing ahead," regarding specific areas of prenatal genetic testing, appears in the *Journal of Ultrasound in Medicine*, authored by Dr. Roy Filly. The title of the published article, "Obstetrical Sonography: The Best Way to Terrify a Pregnant Woman," tells most of the story. The author's statements tell the rest:

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February 28, 2005

Shia Markowitz
Chairman, Executive Board of Dor Yeshorim

Dear Mr. Markowitz,

I am in receipt of your packet. Prenatal testing is creating a great deal of unnecessary anxiety and anguish for expectant mothers and it is a problem I deal with all the time. It is imperative that the rabbonim become aware of how severe this problem is, and educate themselves regarding this issue, so that they themselves can deal with it when approached with shaalos and perhaps also help educate prospective parents. My time is limited but I will lend all the support I can.

I sincerely regret not being able to grab the opportunity of getting more involved in this Avodas Hakodesh as my schedule is already severely overextended. On behalf of the entire frum community, I want to thank you for your work. May the Rebono Shel Olam bentch you.

Sincerely,

Reuvain A. Shanik, M.D.

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From my vantage point, the identification of certain "abnormalities" in low-risk women has crossed the

line of "more harm than good." For the tiny residual number of Down Syndrome fetuses that may potentially come to light, by chasing down every last "marker," we put at least 10% of all pregnant women with perfectly healthy fetuses through a great deal of worry.

This is written by a doctor who does not share Torah values and whose patients have the choice of terminating a pregnancy if the child will not be perfectly healthy. Even this doctor questions whether the potential gains for the few are worth the price of months of anxiety for the many. What should we, who are restrained by halacha from terminating such a pregnancy, say when we have nothing possible to gain?

Over the more than twenty years of my involvement with the prevention of Jewish genetic diseases, I have found that any contemplated testing and medical procedure should meet these criteria: it must be helpful in preventing or helping find a cure for a disease, and must always do so without creating collateral damage to the person and family tested. Many times, as the record has proven, the rush to bring a specific genetic test to the public created greater problems than it solved. Dr. Lainie Friedman Ross, a pediatrician and medical ethicist at the University of Chicago, questioned the performance of certain genetic testing, and said, "We don't know what to do with the information. Reporting test data, for which there are no systems in place for follow-up testing and treatment..., is patient abandonment!"

PRACTICAL AND HASHKAFAT REASONS TO SAY "NO" TO PRENATAL GENETIC TESTING

It is now commonplace for obstetricians to order an array of genetic tests for expectant mothers. Many physicians do this without informing the patient of their intentions to test for certain



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genetic diseases. While their concern for the health of the fetus is laudable, many physicians fail to realize two important facts that relate to Jewish patients.

1) An overwhelming majority of patients from the Orthodox Jewish community have already been tested for recessive genetic diseases through their participation with the Dor Yeshorim premarital testing program. Over the past two decades, Dor Yeshorim has added diseases to be tested for, as reliable genetic tests have become available to the public. Thus, for the couples that have been determined to be compatible, there is no risk of having a child with the disease that the parents were previously tested for. (It is still possible, however, that the fetus will be a *carrier* for the mutated gene.)

It is likely, however, that certain patients have not been tested for the complete menu of genetic tests that are available today. This is because certain genetic tests were not yet available to the public at the time that they were tested. The obstetrician might consider telling these patients that they are candidates for only these genetic tests. Though this group of patients *does* remain at risk for these untested genetic diseases, they still should not be tested because of the following second fact:

2) In almost all instances, halacha forbids the termination of a pregnancy even if the fetus will suffer from a debilitating genetic condition. It thus would serve no purpose to test the expectant mother – regardless whether she tested previously for potential genetic diseases – when the mother will surely not terminate the pregnancy. At this juncture, our *poskim* agree – with the exception of extraordinary situations – we should follow the words of our Chazal, “*Shomeir pesa'im Hashem.*”

Because of concern for the patient and the child's well being and/or potential malpractice complaints, the physician might press the patient to accept a proposed series of genetic testing. In such a case, the patient should request to sign a waiver for these tests or ask for time to consult with a *rav* to determine whether genetic testing is warranted, based on her situation.

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THE WEDDING

- For typical families, only 400 invited guests may be seated at the *chasuna seuda*. (The Guidelines make provision for exceptional circumstances - see full text.)
- The *kabbolas panim smorgasbord* should be limited to basic cakes, fruit platters, a modest buffet, and the caterer's standard chicken or meat hot dishes.

- The menu for the *seuda* is limited to 3 courses followed by a regular dessert.
- No Viennese table and no bar.

THE MUSIC

- A band may consist of a maximum of 5 musicians (one of the musicians may act as a vocalist) or four musicians and one additional vocalist.
- A one-man band is recommended.

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- The total cost of these items for the entire wedding should not exceed \$1,800.

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THE CONSEQUENCES OF NEONATAL SCREENING

Adding more confusion to the mix is the mandate from both the New York and the New Jersey State Departments

of Health to test all newborns for cystic fibrosis. It is beyond the scope of this article to explain the potential benefits, if any, which may exist for this type of testing. Suffice it to say that the distinguished publication, *Journal of Medical*

Screening (2001; 8:51), reports that there is "insufficient evidence that neo-natal screening for Cystic Fibrosis (CF) is worthwhile." What is significant is the hysteria that can be created when conveying results of CF testing (see sidebar).

LETTER FROM A NEW MOTHER

Baruch Hashem, three months ago, I gave birth to my child. Everything was perfectly OK, or so I thought. On Wednesday, I got a call from Staten Island Hospital, where my baby was delivered, asking if I received the letter concerning my newborn's screening results. Since I had just moved and the mail had not been forwarded, I said, "No, I didn't receive any mail." The nurse became hysterical and practically ordered me to get in touch with my doctor immediately. I begged her to tell me what the problem was, but she told me, "Sorry, this is against the rules and regulations." I pressed her and she finally told me that something in the results came back abnormal and I should see my pediatrician ASAP! The next day, I received the letter from the hospital by FedEx Overnight, stating that the results came back abnormal and that it was urgent that I see my doctor.

Since I was panic-stricken and I hadn't decided on a doctor for my baby yet, I randomly chose Dr. D of the Health Center. The nurse weighed my baby while the doctor looked at the results. I saw his face changing colors as he asked the nurse to leave the room. I burst out crying, begging the doctor to explain to me what was wrong with my baby. He said that he sees a very high reading for CF. After imploring him to explain the reading to me, he told me some symptoms. I recognized that some of these were noticeable in my baby. He told me to make an appointment for a "Sweat Test," as this will determine if my baby is

healthy or not. Before departing, he recommended that I shouldn't read anything regarding CF until they confirm the diagnosis because it would be too terrifying.

I left his office in a state of shock. I cried on the street, overwhelmed with the thought that I would have very little time to spend with my baby. I held her so tight all of the time – as though, by not letting go, I could save her precious life. I walked toward my parents' house and met my father outside. Upon seeing that I could barely speak, he took me home and there I finally expressed the emotions that lay so deep inside, all the while still sobbing. In short time, my entire family joined me in my distress.

Erev Yom Kippur found me sitting with my husband and baby in the hospital waiting room. The room was filled with sick children, each suffering from different diseases. I tried pushing away troubling thoughts. Perhaps our child will look like these sick children in a few months from now. My husband must have been thinking something along the same lines as he burst into tears watching the scene in front of him. Together we prayed to *Hashem* to spare the life of our precious little girl. After a few more hours of apprehension and agony, the doctor reported that everything was *Baruch Hashem* fine! The child is simply a *carrier* for CF!!! Now both my husband and I cried again, but this time it was a cry thanking *Hashem* for the *chesed* He did for us. The aftereffects of these

three unforgettable days left me traumatized for a long time.

The following day was *Yom Kippur*, and I kept vomiting, since I had not eaten any solids in the past several days. And for what reason? Because a doctor couldn't or didn't have the time to accurately explain the initial test results! I decided to call *Dor Yeshorim* to ask if I could have children, since I wasn't sure exactly what being a carrier meant. The DY representative spent time with me and explained in detail that a carrier is perfectly healthy and that I could look forward to raising a healthy *mishpacha* in the future.

Please publicize my letter so that the public will not go through what I did. May *Hashem* help that you spare parents-to-be the agony that I went through.

Sincerely yours,
Mrs. T.

To fully appreciate the situation, the reader must know certain facts. Only 85% of CF mutations have been identified for the general world population. Since a DNA test cannot assure that the child is not carrying one of the unrecognized mutations, a "Sweat Test" is usually required, even though it is not always reliable, to help rule out the possibility that the newborn has the CF disease. This is in contrast with Ashkenazic Jews, where all known CF mutations have been identified. Consequentially, DNA tests for this group are far more reliable than a "Sweat Test." Hence, when a child born to an Ashkenazic Jewish family is tested via the DNA process at the time of birth and the results come back that the child is only a carrier, no more testing is necessary. Why would anyone feel the necessity to perform a completely pointless "Sweat Test" on the newborn at this time? It simply shows that some of the medical professionals involved lack the fundamental understanding of basic genetic testing, and therefore apply the same testing standard to all ethnic groups. – SM

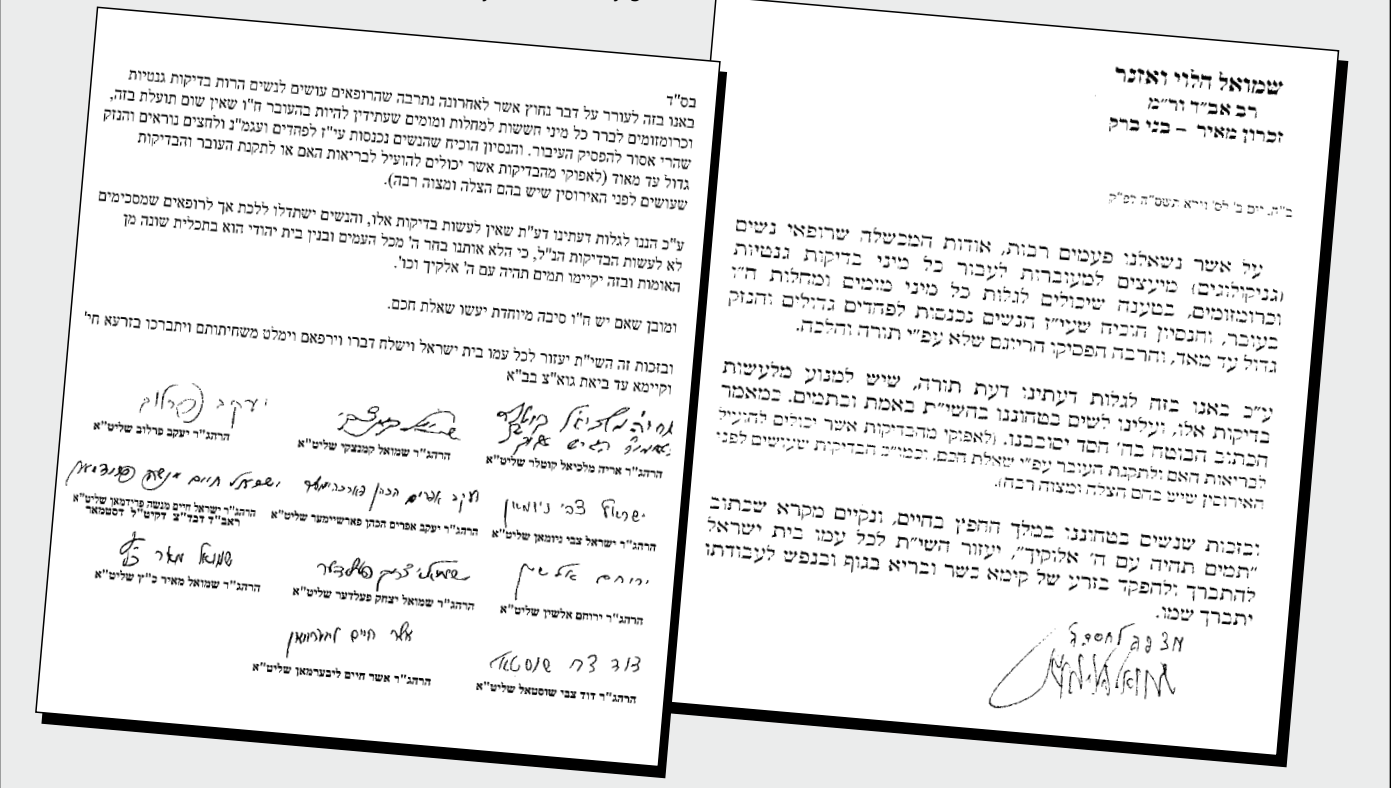
"We hereby wish to alert the community to the recent proliferation of genetic and chromosomal tests ordered by Ob/Gyn physicians to check for various illnesses and deformities that can be found in an unborn fetus, G-d forbid. However, these tests serve no purpose because it is forbidden to terminate a pregnancy. Furthermore, experience has shown that these tests cause women unnecessary fear, anxiety and extreme distress. Therefore, these tests are highly destructive (of course, this does not refer to tests that are for the purpose of maintaining the health of the mother or for remedying illnesses within the unborn child, as well as premarital genetic tests which are very beneficial and a great mitzvah).

"Therefore, we state our *Da'as Torah* opinion, that expectant women should not take these tests, and should make every effort to only go to

doctors who agree not to perform these aforementioned tests. For, have we not been chosen by *Hashem*, from all the other nations? The establishment of a Jewish home is for a unique purpose, distinct from other nations. By following these principles we will fulfill the directive 'You will worship G-d with faith and loyalty.'

"Of course, it is understood, that if there are special and extreme circumstances that would warrant the need for such tests, one should seek guidance from a competent *Halachic* authority.

"And in the merit of this, *Hashem Yisborach* will help His nation *Am Yisroel* and send His blessings to heal them and spare them from destructive forces and bless them with healthy, vibrant offspring, *Ad bi'as goel tzedek*."



As stated above, all couples tested by DY after 1994 and found to be compatible are assured that their offspring will not be afflicted with the CF disease, even though the infant may be a carrier of the CF gene. Institutions such as the World Health Organization recognize that the results of a genetic test can have serious impact on the life and family of the patient. In one of their health updates, they report, "It is essential that the quality of the test be assured and that results be reported by a professional who can help patients better understand what the results mean." Medical professionals receive a proliferation of literature and have access to even more reading material via the Internet. All of this information is distributed to make the medical commu-

nity aware of the valuable role genetic services can play within the health care systems. The goal is to create programs and set standards to ensure that these services are delivered in a manner that addresses social, ethical and safety concerns of the world at large – but not those of our Jewish community. When a professional is inundated with material and participates in conferences, where some of what he/she reads, hears or sees does not conform with and is sometimes even contradictory to Torah values, he/she can be swayed by the standards set by the profession. Therefore, even if the physician you are seeing is a *shomeir Torah umitzvos*, there is no guarantee that everything you are being told conforms to *daas Torah*. It is up to each family to be vigilant

regarding these issues and recognize that the science of genetic testing is only in its infancy. There are many research teams worldwide currently working on projects relating to the advancement of genomics. Some are already on the horizon, and will be offered to the public in the near future. These are matters that *gedolei rabbanim* will need to cope with and rule on, as the world of genetics expands around us. In conclusion, once we have done all that is necessary and should be done in conformance with halacha and *hashkafa* standards, as *banim attem laShem Elokeichem*, we must trust in *Hakadosh Baruch Hu*. Hopefully, in this merit, He will bless His children with healthy offspring of sound body and mind, so that they can serve Him with joy. □

THE NIGHT BEFORE

February 28:

As I look out the window at the snowflakes that are thickening by the moment, threatening to put a damper on the glorious event that will take place less than 24 hours from now, another concern gnaws at me with similar import. While meteorologists have warned that we're going to get 6-10 inches of snow during the storm that began a few hours ago, and a large number of New York Metro Area Jews worry whether the flurries bode ill for the Eleventh *Siyum HaShas* scheduled for 5:30 tomorrow night, all I can think of is whether Bruce will make it here or not.

You see, Bruce is flying in from Bakersfield, California, on a red-eye flight due to get him here tomorrow at 7:30 a.m. (if the 2-3 hour arrival delays announced at Newark don't push that time later). He'll catch a few winks at a friend's house before I pick him up to take him to Continental Arena for the *Siyum HaShas*, after which he'll catch another few winks and fly back to Bakersfield the next morning. The tempest outside threatens not only the travel plans of the tens of thousands of *siyum*-goers, but also Bruce's plans to come from the other end of the continent.

Please understand that for Bruce and me, this period of time represents more than just the culmination of my own 7 1/2 years of learning *Shas*¹ and the celebration with the rest of world Jewry of a relatively new and historic event in Jewish world history. For you see, Bruce is making a *siyum* on *Masechta Berachos*. At the pace of one hour a week over the last six years and over the phone, Bruce and I have slowly but surely edged our way through *Masechta Berachos*, line by line, week by week, life event by life event, and we stand at the summit of the *Hadran* that represents Bruce's first *siyum masechta*.

Bruce and I have Partners in Torah to thank for this glorious event, for it was they who introduced the two of us six years ago. Only then, Bruce was a phone number and an IDT calling card and a faceless voice on the other end of the receiver late on a Sunday night or a *Motza'ei Shabbos* when *Shabbos* ended early. (The three-hour time

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difference allowed me to learn with Bruce when there was nothing else to interfere with my learning, much as does my 4:45 a.m. *daf shiur*. There the only obstruction to learning is the desire to remain under the covers a few more minutes – don't worry, you can overcome it!)

A few years ago, Bruce decided to come back East, where he was born, to spend a week and a half at my house, where we met for the first time. Bruce spent that time learning at Ohr Somayach with a young friend from Bakersfield that *he* had made *frum* and who had gone to learn at Ohr Somayach in Israel, the *second baal teshuva* from Bakersfield. And Bruce got his first *real* taste of *Shabbos* in a *frum* community, although he had done his best to improvise *Shabbos* in Bakersfield according

**It's Never
Too Little...**

AHARON SUBAR

to his understanding. He fit right into the Monsey community with his big, bushy beard and black *kippa*. But he confided to me as he left that he was not looking forward to going back to a world which knew no *Shabbos* and where he felt like an alien, after having tasted the delicious world of *Shabbos* in Monsey.

BRUCE: NOT MUCH OF A CHALLENGE

I must admit that learning with Bruce was not much of a challenge, in contrast with the situation for most Partners in Torah *chavrusos*. Bruce was the self-styled rabbi of Bakersfield, knowing far more than the Conservative and Reform officiates who claimed the title in that town. He had come through the world of "Kabbala" and had even gotten a Distance Learning *Semicha* (oy!). Still, biking was a passion and he somehow justified 50-mile bike rides on *Shabbos* as being within the spirit

of *Shabbos*. A teacher by profession, Bruce had a need to teach what he learned in Torah to others, so he arranged Friday night "dinners" at which he got together with friends to discuss the portion of the week and other Jewish philosophical ideas. Bruce was hungry to leave the abstract world of Kabbala and eat the meat-and-potatoes of Gemara, so we decided to learn *Masechta Berachos*. Bruce lapped up the learning like a thirsty man does water, and there was never a session that went by when he didn't thank me enthusiastically for learning with him, despite the fact that I may have been near-slumber rambling in those late hours (don't forget the 4:45 a.m. *shiur*). Bruce taught *me* what it meant to have a love for Torah during each one of our sessions.

The years have passed and we've both changed. Bruce has steadily solidified his commitment to and knowledge of *Yiddishkeit*, gathering around him a cadre of committed and sincere individuals who have been drawn to drink from the well of Torah learning. He has been the impetus for people to go to Israel and learn in yeshiva, and was the magnet that drew *Chabad* to Bakersfield a year or two ago. He has been a spiritual guide to wandering Jews in a place where there was no other to tell them what the Torah says, and he did his best to impart the *Mesora* as best he could. He has certainly mainstreamed, even going on to become a mentor to other neophyte Partners in Torah.

So Bruce is coming, G-d willing, if the weather allows, and he and I will participate in a worldwide Jewish event that is probably the most spectacular event short of the Coming of *Moshiach* that we may see in our lifetime, ב"ט"ו. And while for some, it is a conclusion, for Bruce and myself it is only the beginning, with *Masechta Berachos* under our belts, of what may be a lifetime partnership of Torah learning that has transformed both of our lives already, and promises to be an integral part of our lives in the years to come. (Hey, at the rate we're going, it will only take us 174 more years to finish *Shas*!) ☐

¹ My *shiur* has the unique distinction of actually having finished *Shas*, while most *shiurim* have only finished *Shas* Gemara. Rabbi Shmuel Adler's brilliant idea of learning *Mishnayos Yomi* as a supplement to the *Dafinsures* that our *shiur* has *really* finished *Shas*.