



DVAR TZEDEK

Parshat Acharei Mot-Kedoshim 5770

By Aviva Presser Aiden

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At the outset of *Parshat Kedoshim*, all Israel receives the nebulous command of “*kedoshim tihyu* . . .—You shall be holy, for I am holy; I am the Lord your God.”¹ The text then proceeds to enumerate numerous laws appearing to detail the requirements of this injunction.

Within this collection of verses we find an interesting parallel: In Leviticus 19:3, the text dictates that part of fulfilling the commandment to be holy includes the obligation to “... revere [one’s] mother and [one’s] father, [and to] keep my Sabbaths, I am the Lord your God.”² Toward the end of Chapter 19, a second verse, also linked to holiness, structurally and linguistically parallels 19:3 quite closely. It requires that “you shall keep my Sabbaths and venerate My Sanctuary, I am the Lord.”³ In these two verses, the language of Sabbath reverence is identical, and the word for reverence—*tira’u*—is used in relation to both parents and the Sanctuary.

The deliberateness with which the text pairs these seemingly separate and distinct commandments begs us to explore the connections between them. The Sanctuary was God’s ‘home’ on earth, and, when extant, was the location of close, personal interactions with the Divine. Similarly, a mother’s body is home to the spirit of her unborn child, and according to Talmudic tradition, is a place where the child has its first and most intimate Divine experience.⁴ Every woman who carries a child thus becomes that sanctuary for her unborn child, worthy of the same reverence and care required for God’s home.

Various laws structure the command of reverence for the Sanctuary, including the biblical requirement of the half-shekel payment for maintenance and service⁵ and the Maimonidean mandate for personal cleanliness when entering.⁶ Though there are no precise equivalents described for revering the womb, we can draw analogies from the care, support and personal hygiene practiced in the Divine Sanctuary to assert that good prenatal and perinatal care are essential to revering the sanctuary within each woman.

Unfortunately, many women in the Global South—almost 35 percent in sub-Saharan Africa, and nearly 50 percent in Southeast Asia—lack access to even the most basic of maternity medical services, putting them and the children they carry at significantly elevated physical risk. In sub-Saharan Africa, a woman’s chances of dying as a result of pregnancy and birth complications—most of them easily preventable—is one in 16, as compared to one in 4,000 for women in developed nations.⁷

¹ Leviticus 19:2.

² Leviticus 19:3.

³ Leviticus 19:30.

⁴ Babylonian Talmud Niddah 30b.

⁵ Exodus 30:13.

⁶ Maimonides. Mishnah Torah, Sefer Avodah, Hilchot Beit HaBechira 7:1-2.

⁷ UNICEF. “Millennium Development Goals: Improve Maternal Health.” <http://www.unicef.org/mdg/maternal.html>

Anemia, a prenatal condition routinely tested for and treated cheaply with iron in the West, affects up to 72 percent of pregnant women in sub-Saharan Africa.⁸ Women with anemia are more prone to post-partum hemorrhage (PPH), another easily-treated condition and a leading cause of maternal death in the Global South.⁹ Simple technologies can enable the saving of many thousands of these lives. The drug oxytocin effectively treats PPH, but access and education in its use is limited in many parts of the world. PATH, an international NGO creating sustainable, culturally relevant solutions to medical challenges that enable communities to break persistent cycles of poor health, has made maternal mortality one of its primary targets. The organization is working to develop an oxytocin Uniject, a safe, inexpensive, premeasured dose of the drug for use by birth attendants in the event of a bleeding crisis.¹⁰

Infant mortality is another tragedy that emerges from failure to create a pristine maternal sanctuary. Tetanus, for example, a preventable disease caused by poor hygienic conditions during birth,¹¹ is responsible for 300,000 post-partum infant deaths and 30,000 maternal deaths in sub-Saharan Africa. These deaths can be prevented with inexpensive tetanus vaccines and by educating birth attendants about basic precautions to prevent infection.¹² To do so, PATH developed a clean-delivery kit that radically reduces the incidence of infection in home births.¹³

Today, as we aspire to achieve the holiness commanded in *Parshat Kedoshim*, we no longer have God's Sanctuary to revere. But we do have countless mothers-to-be, through which we can touch the Divine experience it represented. Through supporting simple educational measures, as well as innovative and affordable technologies, we can demonstrate reverence for the sanctuary of a mother's womb in much the same way we honored the Divine Sanctuary in times past.



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⁸ van den Broek, N. "Anaemia and micronutrient deficiencies." *British Medical Bulletin*, vol. 67, 149-160 (2003).

⁹ ReproLine, Johns Hopkins University. "Preventing Postpartum Hemorrhage."
<http://www.reproline.jhu.edu/english/6read/6issues/6jtn/v4/tn110hemor.htm>

¹⁰ PATH. "Making Childbirth Safer: Use of oxytocin in the Uniject® device to prevent severe bleeding." <http://www.path.org/projects/uniject-oxytocin.php>

¹¹ Roper, MH, Vandelaer, JH, & Gasse, FL. "Maternal and neonatal tetanus." *Lancet*, vol 370, p. 1947-1959 (2007).

¹² PATH. "Simple kits save lives: Clean-delivery supplies help women and newborns avoid infection during home births,"
http://www.path.org/projects/clean-delivery_kit.php

¹³ PATH. "Delivery Kit." <http://www.path.org/publications/details.php?i=1232>

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