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Introduction to Jewish Ethics
Rabbi Elie Ganz

Judaism, as a religion, has much to say about how we live our lives. And it should. Think about, if the Torah is Hashem’s guide to the world (the word “Torah” itself means “guidance) shouldn’t it guide us through maximizing our life experiences as well as the challenges of ethical dilemmas?

Ethics are concerned with human values and behavior and Jewish Ethics explore the Jewish understanding of those values and behaviors.

Throughout Jewish history, our Sages and Rabbis have spent a lot of time carefully examining humanity against the background of the Torah to determine the wisest and most moral approach to ethical issues.

For any person to better themselves in ethical areas, there are a number of criteria that must be met. These include:

- Desire to Learn and Grow- we must believe in the value of becoming better people and of changing, not just ourselves, but the world around us too, for the better.
- Knowledge- we must acquire the skills to learn and explore the original sources, then we must absorb the content and its messages.
- Open-mindedness- we must be open to changing our point of view and our habits in the interest of this noble pursuit.
- Principled- we must be people who stand firmly on principle, who are willing to expend energy and face adversity for the promotion of these values.

Clearly the study of Ethics cannot be simply academic. With its study we must peer frequently into the honest mirror of introspection, allowing ourselves to see the frailty of our human nature and rising to the challenge of applying these lessons to our lives.
“The classic ethics text in Judaism, Pirkei Avot, begins with the words, “Moses received the Torah from Sinai and passed it down to Joshua who passed it down to the Elders”, and so forth. Why begin a book of values and attitudes with a history lesson? Precisely to teach the Jews of all ages that the values espoused by the rabbis in the tractate were not authored by these individuals, but rather, by God Almighty, and are immutable, as they are passed down in an unbroken chain from generation to generation.”

Nachum Amsel, *The Jewish Encyclopedia of Moral and Ethical Issues*

After reading the paragraph above, please answer the following questions on a separate sheet of paper.

1. If you were God, what type of information would you put in your “Torah” and why?

2. Would you keep the relevance of the information limited to that moment or devise a system through which eternal wisdom could be expounded? Explain.

3. Can we assume the rabbis’ contributions are imperative? Explain.

4. Can we assume the rabbis’ contributions are well-intended? Explain.
Introduction to *Gematria*

In Hebrew, each letter possesses a numerical value. Gematria assigns numerical value to letters, words, or phrases. Thus Alef is equal to one, Bet to two, and etc… The best-known example of Gematria is the Hebrew word Chai ("life"), which is composed of two letters that add up to 18. This has made 18 a "lucky number" among Jews, and gifts in multiples of 18 are very popular.

**Gematria Chart**

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A Guide to the Layout of a Talmud Page
Unit 1: Substance Use and Abuse
1. Where is this text found?

2. What does it say?

3. What does Rash”i say?

4. What does Rashba”m say?

5. What do we learn from here?
2.

1. Where is this text found?

2. What does it say?

3. What do we learn from here?

3.

1. Where is this text found?

2. What does it say?

3. What do we learn from here?
1. Where is this text found?

2. What does it say?

3. What does Rash"i say?
1. Where is this text found?

2. What does it say?

3. What does Rash’i say?

4. What do we learn from here?
7.
1. Where is this text found?

2. Who authored it and why?

3. What does it say?

Who was Rav Moshe Feinstein?

Rav Moshe Feinstein (March 3, 1895 – March 23, 1986) was a Lithuanian Orthodox rabbi, scholar, and posek (an authoritative decisor of questions related to Jewish law), who was world-renowned for his expertise in Halakha and was regarded by many as the de facto supreme halakhic authority for Orthodox Jewry in North America. In the Orthodox world, he is widely referred to simply as "Rav Moshe", and his halakhic rulings are often referenced in contemporary rabbinic literature.
Unit 2: Ethical Treatment of Animals
1. Where is this found?

2. What does it say?

3. What do we learn from here?

2.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
3.  

1. Where is this found?

2. What does it say?

3. What do we learn from here?

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1. Where is this found?

2. What does it say?

3. What do we learn from here?
5.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
6.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
Who was "The Chinuch"?

The Sefer ha-Chinuch (Book of Education), often called "the Chinuch" is a work which systematically discusses the 613 commandments of the Torah. It was published anonymously in 13th century Spain. The work's enumeration of mitzvot is based upon Maimonides' system of counting as per his Sefer Hamitzvot; each is listed according to its appearance in the weekly Torah portion and the work is structured correspondingly.

The Chinuch separately discusses each of the 613 commandments, both from a legal and a moral perspective. For each, the discussion starts by linking the mitzvah to its Biblical source, and then addresses the philosophical underpinnings of the commandment. Following this, the Chinuch presents a brief overview of the halakha governing its observance - usually based on Maimonides' Mishneh Torah - and closes with a summary as to the commandment's applicability. Because of this structure, the work remains popular to this day.
1. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

2. What does it say?

3. What do we learn from here?
Unit 3: Body Modification
Piercings, Cosmetic Surgery, etc.
1. Where is this found?

2. What does it say?

3. What do we learn from here?

2.

1. Where is this found?

2. What does it say?
3. What do we learn from here?

1. Where is this found?

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3. What do we learn from here?

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1. Where is this found?

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3. What do we learn from here?
5.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
6.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
Proudly Bearing Elders’ Scars, Their Skin Says ‘Never Forget’

By JODI RUDOREN
September 30, 2012

JERUSALEM — When Eli Sagir showed her grandfather, Yosef Diamant, the new tattoo on her left forearm, he bent his head to kiss it. Mr. Diamant had the same tattoo, the number 157622, permanently inked on his own arm by the Nazis at Auschwitz. Nearly 70 years later, Ms. Sagir got hers at a hip tattoo parlor downtown after a high school trip to Poland. The next week, her mother and brother also had the six digits inscribed onto their forearms. This month, her uncle followed suit.

“All my generation knows nothing about the Holocaust,” said Ms. Sagir, 21, who has had the tattoo for four years. “You talk with people and they think it’s like the Exodus from Egypt, ancient history. I decided to do it to remind my generation: I want to tell them my grandfather’s story and the Holocaust story.”

Mr. Diamant’s descendants are among a handful of children and grandchildren of Auschwitz survivors here who have taken the step of memorializing the darkest days of history on their own bodies. With the number of survivors here dropping to about 200,000 from 400,000 a decade ago, institutions and individuals are grappling with how best to remember the Holocaust — so integral to Israel’s founding and identity — after those who lived it are gone.

Rite-of-passage trips to the death camps, like the one Ms. Sagir took, are now standard for high school students. The Holocaust memorial Yad Vashem in Jerusalem and other museums are trying to make exhibits more accessible, using individual stories and special effects. Arguments rage about whether that approach trivializes symbols long held as sacred.
and whether the primary message should be about the importance of a self-reliant Jewish state in preventing a future genocide or a more universal one about racism and tolerance.

“We are moving from lived memory to historical memory,” noted Michael Berenbaum, a professor at the American Jewish University in Los Angeles who is among the foremost scholars of the memorialization of the Holocaust. “We’re at that transition, and this is sort of a brazen, in-your-face way of bridging it.”

Mr. Berenbaum said that “replicating an act that destroyed their name and made them into a number would not be my first or second or third choice,” but, he added, “it sure beats some of the other tattoos that some of the young people are drawing on their skin.”

It is certainly an intensely personal decision that often provokes ugly interactions with strangers offended by the reappropriation of perhaps the most profound symbol of the Holocaust’s dehumanization of its victims. The fact that tattooing is prohibited by Jewish law — some survivors long feared, incorrectly, that their numbers would bar them from being buried in Jewish cemeteries — makes the phenomenon more unsettling to some, which may be part of the point. “It’s shocking when you see the number on a very young girl’s hand,” Ms. Sagir said. “It’s very shocking. You have to ask, Why?”

Tattooing was introduced at Auschwitz in the autumn of 1941, according to the United States Holocaust Memorial Museum’s Encyclopedia of the Holocaust, and at the adjacent Birkenau the next March. They were the only camps to employ the practice, and it is unclear how many people were branded, briefly on the chest and more commonly on the left forearm.

Only those deemed fit for work were tattooed, so despite the degradation, the numbers were in some cases worn with pride, particularly lower ones, which indicated having survived several brutal winters in the camp. “Everyone will treat with respect the numbers from
30,000 to 80,000,” Primo Levi wrote in his seminal memoir, “Survival in Auschwitz,”

describing the tattoos as part of “the demolition of a man.”

After the war, some Auschwitz survivors rushed to remove the tattoos through surgery or
hid them under long sleeves. But over the decades, others played their numbers in the lottery
or used them as passwords.

Dana Doron, a 31-year-old doctor and daughter of a survivor, interviewed about 50 tattooed
survivors for the new Israeli documentary “Numbered,” which she directed with Uriel Sinai,
a photojournalist; it will make its premiere in the United States next month at the Chicago
International Film Festival.

When she asked survivors whether lovers kissed the number as they might a scar, Ms. Doron
said, “some of them looked at me like, ‘What are you nuts?’ and some of them said, ‘Of
course.’ ” “To me, it’s a scar,” said Ms. Doron, who grew interested in the numbering while
drawing blood from a tattooed arm in an emergency room. “The fact that young people are
choosing to get the tattoos is, in my eyes, a sign that we’re still carrying the scar of the
Holocaust.”

“Numbered” follows Hanna Rabinovitz, a middle-aged woman who puts her father’s
number on her ankle after his death. The film also tells the story of Ayal Gelles, a 28-year-old
computer programmer, and his grandfather, Avraham Nachshon, 86, both of whom bear the
number A-15510 on their arms.

“Like an inheritance or something,” Mr. Gelles said of his tattoo. “It’s provocative, I guess.
Everyone is kind of appalled at first, kind of shocked by it.” Mr. Gelles said he had an
epiphany seeing cows branded at a ranch in Argentina, leading him to get the tattoo and to
adopt a vegan diet. He did not tell Mr. Nachshon of his plan. “If I knew, I would have said
to you not to do it,” the grandfather told his grandson one recent evening.
“I dream every night about it,” Mr. Nachshon said as he told his Holocaust story, which includes several months at Birkenau, where his mother and sister were killed in the gas chambers. “Many times we’re running away from the Germans. Sometimes the whole night I was running. Maybe this time they won’t catch me.”

Mr. Nachshon swims, does yoga or runs on a treadmill each morning, returning home by 2 p.m. to feed the neighborhood cats and pass the hours in front of the TV. A couple of times a week, Mr. Gelles comes for supper at his Tel Aviv apartment, and they watch TV together.

“Every time I see it, it’s a reminder to call him,” Mr. Gelles said of the number. “I find it kind of hard to relate to people I don’t know and places I haven’t been to and this thing called the Holocaust. The thing I relate to more is my grandfather.”

The Israeli who tattooed Livia Ravek’s number, 4559, on her son, Oded Ravek, and grandson, Daniel Philosoph, did it free. It was a Friday. Mr. Ravek, a 56-year-old glass artist who lives in Ottawa and was here visiting family when he was tattooed two years ago, brought Sabbath flowers to his mother. “She was really upset about it at first,” he said. “When I explained the reasons for why I did it, we cried together. I said, ‘You’re always with me.’ ”

The 10 tattooed descendants interviewed for this article echoed one another’s motivations: they wanted to be intimately, eternally bonded to their survivor-relative. And they wanted to live the mantra “Never forget” with something that would constantly provoke questions and conversation.

Ms. Sagir, a cashier at a minimarket in the heart of touristy Jerusalem, said she is asked about the number 10 times a day. There was one man who called her “pathetic,” saying of her grandfather, “You’re trying to be him and take his suffering.” And there was a police officer
who said, “God creates the forgetfulness so we can forget,” Ms. Sagir recalled. “I told her, ‘Because of people like you who want to forget this, we will have it again.’”

One recent Friday, Ms. Sagir accompanied her uncle, Doron Diamant, 40, a carpenter and father of four, to the tattoo parlor. He was the fifth descendant of Yosef Diamant — who died last year at 84 — to be tattooed.

It was done in 15 minutes, for about $40. When the tattoo artist, a Russian immigrant, joked that he is “not so patriotic” to do it at a discount, Mr. Diamant quietly seethed. “This is the reason he sits here, this tattoo and what this number represents,” Mr. Diamant said. “We got the country because of these people.”

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Based on what you know about tattoos and Judaism, is it permissible for the grandchildren of Holocaust survivors to get tattooed with the “number” of their grandparent? Be sure to explain your position according to all relevant opinions!

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In the article, there are different reactions to the grandchildrens’ decisions. In your opinion, is the tattoo number tribute befitting or appropriate? Why or why not?

8.

Rabbi Lazer Brody discusses Tattoos in the Mikvah

https://vimeo.com/102775860
UNIT 4: End of Life Issues and Organ Donation
The Issues

1. Kavod haMet - Respect for the Dead

HODS: The Halachik Organ Donation Society

WATCH: http://www.youtube.com/watch?v=5cfaAWTH5zM#t=13

Know these terms!

a. nivul hamet- which forbids the needless mutilation of a body. This raises an issue in Jewish law when surgically cutting the body for organ transplants. If organ transplantation was allowed to be performed, the incision to remove an organ must be limited to the necessary minimum to remove the organ to save the recipient’s life.

b. halanat hamet- which forbids delaying the burial process of a body. Organ transplants procedures require adequate preparation and time. Preparing a body of a Jewish donor for transplants delays the burial process and paying respect to the deceased.

c. hana'at hamet- which forbids gaining benefit from a dead body. Taking organs from a dead body to use for beneficial purposes is not permissible.

d. Jews are obligated under Jewish law to bury a person whole with all their body parts. If organ transplantation was allowed to be performed, all organs and tissue not transplanted from the donor must remain with the cadaver for appropriate and prompt burial.
2. Dead Wrong

Another major debate around organ donation concerns with the definition of death. Because if the accepted definition if death is “incorrect,” removing a heart from a donor who was established dead under the “wrong” criteria is tantamount to murder. With life-support and cardiopulmonary resuscitative technology, establishing the moment of death becomes more complicated and opinionated.

WATCH: http://www.youtube.com/watch?v=u6CXKBYiNKs

3.

![Image]

1. Where is this found?

2. What does it say?

3. What do we learn from here?
4.

1. Where is this found?

2. What does it say?

3. What do we learn from here?

Watch: FedEx shipping a head (Scott and Todd)

http://www.youtube.com/watch?v=b5qhTp8ppoQ

Watch: Chinese Harvesting Organs from Prisoners:

http://www.youtube.com/watch?v=byAOOywJMZs
5.

China to phase out use of prisoners' organs for transplants

BEIJING | BY LI HUI AND BEN BLANCHARD

China will start phasing out its decades-long practice of using the organs of executed prisoners for transplant operations from November, a senior official said on Thursday, as it pushes to mandate the use of organs from ethical sources in hospitals. China remains the only country in the world that still systematically uses organs extracted from executed prisoners in transplant operations, a practice that has drawn widespread international criticism. Many Chinese view the practice as a way for criminals to redeem themselves. But officials have recently spoken out against the practice of harvesting organs from dead inmates, saying it "tarnishes the image of China".

The health ministry will begin enforcing the use of organs from voluntary donors allocated through a fledgling national program at a meeting set to be held in November, former deputy health minister Huang Jiefu, who still heads the ministry's organ transplant office, told Reuters. "I am confident that before long all accredited hospitals will forfeit the use of prisoner organs," Huang said. The first batch of all 165 Chinese hospitals licensed for transplants will promise to stop using organs harvested from death row inmates at the November meeting, he added. Huang did not specify the exact number.

MEETING "ACCEPTED ETHICAL STANDARDS"

An Australian-trained liver transplant surgeon, Huang said the China Organ Transplant Committee will ensure that the "source of the organs for transplantation must meet the commonly accepted ethical standards in the world". That effectively means the use of prisoner organs at approved hospitals will come to an end, but the timeframe remains indefinite, he added.

China has launched pilot volunteer organ donor programs in 25 provinces and municipalities with the aim of creating a nationwide voluntary scheme by the end of 2013. By the end of 2012, about 64 percent of transplanted organs in China came from executed prisoners and the number has dipped to under 54 percent so far this year, according to figures provided by Huang.
At a meeting in August last year, Huang, deputy health minister at the time, told officials that top leaders had decided to reduce dependency on prisoners' organs, according to a transcript of the meeting obtained by Reuters. Rights groups say many organs are taken from prisoners without their consent or their family's knowledge, something the government denies.

So far, more than 1,000 organ donors have come through the new system, benefiting at least 3,000 patients, Huang said. Voluntary organ donation in China has already risen from 63 cases in all of 2010 to a current average of 130 per month so far this year, Huang added.

However, not all donated organs are currently allocated through the new program, leaving room for human interference, one of the main challenges the reform faces. Supply still falls far short of demand due in part to the traditional Chinese belief that bodies should be buried or cremated intact. An estimated 300,000 patients are waitlisted every year for organ transplants and only about one in 30 ultimately will receive a transplant. The shortage has driven a trade in illegal organ trafficking and in 2007 the government banned organ transplants from living donors, except spouses, blood relatives and step or adopted family members.

6.

Bodies, the Exhibit:

http://www.bodiestheexhibition.com/about-the-exhibition.html

Bodies: The Exhibition
From Wikipedia, the free encyclopedia

Bodies… The Exhibition is an exhibition showcasing preserved human bodies dissected to display bodily systems. It opened in Tampa, Florida on August 20, 2005. It is similar to, though not affiliated with, the exhibition Body Worlds (which opened in 1995). The exhibit displays internal organs and organic systems, bodies staged in active poses, and fetuses in various stages of development.
The show is operated by Premier Exhibitions which presents and promotes similar exhibits including "Bodies Revealed", and "Our Body: The Universe Within", and other entertainment exhibits. Concerns have been raised about the bodies' origins and about the ethics of viewing human remains, especially for children and Catholics. This show appeared in the following 75 places: Albuquerque, Amsterdam, Athens, Atlanta, Atlantic City, Barcelona, Belgrade, Bogotá, Boise, Branson, Bratislava, Brisbane, Bucharest, Budapest, Buenos Aires,布尔灵顿, Chicoutimi, Cincinnati, Cleveland, Columbus, Córdoba, Detroit, Dublin, Durham, Fort Lauderdale, Gdansk, Greensboro, Haifa, Hartford, Honolulu, Houston, Idaho Falls, Indianapolis, Jaffa, Krakow, Las Vegas, Lexington, Lisbon, Ljubljana, London, Madrid, Miami, Montreal, New York, Niagara Falls, Omaha, Ostena, Phoenix, Pittsburgh, Prague, Puerto Rico, Quebec City, Riga, Rotterdam, Sacramento, San Antonio, San Diego, San Jose (Costa Rica), San Salvador, Santiago de Chile, São Paulo, Seattle, Shreveport, Sofia, Tampa, Tegucigalpa, Tel-Aviv, Tucson, Tulsa, Vienna, Warsaw, Washington D.C, Winnipeg, and Zagreb.

**Exhibit Organization**

The exhibit is set up so that one starts at the skeletal system, and more layers (muscular, nervous, circulatory, digestive, respiratory, urinary, and reproductive systems; as well as fetal development and the treated body) are added in successive rooms. Containing about twenty bodies in total, each exhibition uses real human bodies that have been preserved permanently by a process called "polymer preservation" so that they will not decay. This exhibition is organized by the publicly traded corporation, Premier Exhibitions Incorporated, which also staged Bodies Revealed first in Seoul, South Korea and more recently in the US. The company received the cadavers for research from the Chinese government, who donated them because all the bodies at the time of death had no close next of kin or immediate families to claim the bodies. The dissections took place at the Dalian University in Liaoning, China and the resulting specimens were leased to Premier Exhibitions for the five-year duration of the show.

Some of the specimens are arranged so that they are performing activities such as playing poker or conducting an orchestra. Along the way are other displays showing a human intestine stretched out, the polluted lung of an adult smoker, and all of the arteries and veins without the body itself. The exhibit of the polluted lung of the smoker also includes a clear standing box in which guests can discard their cigarettes and tobacco products after viewing the display. In the Las Vegas exhibit, there was also a polluted lung of a fetus on display. One section includes several fetuses in various stages of development. All of the fetuses died due to miscarriages, and the disorders which caused each are highlighted on most of the displays. Guests are notified by a small sign at the exhibit of the sensitivity...
of the fetus gallery just before entrance into the area, and given the option to skip that room if so desired.

**Preservation of the bodies and organs**
The bodies are prevented from decay by a means of a rubberization process patented in the 1970s by anatomist Gunther von Hagens. The essence of the process is the replacement of water and fatty material in the cells of the body first by acetone and then by plastics, such as silicone rubber, polyester or epoxy resin.

**Ethical concerns**
Concerns have been raised about the provenance of the bodies and the ethics of viewing human remains, especially for children and Catholics. In an editorial, Lutheran Reverend Christoph Reiners questioned the effect on the values of children. Prior to the 2005 U.S. premiere, the Florida Attorney General expressed the opinion that the State Anatomical Board's approval should be required. The Board fought the Tampa exhibit, with its director expressing the opinion that the exhibit should be shut down. Premiere Exhibitions officials disagreed, claiming that the Board had jurisdiction only over medical schools and not museums; the exhibit opened two days ahead of schedule at the Tampa Museum of Science and Industry.

From 2006, the New York Times and the 20/20 television program have published reports on a "black market" in Chinese cadavers and organs, sparking a Congressional inquiry, an investigation by NY Attorney General Andrew Cuomo, and the resignation of Premier's CEO Arnie Geller. As the result of the Cuomo investigation and subsequent settlement in 2008, the front page of the exhibition website displays a disclaimer about the presumed origin of the bodies and fetuses, saying that it "relies solely on the representations of its Chinese partners" and "cannot independently verify" that the bodies do not belong to executed prisoners. Both the human rights activist Harry Wu and the director of the Human Rights in China advocacy group have objected to the exhibit on these grounds.

A science education coordinator for the Carnegie Museum of Science resigned her position over the exhibit, citing her religious beliefs, questions about provenance, and a general repugnance for putting "human remains" on exhibit. Professor Anita Allen, a University of Pennsylvania bioethicist, argued spending money to "gawk" at human remains should raise serious concerns. Thomas Hibbs, Baylor University ethicist, compares cadaver displays to pornography in that they reduce the subject to "the manipulation of body parts stripped of any larger human significance." Even if consent were to be obtained, Rabbi Danny Schiff maintains that we should still question what providing "bodies arranged in showcases for a hungry public" says about a society.
Organ Trade
From Wikipedia, the free encyclopedia

**Organ trade** is the trade involving inner human organs (heart, liver, kidneys, etc.) for organ transplantation. As of 2011, about 90,000 people were reported to have been waiting for a new organ. There is a worldwide shortage of organs available for transplantation,[2] yet commercial trade in human organs was at one point illegal in all countries except Iran. The problem of illegal **organ trafficking** is widespread, although data on the exact scale of the organ market is difficult to obtain. Whether or not to legalize the organ trade to combat illegal trafficking and organ shortage is a subject of much debate. On average, an individual will wait three and a half years for an organ to become available for transplant.[1]

Monetary compensations for organ donors are being legalized in Australia and Singapore.

**Legalization of organ trade**

Iran has been the only nation that allows the legal buying and selling of organs. The market is contained within the country; that is, foreigners are not allowed to buy organs of Iranian citizens. In an attempt to further limit transplant tourism, organs can only be transplanted between people of the same nationality, that is to say an Iranian cannot purchase a kidney from a refugee from another country.[5] The system is largely charity and volunteer-based, and those tasked with matching donors and patients are not paid for their work.[6] The Iranian system has been put up as an example of an effective and safe organ trading model by proponents of legalized donation; although the system is not without its challenges and there is no short or long-term follow up on donor health.[7]
The non-profit organization Datpa finds donors who get their pay from the Iranian government and the receiver. Charity organizations support receivers that cannot afford the pay.[8]

An article in Clinical Journal of the American Society of Nephrology notes that the Iranian model has avoided many problems associated with organ trade. All solutions tried in other developing countries have failed to even slow down the continual growth of organ transplant queues.[9]

Now monetary compensation for organ donors is being legalized in Australia and Singapore too. Kidney disease organizations in both countries have expressed their support.

All other nations had some form of legislation meant to prevent the illegal trading of organs, whether by an outright ban or through legislation that limits how and by whom donations can be made. Many countries, including Brazil, Belgium, and France, use a system of presumed consent to increase the amount of legal organs available for transplant.¹ In the United States, federal law prohibits the sale of organs, however the government has created initiatives to encourage organ gifting and to compensate those who freely donate their organs. In 2004, the state of Wisconsin began providing tax deductions to living donors.[11] Worldwide, the trend has been to move towards increased regulation of organ trading. This is seen in the tightening of policies after countries like China and India came under scrutiny for human rights violations related to their organ procurement process.

Organ prices

In legal markets of Iran the price of a kidney is $2,000 to $4,000.[12][13] In the black market the price may be above $160,000.[14] Middlemen take most of the money, the operation is dangerous to both the donor and receiver, and the buyer often gets hepatitis or HIV.[12]
Arguments on legalization

Safety

See also: Organ donation and Organ transplant

In the 1970s pharmaceuticals that prevent organ rejection were introduced. This, along with a lack of medical regulation, helped foster the organ market. Living donor procedures include kidney, liver, cornea and lung transplants. Most organ trade involves kidney or liver transplants.

Despite numerous past failures in organ trades due to lack of contractual and/or safety regulation, Robert D. Truog,​[15] Director of the Center for Bioethics of Harvard Medical School's Department of Global Health and Social Medicine addresses the lowered safety risks in transplant procedures with available modern medical technology, along with increased regulation in contracting of organ transplantation for individuals with more government interventions.​[16]

The risk due to kidney donation is very small, the same as some beauty surgeries like liposuction. A screened donor lives longer than two kidney people in the average. On legalized organ markets the position of both the donor and the receiver would be better than on black market .​[12]

There is mainly just the risk of operation. The remaining kidney will expand to fill the gap. A second kidney has almost no benefits, as the kidneys usually fail simultaneously. However, a kidney received from a living donor lasts usually years longer than a kidney from a dead donor.​[17]

In the black market, the donors may not get sufficient after-operation care.​[8]

Organ safety

The legal trade on blood donation in the U.S. already produces much more blood donation than the uncompensated donation in Britain. Decades ago organ trade and blood trade were opposed on grounds of quality of traded blood or organs, but according
to professor Becker the screening technology is sufficiently efficient to guarantee the safety of the organs.\textsuperscript{[18]}

Organ shortage has forced to the use of organs from cadavers of old or ill people, which has led to the organs failing or containing cancers. However, waiting for a better organ can be dangerous, due to the fact that queues often involve a high risk of dying.\textsuperscript{[8]}

\textbf{Poor donors}

Nobel Prize–winning professor Gary Becker notes that the poor are not even allowed to sell their organs after their death to benefit their families. There was a similar fear on that a voluntary army would consist of the most poor, but also that did not happen, because often the poor did not have the required education.\textsuperscript{[18]}

\textbf{Impulsive unthinking donations}

Professors Becker and Elias note that if impulsive or unthinking donations are feared, a written consent with a compulsory cooling-off period could be used.\textsuperscript{[19]} Also non-paid donations suffer from the same problem.

Bioethicist Gregory Pence is worried on the fact that family, friends, or employees feel intense social pressure to donate to a patient.\textsuperscript{[20]} Some transplant centers are said to solve this problem by "inventing" a medical excuse to reluctant donors.\textsuperscript{[21]} A monetary compensation is suggested as solution to the organ shortage that causes the problems.\textsuperscript{[21]}

\textbf{Previous attempts to legalize organ trade}

\textbf{China}

\emph{See also: Organ transplantation in China and Organ harvesting from Falun Gong practitioners in China}

China has no organized system of organ donations.\textsuperscript{[22]} Since the late 1980s, there have been multiple indications that executed prisoners are the main (and, more or less, only) source of organs and tissues in the Chinese transplant programs.\textsuperscript{[23]} Despite the legality of the using executed prisoners in China, there is evidence that the government attempted to
downplay the scope of organ harvesting through confidentiality agreements[24] and laws such as the Temporary Rules Concerning the Utilization of Corpses or Organs from the Corpses of Executed Prisoners.[25] Even with this lax regulation, China still suffered a shortage of organs for transplant.

The Kilgour–Matas report[22] found that "there has been and continues today to be large scale organ seizures from unwilling Falun Gong practitioners",[22] confirming an earlier report.[26]

Shortly after reports of organ harvesting emerged, Party leaders announced new legislation banning use of organs without consent.[27] The Chinese government passed legislation ending the legal sale of organs. No legislation currently prohibits the collection of organs from deceased inmates who sign agreements before execution. China introduced new legislation in order to standardize its organ collection process. This legislation includes regulations stating which hospitals can perform operations and what the legal definition of brain-death is. Foreign transplant patients are no longer accepted.[26] Over a year later, the law (banning use of organs without consent) did not appear to have been implemented at all.[27]

In a 2009 interview, Manfred Nowak, the United Nations Special Rapporteur on Torture said, "The Chinese government has yet to come clean and be transparent ... It remains to be seen how it could be possible that organ transplant surgeries in Chinese hospitals have risen massively since 1999, while there are never that many voluntary donors available."[29] Nowak submitted two reports to the U.N. Human Rights Council formally requesting the Chinese regime respond to the allegations.[29]

India

Before the passage of the Transplantation of Human Organs Act in 1994, India had a successful legal market in organ trading. Low cost and availability brought in business from around the globe and transformed India into one of the largest kidney transplant
centers in the world. Several problems began surfacing during the period of legal organ trade in India. In some cases patients were unaware a kidney transplant procedure even took place. Other problems included patients being promised an amount much higher than what was actually paid out. Ethical issues surrounding contribution donating pushed the Indian government to pass legislation banning the sale of organs. Despite these steps, loopholes still exist in current laws that allow non-related donors to give organs if they are emotionally close to the recipient. In many cases, the donor may not be from the same country as the patient, or even speak the same language.

Iran

In Iran the practice of selling one's kidney for profit is legal. Iran currently has no wait lists for kidney transplantation. Kidney sales are legal and regulated. The Charity Association for the Support of Kidney Patients (CASKP) and the Charity Foundation for Special Diseases (CFSD) control the trade of organs with the support of the government. The organizations match donors to recipients, setting up tests to ensure compatibility. The amounts paid to the donor vary in Iran but the average figures are $1200 for kidney donation. Employment opportunities are also offered in some cases. It has been argued that the Iranian system is in some ways coercive, as over 70% of donors are considered poor by Iranian standards. There is also evidence of highly negative outcomes both in health and emotional wellbeing for Iranian donors. The first ethnographic research on Iran's system of remunerated donation was a preliminary investigation conducted in 2002 by Diane Tober, a medical anthropologist and specialist in Iran, in association with Scheper-Hughes' Organs Watch initiative.

Philippines

The sale of organs was legal in the Philippines until a ban took effect in March 2008. Prior to this, the Philippines was a popular destination for transplant tourists. The Philippine Information Agency, a branch of the government, promoted "all-inclusive" kidney transplant packages that retailed for roughly $25,000. Since instituting the ban
on organ selling, transplants have dropped from 1,046 in 2007, to 511 in 2010.\.[37] However, Professor Roger Lee Mendoza suggests that declining numbers of transplant tourists and documented organ sales do not necessarily weaken organ black markets. Instead, these often have the opposite effect of fostering brokered and compensation-based contractual systems between underground donors, brokers and buyers.\.[38]

**Illegal organ trade**

According to the World Health Organization (WHO), illegal organ trade occurs when organs are removed from the body for the purpose of commercial transactions.\.[39] The WHO justifies these actions by stating that, “Payment for...organs is likely to take unfair advantage of the poorest and most vulnerable groups, undermines altruistic donation and leads to profiteering and human trafficking.”\.[40] Despite these ordinances, it was estimated that 5% of all organ recipients engaged in commercial organ transplant in 2005.\.[41] Research indicates that illegal organ trade is on the rise, with a recent report by Global Financial Integrity estimating that the illegal organ trade generates profits between $600 million and $1.2 billion per year.

Criminal networks increasingly engage in kidnapping of people, especially children and teens, who are then taken to locations with medical equipment where they are murdered and their organs harvested for the illegal organ trade.\.[55]\.[58] Poverty and loopholes in legislation also contribute to the illegal trade of organs.\.[60] Poverty is seen in all countries with a large black market for organs. Legislation is another contributing factor in the illegal organ trade, especially legislation with loopholes. For example, India's Transplantation of Human Organs Act (THOA) requires that an organ donor must be a relative, spouse, or an individual donating for reasons of "affection." Often, claims of "affection" are unfounded and the organ donor has no connection to the recipient.\.[69] Monetary transactions for organs are illegal in India currently, but there are
no laws concerning funds given to a spouse. The spousal inclusion provides a loophole for illegal trade; in some cases organ donors marry the recipient to avoid legal penalty.\cite{61}

**History**

The international community and national governments have been trying to find stable, ethical systems to deal with the high demand for organ transplants. In 1968, the United States implemented the Uniform Anatomical Gift Act of 1968, which gave individuals the right to donate their organs after their death. Following, the U.S. enacted the National Organ Transplant Act of 1984, which established a national online registry for organ donors and prohibited the buying or selling of organs in the U.S. The most recent efforts of the United States to combat high organ demand include the revision of the Uniform Anatomical Gift Act in 2006 and the 2007 Charlie W. Norwood Living Organ Donation Act.\cite{39}

Numerous other countries have passed laws aimed at ending illegal organ trade. In 1994, India passed the Transplantation of Human Organs Act, which banned both the sale of human organs and organ transplants between non-relatives. South Africa adopted the Human Tissue Act of 1983, which outlaws the transfer of tissue (including flesh), bone, organ, or bodily fluid in exchange for payment.\cite{60} In May 2007, China adopted the Human Transplantation Act banning organ commercialism.\cite{62}

**Prosecuted cases**

Though claims of organ trafficking are hard to substantiate due to lack of evidence and reliable data, cases of illegal organ trade have been tried and prosecuted in the past. It is estimated that 42% of organs that are transplanted are from illegal human trafficking.\cite{63}

In 1990, *The Lancet* published a document on the transplant cases of 131 renal patients from three dialysis units in the United Arab Emirates and Oman.\cite{64}

In 1993, Bombay police exposed a kidney sale and transplantation operation run by a man known as Santosh Raut. Eleven people, including Raut and two nephrologists, were
arrested, but Raut managed to escape capture. Authorities believe that Raut went on to establish similar illegal kidney centers across many Indian cities. In February 2008, another kidney transplant center, run by a man called Amit Kumar, was discovered by police in Delhi and nearby Gurgaon. Due to technological advances in fingerprinting, Kumar and Raut are now believed to be the same perpetrator, who has gone by many aliases throughout years of illegal activity. In addition to the two instances mentioned above, Kumar alias Raut is facing charges for his decades of involvement in illegal organ trade, which includes over 600 kidney transplants and the involvement of at least two hospitals.[34]

In 2007 a man in the United Kingdom became the first person convicted under the Human Tissue Act 2004 by trying to sell his kidney online for £24,000 in order to pay off his gambling debts.[65] Levy Izhak Rosenbaum of Brooklyn was arrested in July 2009 for conspiring to arrange the sale of an Israeli citizen's kidney for $160,000 to an undercover FBI officer. According to the complaint, Rosenbaum had said that he had been involved in the illegal sale of kidneys for 10 years. Acting US Attorney Ralph Marra said "His business was to entice vulnerable people to give up a kidney for $10,000 which he would turn around and sell for $160,000". Anthropologist and organ trade expert Nancy Scheper-Hughes stated that she had informed the FBI that Rosenbaum was "a major figure" in international organ smuggling 7 years ago, and that many of Rosenbaum's donors had come from Eastern Europe. She also heard reports that Rosenbaum held donors at gunpoint to ensure they donated their organs.[66] Rosenbaum was arrested and pled guilty to organ trafficking in 2011.

In November 2010, the South African National Direct of Public Prosecution found St. Augustine's Hospital, owned and operated by the private company Netcare Kwa-Zulu (Pty) Limited guilty of 102 counts of activity relating to illegal kidney transplant operations. Convicted along with the private company were four transplant doctors, a nephrologist, two transplant administrative coordinates, and a translator. The charges
against the parent company, Netcare, and its CEO Richard Friedland were dropped in
order to obtain an admission of guilt from the hospital. The private company pleaded
guilty to 109 illegal kidney operations performed on Israeli, Romanian, and Brazilian
citizens between June 2001 and November 2003, including five minors. These citizens
received cash following their surgeries, while the private company was paid up-front for
its involvement in the operation. In December 2010, Turkish national were reported to
be involved in organ trafficking in Kosovo. In 2013 "an international panel of judges
from the European Union Rule of Law Mission in Kosovo" convicted 5 people for
illegal organ trade.

In 2014 an alleged member of the Mexican Knights Templar cartel was arrested for the
kidnapping and deaths of minors. Children were found wrapped in blankets and stuffed in
a refrigerated container inside a van. Various accounts have stated the individual is part of
a network that kidnaps and kills minors after which their organs are removed. Other
sources of income are drug trafficking, extortion, illegal mining and illegal logging.

The Red Market

In 2011, Scott Carney coined the term "Red Market" to describe a broad category
of economic transactions around the human body. Drawing on the concepts black
markets, white markets and gray markets he suggests that commerce in body parts
is separate because bodies are not commodities in a strict sense. Instead
commerce in human bodies needs to account for the ineffable quality of life and
creates a lifelong debt between the provider and receiver of the flesh. Straight
commerce in human bodies disguises the supply chain and reduces a human life
to its meat value. Carney calls for "radical transparency" in the red market supply
chain in order to protect its humanness.

His book The Red Market: On the Trail of the World's Organ Brokers, Bone Thieves,
Blood Farmers and Child Traffickers traces the rise, fall, and resurgence of this
multibillion-dollar underground trade through history, from early medical study and modern universities to poverty-ravaged Eurasian villages and high-tech Western labs; from body snatchers and surrogate mothers to skeleton dealers and the poor who sell body parts to survive. While local and international law enforcement have cracked down on the market, advances in science have increased the demand for human tissue—ligaments, kidneys, even rented space in women's wombs—leaving little room to consider the ethical dilemmas inherent in the flesh-and-blood trade.

**Current state**

According to the most recent Bulletin of the World Health Organization on the state of the international organ trade, 66,000 kidney transplants, 21,000 liver transplants, and 6000 heart transplants were performed globally in 2005. Another article reports that in 2008 the median waiting time for the U.S. transplant list was greater than 3 years (with projections to increase in the next few years), while the United Kingdom reported a lack of organs for 8000 patients, with the rate increasing at 8%. In response to the high demands and long waiting times, the illegal organ trade has been expanding. Currently, it is estimated that about 10% of all transplants occur illegally, with the Internet acting as a facilitator. For 2006, it was estimated that at least 4000 prisoners were executed to supply approximately 8000 kidneys and 3000 livers for foreign buyers. In 2007, 2500 kidney transplants were bought in Pakistan, with foreign recipients making up two-thirds of the purchases. As of 2007, the Voluntary Health Association of India estimates that approximately 2000 Indians sell a kidney every year. And in Canada and the United Kingdom, experts estimate that about 30 to 50 patients illegally purchased organs abroad.

**Transplant tourism**

The United Network for Organ Sharing defines transplant tourism as "the purchase of a transplant organ abroad that includes access to an organ while bypassing laws, rules, or processes of any or all countries involved." The term transplant tourism describes the
commercialism that drives illegal organ trade, but not all medical tourism for organs is illegal. Examples include when both the donor and recipient of the organ travel to a country with adequate facilities to perform a legal surgery or a recipient travels to receive the organ of an abroad relative. Transplant tourism raises concerns because it involves the transfer of healthy organs in one direction, depleting the regions where organs are bought. This transfer typically occurs from South to North, developing to developed nations, females to males, and from people of color to whites, a trend that experts say "has exacerbated old...divisions."[34]

The kidney is the most sought after organ in transplant tourism, with prices for the organ ranging from as little as $1300[34] to as much as $150,000.[62] In fact, reports estimate that 75% of all illegal organ trading involves kidneys.[74] The liver trade is also prominent in transplant tourism, with prices ranging from $4000[78] to $157,000.[76] Though livers are regenerative and thus not fatal to remove from donors, liver donations are much less common due to an excruciating recovery period that deters donations. Other high-priced bodily organs commonly sold in the organ trade include corneas ($24,400) and unfertilized eggs ($12,400), while lower-priced bodily commodities include blood ($25–$337), skin ($10 per square inch) and bones/ligaments ($5,465). While there is a high demand, and correspondingly a very high price, for vital organs such as hearts or lungs, transplant tourism and organ trafficking of these parts is very rare due to the sophisticated nature and the state-of-the-art facilities required for such transplants.[76]

**Global reaction**

In view of the increasing activity of the illegal organ trade and transplant tourism, the international community has issued many ordinances and declarations against the selling of organs. Examples include the 1985 denouncement of organs for commercial use by the World Medical Authority, the Council of Europe's Convention on Human Rights and Biomedicine of 1997 and its 2002 Optional Protocol Concerning Transplantation of Organs and Tissues of Human Origin, and the Declaration of Istanbul on organ
The World Health Organization has played a prominent role in condemning the illegal organ trade. The WHO first declared organ trade illegal in 1987, stating that such a trade violates the Universal Declaration of Human Rights. In 1991, it approved nine guiding principles for human organ transplant at the 44th World Health Assembly, clearly stating among the guidelines that organs cannot be the subject of financial transactions. On May 22, 2004, these guidelines were slightly amended at the 57th World Health Assembly and are intended for governments. These global initiatives have served as a helpful resource for establishing medical professional codes and a legal framework for the issue, but have not provided or declared necessary sanctions to enforce their decrees.

**Declaration of Istanbul**

The Declaration of Istanbul on organ trafficking and transplant tourism, drafted by the international transplant community, defines transplant commercialism, organ trafficking, and transplant tourism and denounces the practices based on violations to equity, justice and human dignity. The declaration aims to invoke and promote ethical practices in organ transplantation and donation on an international level. The declaration is nonbinding, but over 100 transplant organizations support its principles, including countries such as China, Israel, the Philippines, and Pakistan, who have strengthened their laws against illegal organ trading after release of the declaration.

**Impact on the poor**

**Demographics**

Data from the World Health Organization indicates that the primary group targeted by the illegal organ trade is impoverished individuals in developing nations. In a study of organ donors in India, it was found that 71% of all donors fell below the poverty line. Tales of organ theft usually characterize the victims as unemployed males between ages 20–40 who are seeking work and are taken out of the country for operations. This is
seen in the case of Makbuba Aripova, whose husband left Uzbekistan for a job in Canada. Her corpse and those of family members traveling with her were found several days later with missing organs and bags of money believed to be the proceeds from an organ sale.\textsuperscript{25} While men feature prominently in anecdotes on the organ trade, impoverished women are also frequent victims.\textsuperscript{41} However most data show that women are rarely the recipients of purchased organs.\textsuperscript{34}

**Reasons for donating**

Considering the poor status of most donors, one of the primary stated reasons for organ selling is to pay off debt.\textsuperscript{99} Those who are poorest are frequently seen as more reliable targets for transplant tourists because they are the most in need of money. It has been argued that by providing compensation to donors, the organ trade is helping to lift some people out of poverty. However evidence of this claim is still being debated.\textsuperscript{6} In many cases, people who sell their organs in order to pay off debt do not manage to escape this debt and remain trapped in debt cycles.\textsuperscript{77,78} Often people do not make an informed choice to donate their kidneys to strangers, but are forced into doing so due to extreme poverty.\textsuperscript{78} It is therefore problematic to establish informed consent when the decision to donate is economically motivated, particularly in unregulated organ markets. The donor's social conditions are highly important in understanding the motives and outcomes of organ donation particularly in relation to economically disadvantaged organ donors. This problem of informed consent and kidney vendors being driven by poverty to sell their organs was also noted by Diane Tober in her article "Kidneys and Controversies in the Islamic Republic of Iran."\textsuperscript{79}

In some cases, organs are sold to other family members, either from parents to offspring, or from adult children to parents. This is more frequent in nations where waiting lists are less formal and among families that cannot afford to leave the country for transplants.
The trend of younger people donating to their more aged relatives is relatively new, and has been criticized for placing greater value on kidneys from live donors.[80]

Outcomes

Reports by the World Health Organization show decreased health and economic wellbeing for those who donate organs through transplant tourism. In Iran 58% of donors reported negative consequences for their health status. In Egypt, the number rose as high as 78%, and 96% of donors stated that they regretted doing so.[41] These findings are relatively consistent across all countries; those who sell their organs on the market tend to have lower overall health. Substandard conditions at the time of transplant can also lead to transmission of diseases like hepatitis B and C and HIV. The poor health of donors is further exacerbated by depression and other mental illnesses brought on by the stress of donating and insufficient care after surgery.

Impoverished donors' economic outcomes are no better than their health outcomes. In a study of Indian donors, it was found that 96% of donors sold a kidney to pay off debts, however 75% of all donors still had this debt after a period of time.[41] Organ brokers frequently do not pay the full amount promised to the donor. Cash that is received for the donation is often quickly spent on post-surgery care that is not provided by the buyer.[56] In a study of Iran, the only nation that has legalized payment for organs, it was found that 66% of donors reported lower financial status. While the Iranian model does provide better compensation for donors and has subsidized the cost of immunosuppressant drugs, it has been argued that the non-negotiable price of a kidney drastically devalues the donor at the expense of the patient.[39] Donors in all countries often report weakness after surgery that leads to decreased employment opportunities, especially for those who make a living through physical labor.[36]
Scholarly debate

The issue of organ trade, both illegal and legal, has been and continues to be the subject of much debate from a wide range of scholars representing diverse perspectives. These debates have resulted in many different solutions addressing the high demand for organs and the rise in illicit trading, including but not limited to a free market for organs, increased legislative regulations and sanctions against illegal organ trading, and implementation of "presumed consent" laws for organ donations. These proposed solutions stem from a large field of academic perspectives, discussed below.

Academic perspectives

According to a literature review, of the 72 economic researchers who have studied organ trade, 68% supported and 21% opposed legalization of organ trade. Many critics state that in order to achieve effective prohibition of illegal organ trading, criminal justice agencies must collaborate with medical authorities to strengthen knowledge and enforcement of organ trade laws. Critics also support other criminal justice actions to meet this goal, such as prioritization of organ trafficking with local level and legislative bodies, multidisciplinary collaboration in cross-border offenses, and further police training in dealing with organ trafficking crimes.
Economic perspective

The consensus of American Economic Association members is that organ trade should be legalized (70% vs. 16%).[83]

In Journal of Economic Perspectives Nobel laureate Gary Becker and Julio Elias estimated that a $15,000 compensation would alleviate the shortage of kidney donors. The government could pay the compensation to guarantee equality. This would save public money, as the dialysis for the patients is so expensive.[8]

Many scholars advocate the implementation of a free market system to combat the economic shortage of available organs for transplant that helps drive illegal organ trade.[81] This illegal status of organ trade creates a price ceiling for organs at zero dollars. This price ceiling affects supply and demand, creating a shortage of organs in the face of a growing demand.[84] According to a report published by the Cato Institute, a US-based libertarian think tank, the elimination of the price ceiling would eliminate the shortage.[6]

However, the idea of organ "scarcity" had been opposed by Ivan Illich and other authors who argued that "scarcity" is an "artificially created need". There is not a real shortage of organs, but "excess and wasted" organs. Scarcity only exists for some groups of people—those who were denied the organs, and those who could not afford them. So what needs to be regulated, according to these authors, is organs procurement and distribution practices.[85]

Currently, with little incentive to donate an organ approximately 6,000 people die yearly waiting for a transplant organ. It has been argued by David Holcberg that the regulation of organ trade could solve the organ shortage and create safer, fair practices for donors.[86] Supporters of regulation argue that by implementing a regulated market system, prices for organs would actually be lower than current black market values since an increased supply drives prices down. These lowered organ prices could result in a disincentive to engage in black market organ trading, since illegal brokers would have less of a monetary gain.
Additionally, the increased supply would result in lower waiting periods for transplant recipient, which would reduce hospital costs.[81]

However, other critics state that such a market would only increase already high prices for organs, creating an imbalance: only wealthy individuals would be able to purchase these organs. They also argue that such a free market system for organ trade would encourage organ theft through murder and neglect of sick individuals for a financial gain. Advocates for the free market of organs counter these claims by saying that murder for money (e.g. cars, jewelry, etc.) already happens; sanctions against such acts exist to minimize their occurrence, and with proper regulation and law enforcement, such incidents in a legal organ trade could be minimized as well.[81]

**Medical ethics perspective**

The debate on ethics and morality of organ trade remains a hot topic in today's society. Everyday, the supporting evidence is changed due to the dynamic nature of our technological advancements in medicine and our understanding of ethics itself.[34] At the moment, although organ trade is illegal in almost all countries, it is still difficult to provide a solid conclusion in the field of business ethics without a bias based on one's basic beliefs, culture, or religion. Particularly, religion plays a major role in the topic of bodily autonomy in regards to organ trade. Bodily autonomy is defined as the "ability to make choices about how [one's] body is to be treated by others."[81] Many religious activists and theorists say this idea of bodily autonomy treats the body as property, which goes against many religious views that the body and self are one entity. Therefore, from a religious stance selling a part of your body is analogous to selling your inner self, or soul, which is regarded as a violation of human dignity in many religious communities.[87]

Advocates for bodily autonomy argue that the freedom to make decisions about one's body does not violate one's dignity but actually increases a person's sense of control and empowerment. By exercising their right to choose what to do with their body, they will be
further empowered and effectively increase their bodily autonomy. Additionally, advocates of bodily autonomy support their arguments by citing examples of activities in today’s society that pose risks analogous to organ trade. For example, the ability to endanger one's body by joining the military, acting as a surrogate mother, and/or engaging in medical experiments are all accepted in today's society fueled by financial incentives. By these standards, they argue, the right to choose whether to sell an organ should be supported.[81]

Some researchers have said that legalization would allow state supervision and hence minimize medical dangers and exploitation.[88] In the black market, postoperative care may be inadequate.[8]

Shortage on organs has led to the use of old and ill donors, which may lead to cancerous or weak organs being used. On the other hand, waiting for transplants also involves a high risk. There are millions of kidney patients in the world but in 2007 only 65,000 kidneys were transplanted. In the U.S. 83,000 patients wait for kidney transplants but just 16,500 of them received a kidney in 2008 and 5,000 died in waiting.[8]

Legalization of organ trade

Legalization of human organ trading has been opposed by a variety of human rights groups like the Organs Watch, a group established by medical anthropologist Nancy Scheper-Hughes who was instrumental in exposing illegal international organ selling rings. Much like the Organs Watch, the World Health Organization seeks to protect and benefit the poverty-stricken individuals who participate in the illegal organ trade out of necessity.[89] However, the act of selling oneself (or a portion of oneself) for monetary gain is still viewed as a lucrative opportunity.[62] Indeed, much academic debate is leaning towards the decriminalization and regulation of organ trade as a viable solution for organ trafficking.[73]

However, in 2010, UC Berkeley professor and Organ Watch director Nancy Scheper-Hughes already supported legal compensation for organ donations. She also says
that compensations are already paid in the “don’t ask, don’t tell” sense. Behind this lies the desperation due to shortage of organ donations. Scheper-Hughes is famous for her investigations that lead to several arrests due to third-world people being forced or fooled into organ donations.\[90\]

**Proposed solutions**

Several solutions have been put forward to both increase the amount of legally available organs and stanch the flow of illegal trafficking around the globe. Policies of presumed consent have been successful in various countries such as Brazil, the United States, and several nations of Europe. These policies can be either opt-in or opt-out. In a nation with an opt-out policy, consent for organ donation is presumed upon death, although one can choose not to donate by submitting documentation. Research shows a 25-30% increase in the amount of available organs in opt-out countries.\[39\] In nations with an opt-in policy, like the United States or France, a person may choose to donate their organs during their lifetime. In opt-in countries, families have on occasion succeeded in overturning the decision of the deceased to donate.

Presumed consent programs cut down on organ trafficking in many ways. These laws help increase the amount of available organs, decreasing the reliance of patients on the black market. At the same time, the increased amount of organs cuts the financial cost of a transplant, decreasing the need for medical tourism.\[25\]

Another method that has been recommended is to enact laws that would hold doctors accountable for not reporting suspected organ trafficking. Medical anthropologist Nancy Scheper-Hughes has written extensively on the issue of doctors knowingly performing illegal operations with illicit organs.\[34\] While it can be argued that expecting doctors to come forward violates doctor-patient privilege, their legal obligation to the patient, according to Scheper-Hughes, is superseded by public interest in ending alleged medical
violations of human rights. If accountability measures were imposed, doctors would be liable as accomplices if they knowingly performed operations with black market organs.[25]

Many in the United States believe that adopting a system for regulating organ trading similar to Iran’s will help to decrease national the shortage of kidneys. By promoting accountability, ensuring safety in surgical practices, employing vendor registries, and providing donors with lifetime care, it has been stipulated the US could adopt similar policies. Arguments have been made that private insurance agencies would be invested in providing such care for donors, as the procedure would become relatively standard given the long wait list for organs. Alternatively, laws could be enacted that make long-term care an intrinsic part of any donation agreement.[6] By legalizing and incorporating organ trade into the domain of government, poverty could be eliminated and the necessity of a black market for organs would be mitigated.

8. Donating Organs to Non-Jews
"Are Jews allowed to donate organs to save non-Jews?"

Source: www.hods.org

“…virtually every other nation has perceived itself as chosen or otherwise divinely special. For example, China means “Middle Kingdom” in Chinese – meaning that China is at the center of the world; and Japan considers itself the land where the sun originates (“Land of the Rising Sun”). The difference between Jewish chosenness and other nations’ similar claims is that no one cares about any other group considering itself Chosen, while vast numbers of non-Jews have either believed the Jews’ claim or have hated the Jews for it.”

-Dennis Prager, The National Review May 17, 2011
a. Image of God

The above question presupposes that the Torah indicates that while saving the life of a Jew would be permitted, the same act to save a non-Jew would be forbidden. In other words, the Torah considers the life of a non-Jew to be less valuable than that of a Jew. This assumption could be challenged on the Torah basis that “all of mankind was created in the image of God.” Since Judaism believes that every human being is created in the image of God, donating an organ to a non-Jew affirms that the person has the potential to walk in the path of God: Abram, the father of Judaism, was not Jewish before he became Abraham.

b. Different Halachic definition of non-Jew

It is true, that in certain cases the Talmud distinguishes between Jew and non-Jew concerning the permissibility of violating commandments to save a life. Some Rabbis, however, believe that although the halacha of 2000 years ago would distinguish between Jew and non-Jew that is because the non-Jew of yesteryear was a pagan, that sacrificed their children to the fire god, Molech. The non-Jew of today, certainly not monotheistic non-Jews, would not fall into such a category.

c. Enmity (Eiva)

The Talmud states that although one might think it is forbidden to violate the laws of the Torah, such as Sabbath laws, to save the life of a non-Jew, we are supposed to do so out of fear that not doing so might cause enmity between non-Jews and Jews. That reasoning seems to apply here.

Rav Moshe Feinstein wrote in Iggrot Moshe that Jewish doctors should violate the Sabbath to save the life of a non-Jew to prevent enmity -- in its simplest form a feeling of hostility, in its worst, hatred.

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The Crown Heights riots in New York in 1991 is a case in point. One of the things that inflamed the Brooklyn neighborhood was the fact that the Jewish ambulance corps, Hatzalah, came to a car accident scene and took the Jewish driver to the hospital and not an African-American child. Although there was no racial or religious motivation -- the police had instructed Hatzalah to do so because the African-American boy was already declared dead and the driver was injured -- there was a perception of preference by the Jewish ambulance technicians for the Jewish driver. Rioting among African-Americans and Jews took place for 3 days and 3 nights, and several Jews were chased and beaten. Yankel Rosenbaum, a chassidic Jew, was stabbed and killed.
Enmity, whether based on religious favoritism or merely the perception of it, is a real concern in today's world.

There is plenty of anecdotal evidence in transplant centers about how the medical establishment is angry that Jews don’t donate organs but are willing to receive organs. Again, halachic reasoning suggests that Jews should donate organs not only to Jews but to non-Jews as well, to prevent enmity.

d. The organ recipient might be a Jew

(This reasoning is based on the ancient idea that one should make a distinction between pagan and Jew). According to U.S. and Israeli law a donor family is prevented from knowing the religion of a potential recipient. As a result, there is a chance that the recipient might be a Jew.

The Talmud Tractate Yoma clearly states that when it comes to saving lives we don't follow the majority. This means that even if the majority of the 85,000 Americans waiting for organs are non-Jews, we don’t assume a chazaka, that the recipient is a non-Jew. Even if there is a fraction of one percent of a chance that you can save a (Jewish) life, you should violate 610 laws of the Torah (out of 613).

e. Every act of organ donation brings a Jew closer to the top of the list.

Assuming your understanding of Jewish law was focused on saving Jews, even if all of your eight critical life-saving organs were given to eight non-Jews, by removing those recipients from the list you are directly causing a Jewish person on the list to move up, where they might be matched with a life-saving organ.
1. Where is this found?

2. What does it say?

3. What do we learn from here?
2.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
3.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
4.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
Who was the Nodeh b’Yehuda?

Yechezkel ben Yehuda Landau (8 October 1713 – 29 April 1793) was an influential authority in halakha (Jewish law). He is best known for the work Noda b’Yehudah (נודא ביהודה), by which title he is also known.

Landau was born in Opatów, Poland, to a family that traced its lineage back to Rashi, and attended yeshiva at Ludmir and Brody. In Brody, he was appointed dayan (rabbinical judge) in 1734, and in 1745 he became rabbi of Yampol. While in Yampol, he attempted to mediate between Jacob Emden and Jonathan Eybeschütz in a debate—“The Emden-Eybeschütz Controversy”—that “had disrupted Jewish communal life for many years”. His role in the controversy is described as “tactful” and brought him to the attention of the community of Prague—where, in 1755, he was appointed rabbi. He also established a yeshiva there; Avraham Danzig, author of Chayei Adam, is amongst his best known students.

Landau was highly esteemed not only by the community, but also by others; and he stood high in favor in government circles. Thus, in addition to his rabbinical tasks, he was able to intercede with the government on various occasions when anti-Semitic measures had been introduced. Though not opposed to secular knowledge, he objected to “that culture which came from Berlin”, in particular Moses Mendelsohn’s translation of the Pentateuch.

His main work of responsa, titled Noda Biyudah (נודא ביודע, "Known in Judah", a reference to Psalms 76:2 and his father’s name), is one of the principal sources of Jewish law of his age. Famous decisions include those limiting autopsy to prevent a clear and present danger in known others. This collection was esteemed by rabbis and scholars, both for its logic and for its independence with regard to the rulings of other Acharonim as well as its simultaneous adherence to the writings of the Rishonim.

Other works include Dagul Mervevah on the Shulkhan Arukh (cf. Song of Solomon 5:10) and Tzyyun le-Nefesh Chayah (abbreviated as Tzelach, named in reference to his mother, whose name was Chayah) on the Talmud.
5. Must I Wear a Helmet?

The New York Times

May 21, 2000

The Way We Live Now: 5-21-00: The Ethicist; Worse for Not Wearing

By Randy Cohen

I often ride my motorcycle without a helmet. Our state helmet law basically applies to motorcycle riders under 18. I figure I'm not putting anyone but myself at risk. My friends say that this is tantamount to suicide. But isn't it just one of many risks all of us take everyday? -- Kelly Krebs, Minneapolis

If riding without a helmet affected only you, then helmet laws would be intrusive and paternalistic, and you'd be doing nothing unethical by riding bareheaded. An autonomous rider living free of the larger society is an attractive and romantic idea, but like most romantic ideas, it has little correspondence with actual life. Should you get in an accident, you are likely to be more seriously injured than you would be wearing a helmet, and thus you'll consume enormous medical resources. And should you die, your dependents might need a variety of public assistance. In other words, all sorts of social costs will increase, from insurance to emergency services; other people will be paying the price of your riding with the wind. And that is unethical. So I'm afraid that, law or no law, you've got to wear the helmet. However, if you remain determined to feel the wind in your hair, you can ride without your pants, which will not greatly augment your chance of dying, except of embarrassment.
6. Is There a Benefit to Taking Risks?

**TIME**

Tuesday, Dec. 30, 2008

**Why We Take Risks — It's the Dopamine**

By Alice Park

Risk-taking, by definition, defies logic. Reason can't explain why people do unpredictable things — like betting on blackjack or jumping out of planes — for little or, sometimes, no reward at all. There's the thrill, of course, but those brief moments of ecstasy aren't enough to keep most risk takers coming back for more — which they do, again and again, like addicts.

A new study by researchers at Vanderbilt University in Nashville and Albert Einstein College of Medicine in New York City suggests a biological explanation for why certain people tend to live life on the edge — it involves the neurotransmitter dopamine, the brain's feel-good chemical.

Dopamine is responsible for making us feel satisfied after a filling meal, happy when our favorite football team wins, or really happy when we use stimulating drugs like amphetamines or cocaine, which can artificially squeeze more dopamine out of the nerve cells in our brain. It's also responsible for the high we feel when we do something daring, like skiing down a double black diamond slope or skydiving out of a plane. In the risk taker's brain, researchers report in the *Journal of Neuroscience*, there appear to be fewer dopamine-inhibiting receptors — meaning that daredevils' brains are more saturated with the chemical, predisposing them to keep taking risks and chasing the next high: driving too fast, drinking too much, overspending or even taking drugs.
David Zald, a professor of psychology and psychiatry at Vanderbilt, studied whether the brains of those thrill seekers differed in any way from those of the less adventuresome when it comes to dopamine. He gave 34 men and women a questionnaire to assess their novelty-seeking tendencies, then scanned their brains using a technique called positron emission tomography to figure out how many dopamine receptors the participants had. Zald and his team were on the lookout for a particular dopamine-regulating receptor, which monitors levels of the neurotransmitter and signals brain cells to stop churning it out when there's enough. Earlier studies in rats had shown that animals that tend to explore and take more risks in new environments also tend to have fewer of these inhibitory receptors, and Zald wanted to find out if the same was true in people.

"This is one of those situations where the data came out essentially perfectly," he says. "The results were exactly as we predicted they would be, based on the animal data." That is, like the rats, humans who were more spontaneous and eager to take risks had fewer dopamine-regulating receptors than those who were more cautious.

The findings support Zald's theory that people who take risks get an unusually big hit of dopamine each time they have a novel experience, because their brains are not able to inhibit the neurotransmitter adequately. That blast makes them feel good, so they keep returning for the rush from similarly risky or new behaviors, just like the addict seeking the next high.

"This finding is really interesting," says Dr. Bruce Cohen, director of the Frazier Research Institute at McLean Hospital in Boston and a professor of psychiatry at Harvard Medical School. "It's a piece of the puzzle to understanding why we like novelty, and why we get addicted to substances ... Dopamine is an important piece of reward."

Cohen suggests that a better understanding of novelty-seeking behavior may even help researchers find more effective treatments for addiction. If future studies validate Zald's findings and show that addicts also have fewer dopamine-inhibiting receptors than average, then medicines designed to replace the function of those receptors may help bring their dopamine levels down to normal and weaken their
addiction.

On a more theoretical level, Zald's results may also help inform a long-ranging debate in the addiction field. Some experts believe that addicts suffer from a natural deficit of dopamine and self-medicate with drugs; others think addicts' brains make normal amounts of the neurotransmitter but just can't break it down and regulate it properly.

"We think a person who finds novelty and excitement more rewarding does so because he gets more dopamine release, or more of a boost," says Zald. "But it's one of the big controversies in the field of addiction research now." And it's yet another area for researchers to explore in trying to come up with a better treatment for substance abuse.
Unit 6: Gene Selection, Stem Cells, Fertility, and Abortion
Genetic Screening - “Dor Yesharim”

Dor Yesharim is an international, confidential genetic screening system used mainly by the Orthodox Jewish community, which aims to prevent the transmission of genetic disorders that have an increased frequency among the Ashkenazi Jewish community.

The Dor Yesharim system was designed in the early 1980s by an Orthodox rabbi to test young adults before they begin to contemplate marriage. Participants can then use the system to learn their genetic compatibility with potential marital partners.

For interested participants, a simple blood test screens potential carriers for 10 disorders:

- Tay-Sachs Disease
- Cystic Fibrosis
- Canavan Disease
- Familial Dysautonomia
- Fanconi Anemia Type C
- Bloom’s Syndrome
- Gaucher Disease Type I
- Mucolipidosis Type IV
- Glycogen Storage Disorder Type I
- Niemann-Pick Disease

An optional second panel adds tests for seven additional disorders:

- Bardet-Biedl Syndrome Type 2 (BBS2)
- Nemaline Myopathy (NM)
- Dihydrolipoamide Dehydrogenase Deficiency (DLDD)
- Usher Syndrome Type 1 (USH1)
- Joubert Syndrome (JBTS)
Participants receive an identification number but not their actual results; should a participant lose their ID number, they would need to have a second blood test. When partners are introduced or contemplating engagement, they submit their numbers and birthdates to Dor Yeshorim. The two individuals’ test results are compared, and the match is considered to be “compatible” as long as both parties are not carriers of the same recessive trait.

If the couple is not “compatible,” Dor Yeshorim will recommend rescreening to confirm their results. The couple will be advised of the risks they face if they marry, and counseling will be offered to them. Dor Yeshorim can also offer counseling and referrals to persons with a known family history of genetic disorders.

If an individual has used the system in the past, Dor Yeshorim can update testing for any diseases for which screening is now available.

The program costs approximately $200, and results typically take two to three weeks.

2.

The Genetics of Dating
by Anonymous
After five years of dating, I had met the man who was everything I was waiting for. And then the phone rang...

Have you ever been in love? Have you ever gazed into another's eyes and known that your search was finally over? After five years of dating, I had met the man with whom I wanted to build a home. He was everything I was waiting for. David was so kind, so real; he was a person I felt I could share my life with. He understood me. We felt unstoppable. We were
to be engaged.

And then the phone rang. It was Dor Yesharim calling to tell me that David and I were both carriers for cystic fibrosis (CF). Cystic fibrosis is a genetic disease that slowly destroys the lungs. Average life expectancy is 32 years of daily medication, frequent hospitalization, and pain. We were told that our children would have a one in four chance of suffering from the debilitating and fatal disease.

We consulted with medical experts and authorities in Jewish law. We could have chosen to marry and drastically reduce the chances of our conceiving a CF baby. But nothing is certain, and we decided that it was a risk we could not take.

The life that I was so eager to begin had been denied me. I'm not sure that I will ever know why. Sometimes life just happens and we cannot control it.

But learn from me. Being a carrier for a genetic disease is not uncommon; one in 20 Caucasians carries the gene for cystic fibrosis. One in every 25 Jews of Eastern European descent carries the gene for Tay-Sachs, a disease that kills its victims within five years of birth. Being a carrier cannot affect future generations unless both parents are carriers of the same genetic disease.

Test yourself -- discover whether or not you are a carrier. There is no danger in knowing. The likelihood of loving another carrier is slim, and merely being a carrier means nothing for the health of your future children. Should you be a carrier, check the other person's status as soon as possible in a relationship. The alternative -- to wait until you so deeply care about someone that a finding of incompatibility will pain you so profoundly that waking up in the morning almost seems not worth the effort -- is awful.

No one should have to endure what I went through and find out at such a late stage. I was naive and thought that there would never be a problem with our test results. After all,
there was never a problem with other men I had previously dated. But when it really
counted, I was severely disappointed. I don't want that to happen to you. I urge anyone in
the dating world to get tested and become more aware. Being a carrier should not be a
stigma. I am 100% healthy, but the result of a union with another carrier can lead to a sick
child.

Should this happen to you, you are not alone; people have been down this path before.
Everything happens for a reason. I can only pray that with hindsight I will come to see that
the choices I've made -- and the choices that have been made for me -- are for the best.
Life can sometimes deal harsh blows. We can choose to get crushed beneath them or to
rise above them. They test our faith and our resilience.

My situation is not futile if others benefit from it. I feel I have to use my voice to reach out
to others and to inform the Jewish community to be aware. I pray that I will one day
understand why I've been tested in this way. This was my fate but it does not have to be
yours.

Please answer the following questions and submit them via email (to be
graded as a homework for a total of 15 points, 5 points each):

1. What does “Dor Yesharim” do? What is their goal?

2. Write a response to the Genetics of Dating article. Do you agree with the
author’s decision? Why or why not?

3. What are some of the ethical dilemmas surrounding genetic screening?
3. The Pros and Cons of IVF

Source: http://www.pbs.org/wgbh/americanexperience/features/general-article/babies-pros-and-cons/

Almost since its inception, in vitro fertilization (IVF) has been a subject of moral controversy, with every stride forward accompanied by opponents determined that it not proceed. Today some arguments once made against the process have fallen by the wayside, while others remain unchanged.

1. **Helping Infertile Couples:** The arguments in favor of IVF have remained fairly consistent over the years, chief among them the potential of allowing previously infertile couples to finally have children of their own. Infertility expert Dr. Howard Jones recalled that prior to IVF, “it was often necessary to sit with a patient and say that we had come to the end of the line. But IVF therefore seemed like a possibility of one more step that would make less frequent this distressing conversation with a patient.”

2. **Preventing Birth Defects:** An important scientific argument for IVF was that by studying fertilization and early embryonic development outside the womb, scientists might learn more about how to prevent certain birth defects. Proponents also noted the possibility that knowledge gleaned from IVF would advance medicine in general, helping with prenatal care, for example.

3. **Creating Sick or Malformed Babies:** For IVF opponents, there were a number of reasons not to proceed. Many of these reasons were prominent in the years before the first test tube baby was born, when no one knew if the science would actually work. Critics feared deformed babies rife with terminal illnesses; DNA co-discoverer James Watson, though not invariably opposed to the process, told IVF pioneer Robert Edwards, “You can only go ahead with your work if you accept the necessity of infanticide. There are going to be a lot of mistakes. What are we going to do with the mistakes?”

4. **Destroying Social Structures:** Accompanying the concern that IVF wouldn’t work were fears that it might work too well; another group of critics warned that it would lead to the end of the nuclear family, with marriage replaced by laboratory breeding such as occurred in Aldous Huxley’s futurist novel Brave New World. Conservatives feared the creation of all sorts of non-traditional families, while some feminists worried that with new technology enabling more women to have children, the pressure to do so would increase. Others fretted that test tube babies would be socially ostracized.

5. **Inherently Unnatural and Wrong:** Then there were those whose opposition did not depend on any specific bad outcomes; they considered IVF inherently wrong because it was unnatural. These critics saw it as an attempt by scientists to “take the Lord’s work into their own hands,” in the words of Pope Pius XII, and replace the divinely ordained means of making life with a technological process. In 1968 Paul VI issued a papal encyclical called Humanae Vitae in which he condemned the birth control pill as a sinful interruption of natural conception. Later Vatican pronouncements extended that logic to IVF; in the words
of one spokesman, “Fecundation must be carried out according to nature and through reciprocal and responsible love between a man and a woman.”

A Silenced Debate: The birth of the world’s first test tube babies probably did more than anything else to silence critics of in vitro fertilization. As people saw for themselves how happy and healthy Louise Brown and Elizabeth Carr were, their fears of “Frankenbabies” began to disappear. Many other social concerns failed to materialize; test tube babies were not shunned, and far from destroying the traditional family, the effects of IVF were often conservative. In the words of biologist Lee Silver, “here’s a technology which is almost always used to allow a married man and woman to have a child, to form a family. ... So IVF facilitates a very, very traditional outcome, which is a mother and a father and children.”

Mainstream Procedure: As thousands more test tube babies were born, opposition to the procedure nearly vanished; according to author Robin Marantz Henig, it was similar to “how people get used to all sorts of new technology… at first it seems like it’s abhorrent and it’s something that we absolutely shouldn’t do. And then for a while it seems kind of miraculous… And then after a while, the technology just becomes part of the fabric of daily life.” Not all opponents have been silenced; the Catholic Church maintains its opposition to IVF. But most critics have moved on to different battlefields, such as stem cell research. Bioethicist Arthur Caplan notes that many of the same arguments used against IVF are being made about stem cells, sometimes by the same people.

4. The Ethics Of In Vitro Fertilization

NPR's Robert Siegel talks to Jeff Kahn, director of the Center for Bioethics at the University of Minnesota Medical School, about the ethics of in vitro fertilization.

ROBERT SIEGEL: In 1978, the phrase in-vitro fertilization was something the experts said. The rest of the world spoke of test-tube babies. Newspaper columnists and editorial writers invoked Aldous Huxley's image of baby hatcheries in his dystopian novel "Brave New World." Jeffrey Kahn directs the Center for Bioethics at the University of Minnesota Medical School. And, Jeffrey Kahn, have four million births through IVF trumped all the moral and ethical questions that were posed by the procedure?
Dr. JEFFREY KAHN (Director, Center for Bioethics): I think at the outset there was such concern about the new and uncertain technology that this proposed that people were quite afraid. But four million births later, those early issues went away, but new ones certainly came in the aftermath.

SIEGEL: As for the old issues, though, I mean, there were concerns of the potential eugenic consequences of IVF, that it wouldn't just help people who couldn't conceive, but it would help people who couldn't conceive with the kind of mate they would like to conceive. That, I guess, is part of life today.

Dr. KAHN: Absolutely. And I think that technology has evolved in ways that have brought some of those concerns to light so we can now test embryos outside of the body and make decisions about which ones to implant based upon the results of those tests. And that's what people were fearful of in 1978. The technology just didn't exist until well into the 1990s.

SIEGEL: You spoke, though, of concerns that were anticipated back in 1978 that have developed. What would place in that category?

Dr. KAHN: Well, I think things around new combinations of parents, effectively. So now we have the ability to combine sperm from one man, egg from one woman, that resulting embryo can be implanted into a third woman. And then the child born from that pregnancy can be raised by a separate couple. So we have, in that case, five different people involved in the creation and eventual rearing of a single child. And that, I think, wasn't thought about in prospect quite in the way that it turned out to be a reality.

SIEGEL: There is another area of concern, which is the notion that embryos that are not implanted are frozen and whatever we do with them, are we doing that with human life? Is disposing of them disposing of human life? That problem persists.

Dr. KAHN: Absolutely. And I think it's something that was foreseen in some respect. But the numbers at which we create and now store the excess embryos has really gotten to the point where we need a societal conversation and maybe a policy decision about what to do with those leftover embryos. The estimates are something like a million frozen embryos left in the United States alone. And we don't really have good plans for what ought to be done with them.
SIEGEL: What about the ethical and moral issues for doctors? That is, should they facilitate multiple births for a woman who has no apparent means of support of sextuplets or octuplets? Or is it the doctor's job to honor the patient's wishes and let the chips fall where they may?

Dr. KAHN: Well, it may be even a more fundamental conflict than that, in that we think about the right to have children as a basic fundamental liberty that we recognize. And so, when an individual says I'd like to have children, we don't usually ask why or how many or what techniques do you propose to use. And so we have the technology that allows us to create these high multiple birth pregnancies bumping up against what we think of as a quite fundamental liberty. And we really haven't wrestled that to the ground either. And that's an issue that started in 1978, and then certainly persists today.

SIEGEL: There's another level of discussion of medicine, which is what do we think are the normal needs of making people well that should be covered by insurance plans - public and private. Have we settled that one when it comes to fertility treatments and IVF? Do we understand what it is that every woman or every couple is entitled to?

Dr. KAHN: No, absolutely not. In fact, in the United States there's quite a variety of coverage when it comes to reproductive medicine techniques. So some policies will cover a few cycles of in-vitro fertilization for any one individual. Many, many policies don't cover it at all, viewing it not as treatment of an illness or a disease but something that is rather more optional than that. So it is far from being a settled issue when it comes to who pays and if they pay for it, how much.

SIEGEL: Jeffrey Kahn, thank you very much for talking with us today.

Dr. KAHN: My pleasure.

SIEGEL: So Jeffrey Kahn, who is director of the Center for Bioethics at the University of Minnesota Medical School.
Fertility problems increase risk of birth complications

By Sarah Knapton, Science Correspondent

Babies conceived through IVF or other fertility methods are twice as likely to be still-born, suffer birth defects or die within 28 days, than those conceived naturally, researchers have claimed.

A study of 300,000 births over 17 years found couples who had fertility treatment were far more likely to suffer complications.

Babies from assisted conception were almost twice as likely to be stillborn; more than twice as likely to be premature; almost three times as likely to have very low birth weight and twice as likely to die within the first month.

However the study also found that women who had struggled to get pregnant but then conceived naturally were at greater risk that those who had used fertility treatments.

Babies from this group were seven times more likely to be premature, and almost seven times more likely to die within the first 28 days of birth.

Dr Dagan Wells, a leading British fertility expert from Oxford University, said many of the problems may be related to patients' infertility rather than IVF and advised couples not to be put off from having the treatment.

"Perhaps the most striking finding is that rates of prematurity, low birth-weight and infant death were highest of all for couples who had a fertility problem but eventually succeeded in conceiving without the help of IVF," said Dr Wells.

"This suggests that the problems seen for babies born after IVF may be related to the patient's infertility rather than the treatment itself. In fact, for couples with reduced fertility, IVF seemed to lessen these risks compared to natural conception."

Scientists from the University of Adelaide studied 17 years of data from more than
300,000 births in South Australia, of which 4,300 were the result of assisted reproduction.

All forms of available fertility treatment were assessed, including traditional In-Vitro Fertilisation, intracytoplasmic sperm injection (Icsi) - injecting sperm straight into eggs - ovulation induction, and freezing embryos.

He said: "More research is now urgently needed into longer term follow-up of those who have experienced comprehensive perinatal disadvantage.

"Our studies also need to be expanded to include more recent years of treatment as the technology has been undergoing continual innovation which may influence the associated risks," said lead author Prof Michael Davies of the University of Adelaide.

Alison Murdoch, Professor of Reproductive Medicine, Newcastle University, said the risks were still low.

After 20 weeks of pregnancy after conceiving without fertility treatment, the chance of a live birth is 99.5 per cent and after fertility treatment is 98.9 per cent, she said.

“The data would then need much further analysis before any conclusions could be reached that would justify new headlines or new advice for patients,” said Prof Murdoch.

Sheena Lewis, professor of reproductive medicine at Queen's University, Belfast, added: "We have known for some time that couples conceiving spontaneously after a period of infertility have poorer outcomes.

“This indicates that these problems may come from the disease rather than the fertility treatment.”

The research is published in the online journal Public Library of Science ONE.
6. PGD & Gender Selection

The first PGD baby was born in 1992. Both parents carried cystic fibrosis, a genetic condition where the body produces an abnormally sticky mucus that can literally choke its victims to death. For this family and many others pre-implantation genetic diagnosis (PGD) allows couples to bring healthy children into the world.

**Pre-implantation Genetic Diagnosis (PGD)**

Since 1992, we have developed the ability to test for a wide variety of genetic diseases such as Tay-Sachs, Fragile X, Fanconi anemia, and many others. To date, there have been more than 200 births worldwide after PGD testing has been performed on day-3 embryos.

The ability to diagnose and exclude embryos with genetic abnormalities prior to the initiation of a pregnancy offers an attractive means to prevent inheritable genetic diseases. The benefits of PGD include eliminating the clinical risks associated with genetic testing during pregnancy through chorionic villus sampling (CVS) or amniocentesis, as well as avoiding the need to face the horrific decision of terminating an established pregnancy that is found to be affected with a serious genetic abnormality.

It is preferable that couples in this situation undergo IVF. The Fertility Institute of New Jersey and New York is one of the few centers in the country offering IVF for couples who do not suffer from infertility but require preimplantation genetic testing on their embryos. Preimplantation genetic diagnosis (PGD) is a blessing for couples who are at risk for having children with severe genetic abnormalities.

**PGD for Recurrent Miscarriages and Unsuccessful IVF Cycles**

We also use PGD for couples with previous unsuccessful IVF cycles or with recurrent miscarriages. Embryo testing can improve the chances of a healthy pregnancy.

**PGD Procedure**

PGD is a sophisticated procedure, requiring ultramodern laboratory equipment and skilled microsurgical technique. Our skilled embryology team at the Fertility Institute of NJ & NY can remove a single cell from each three day old 8-cell embryo.

At the stage that this microsurgery is performed, each cell is totipotential, capable of forming an entire human being. Therefore, the loss of the single cell used to perform the genetic test...
does not harm the embryo in any way. This single cell contains microscopic bits of DNA, and this DNA can then be tested for different abnormalities. The DNA is tested, using either fluorescent in situ hybridization (FISH) to detect chromosomal abnormality, or another process called polymerase chain reaction (PCR) in which the DNA is amplified to test for a single gene abnormality.

Only embryos that are unaffected by the genetic problem are replaced into our patient’s uterus.

In the case of sex-linked genetic disorders, such as hemophilia or Duchenne muscular dystrophy, which generally affect only male children, PGD can be used for gender selection to choose only female embryos which will not be affected by the disorder. Here at the Fertility Institute, PGD is a powerful tool that helps us help our patients build healthy families.

7.

Industry’s Growth Leads to Leftover Embryos, and Painful Choices

By TAMAR LEWIN

After years of infertility, Angel and Jeff Watts found a young egg donor to help them have a baby. They fertilized her eggs with Mr. Watts’s sperm and got 10 good embryos. Four of those embryos were transferred to Ms. Watts’s womb, resulting in two sets of twins — Alexander and Shelby, now 4 years old, and Angelina and Charles, not yet 2.

But that left six frozen embryos, and on medical advice, Ms. Watts, 45, had no plans for more children. So in December she took to Facebook to try to find a nearby Tennessee family that wanted them.

“We have 6 good quality frozen six-day-old embryos to donate to an amazing family who wants a large family,” she posted. “We prefer someone who has been married several years in a steady loving relationship and strong Christian background, and who does not already have kids, but wants a boat load.”
In storage facilities across the nation, hundreds of thousands of frozen embryos — perhaps a million — are preserved in silver tanks of liquid nitrogen. Some are in storage for cancer patients trying to preserve their chance to have a family after chemotherapy destroys their fertility. But most are leftovers from the booming assisted reproduction industry, belonging to couples like the Wattses, who could not conceive naturally.

And increasingly families, clinics and the courts are facing difficult choices on what to do with them — decisions that involve profound questions about the beginning of life, the definition of family and the technological advances that have opened new reproductive possibilities.

Since the first American “test tube” baby was born in 1981, in vitro fertilization, at a cost of $12,000 or more per cycle, has grown to account for more than 1.5 percent of all United States births.

The embryos with the greatest chance of developing into a healthy baby are used first, and the excess are frozen; a 2002 survey found about 400,000 frozen embryos, and another in 2011 estimated 612,000. Now, many reproductive endocrinologists say, the total may be about a million.

Couples are generally glad to have the leftover embryos, backups in case a pregnancy does not result from the first tries.

“But if I ask what they’ll do with them, they often have a Scarlett O’Hara response: I’ll think about that tomorrow,” said Dr. Mark V. Sauer, of Columbia University’s Center for Women’s Reproductive Care. “Couples don’t always agree about the moral and legal status of the embryo, where life begins, and how religion enters into it, and a lot of them end up kicking the can down the road.”

There are no national statistics on what happens with these leftover embryos. As a practical matter, many sit in storage indefinitely, academic researchers say, either at fertility clinics or other facilities, costing $300 to $1,200 a year. A small percentage of people stop paying the storage fees and leave it to the clinic or facility to figure out what to do.

But most people grapple among these choices: using them to have more babies; thawing and disposing of them; donating them for research; or, like the Wattses,
giving them to another family.

For many, the decision is wrenching, researchers say.

“People might start out thinking they would donate them to research, or give their extras to someone else with need,” Dr. Sauer said. “But once they have a baby, they change their minds, thinking it would be too weird to have another child out there, just like their son or daughter.”

Many couples see their embryos as virtual children, fertility doctors say, and the numbers willing to give them to another family are increasing. According to the American Society for Reproductive Medicine, donated embryos were used in 1,084 transfers in 2013, up from 596 in 2009. They are meeting a demand.

“It’s becoming more common, people reaching out to fertility clinics to see if they have embryos available for donation, or looking for referrals online.” said Elizabeth Falker, a New York lawyer. “I love it, since it provides a family to someone who’s run out of money to proceed any other way, and it uses embryos that would otherwise sit in cryopreservation indefinitely.”

To meet the demand, a fertility clinic in California has even created a controversial practice of creating batches of embryos from donor eggs and sperm, to share among several families.

Some people, saying they were troubled to be destroying a potential child, have created their own disposal ceremony — or, in a procedure known as compassionate transfer, have had a doctor place the embryos in the womb of the woman who made them, at a time of the month when she will not become pregnant. A few families have transferred ownership of the embryos to their adult children.

Sometimes couples disagree about who has the right to use their embryos. The actress Sofia Vergara and her ex-fiancé Nick Loeb have been fighting over the frozen embryos they created, providing weeks of media fodder, including Mr. Loeb’s Op-Ed article in The New York Times. Some cases have landed in court, where there is little guidance or precedent for judges struggling with this new territory, and so far, little consistency in their rulings.

In Illinois, the courts have said it should be a matter of contract. But judges in Massachusetts have said such contracts are not enforceable by the courts. Other
courts have called for balancing the interests, and considering whether one party has no other option for having a baby, while others still have required mutual consent by the man and the woman when the embryos are to be used.

Most courts have sided with the party who does not want the embryos used. When an embryo exists outside a woman’s body, it seems, men and women have the same right not to procreate.

Then there is the religious dimension. Medical groups celebrate the advances in reproductive technology that have allowed so many people to become parents. But in vitro fertilization and embryo-freezing are frowned on by the Roman Catholic Church, which teaches that life begins at conception.

Most evangelicals accept in vitro, but believe frozen embryos have the right to full lives.

The government is of little help with all these challenges. While some countries have strict rules about assisted reproduction, limiting how long embryos may be frozen or how many may be transferred at once, the field remains largely unregulated in the United States.

“We don’t know in the U.S. whether embryos are going to be treated as property or not, as children or not, or sui generis, as something different,” said Alta Charo, a bioethicist at the University of Wisconsin-Madison. “That keeps alive a debate around their moral status, their legal status, debates that quickly spiral into the black hole that is the abortion debate.”

A Matter for the Courts

When Karla Dunston, an emergency room doctor, found out she had cancer in 2010, she asked Jacob Szafrianski, the man she was dating, to contribute sperm so she could freeze some embryos for later use. He agreed, and they created three embryos before she started her cancer treatment.

They consulted a lawyer the day they visited the fertility clinic but never signed a written contract. Soon after, he ended the relationship. When Dr. Dunston finished treatment and wanted to become pregnant, he would not let her use the embryos.

After four years of litigation, an appeals court ruled last Friday that Dr. Dunston
could use the embryos, based on the oral agreement the two made when the embryos were created. Mr. Szafranski is appealing.

The case highlights some of the complications of dealing with the growing ranks of frozen embryos.

Lawyers for both sides said their clients would not grant interviews, but court documents lay out their views. Dr. Dunston said she relied on Mr. Szafranski’s willingness to father a child; if she had thought he might change his mind, she could have used an anonymous sperm donor. She said that she would not seek child support, and that Mr. Szafranski could choose whether to be involved in his offspring’s life.

Mr. Szafranski argued that just as he would not have the right to force her to use the embryos, she should not be able to force him into fatherhood.

“It’s hard to fit this into any analytical framework,” said Brian A. Schroeder, Mr. Szafranski’s lawyer. “It’s emotionally charged, there are different circumstances in each of these cases, and it’s not her egg and his sperm anymore, it’s an embryo. Thirty years ago, before IVF, this could never have happened. But now that it exists, what do we do about it?”

This is not just a legal question. Religious and social views often come into play.

For example, the National Embryo Donation Center in Tennessee, which is endorsed by the Christian Medical Association, places embryos only with heterosexual couples married at least three years — and only after a home study exploring their readiness to be parents, as is required for families adopting a living child.

“We think the embryos deserve the same level of protections as children who are being adopted,” said Stephanie Wood-Moyers, marketing director of the center, where the Watts embryos were stored.

But the American Society for Reproductive Medicine, along with most doctors and abortion rights supporters, prefers the term “embryo donation.”

“We and the society really strongly advocate that the term should be embryo donation, because adoption is a term for a live child,” said Dr. Craig Sweet, medical director of Embryo Donation International, in Florida, which works with singles and
gay and straight couples, and requires no home study. “We’re not here to save embryos; we’re here to build families.”

Creating Embryos on Demand

At Dr. Ernest Zeringue’s IVF clinic in Davis, Calif., a program he calls California Conceptions goes beyond embryo donation to embryo creation.

The clinic buys eggs and sperm from donors whose profiles are likely to have broad appeal — like those who are tall, thin and well educated — then combines them to make embryos that are doled out to three or four families. Both the donors and the would-be parents know the embryos will be used by multiple families.

For $12,500, patients get three tries, from a different batch of embryos each time — and a money-back guarantee for those who do not achieve a 12-week pregnancy.

“Our clients are typically people at the end of the line in terms of having a baby,” Dr. Zeringue said. “We used to have a regular donor embryo program, but the waiting list kept getting longer and longer, and in six years, we had less than a dozen donors.”

The new program, he said, helps him meet the demand.

But when word of the program spread in 2012, some doctors and lawyers questioned whether it was ethical for a company to create embryos it would own until they were implanted in a patient. Others were troubled by the whiff of eugenics in the company’s looking for the most marketable sperm and eggs — or the possibility that the children could, unknowingly, meet and marry their siblings.

Some called it a Costco approach to fertility, with quantity discounts to keep costs down.

“Make no mistake, this is commodification,” Andrew Vorzimer, a Woodland Hills, Calif., fertility lawyer, posted in his blog. “These are not donated embryos. Rather, they are embryos created from donors hand-selected by California Conceptions. It is one step removed from a mail-order catalog. The only difference is that the product being sold is nascent human life.”

Although California Conceptions does not tell clients who will share embryos with the same genetic parents, it does have a discussion site where clients can post the
date of their transfer and other details. From those clues, Adrienne identified another San Diego family in her group.

She did not introduce herself until well into her pregnancy, when she knew from the site that the other woman was also having boy-girl twins, and was scheduled to deliver them by C-section the same day, at the same hospital.

“What if they get switched in the hospital?” Adrienne wondered. “A blood test wouldn’t tell them anything. We’d never know.”

‘My Potential Children’

Ms. Watts, of Mount Juliet, Tenn., said her six unused frozen embryos began to weigh heavy on her after her younger twins arrived.

“Those embryos are always in the back of my mind,” said Ms. Watts, a nondenominational evangelical. “I talked about it with my pastor, and when I was at church, I’d be thinking, I wish I could find a family in the congregation that wanted them. I think of them as my potential children.”

Ms. Watts wanted recipients who would agree to continued contact, and would use the embryos soon, giving her children siblings near their own age.

Some people find their match online, at sites like Miracles Waiting, where families can post what they are looking for. (Typical postings of available embryos: “4 frozen babies, ready for an active fun-loving home.” “Beautiful, intelligent athletic Caucasian embryos Looking for a Home.” Recipient postings: “I just want to be a mommy.” “Wanting to Start a Family. Tired of getting enough sleep.”)

But Ms. Watts expected her embryos to be snatched up quickly from the National Embryo Donor Center. When they were not, she turned to Facebook, and two weeks later, found Rayn and Richard Galloway, of Nameless, Tenn.

“We talked, we Skyped, we exchanged hundreds of messages, and when they called to say they wanted to go ahead, I was so relieved I cried,” Ms. Watts said.

Like the Wattses, the Galloways had had years of infertility treatment. When the two families met, they felt remarkably compatible, sharing a faith that divine will had
brought them together.

“My husband’s words were, ‘It’s amazing, you found a 45-year-old version of us,’” Ms. Galloway said.

When Ms. Galloway, 27, came to spend the day in the Wattses’ playroom, with four children clambering over her, she said, “It was like I was seeing just what our kids would look like.”

“It’s not traditional, that’s for sure,” she added.

Through months of paperwork and hormone shots, the two families stayed in close touch.

On Easter, Ms. Galloway hid eggs for the Watts children. On Mother’s Day, they went to church together, then picnicked with their parents.

On May 12, they headed to Knoxville to have three embryos transferred to Ms. Galloway’s womb. Only two of the three made it successfully through the thaw, but finally, Ms. Galloway was on the path to motherhood.

8. Preimplantation Genetic Diagnosis (PGD) in Jewish Law

We live in an incredible age. With modern technology, we have the ability to virtually eradicate the occurrence of many genetic illnesses. We encourage premarital genetic testing to preempt this problem, when possible. However, a major tool in achieving this goal is the use of Pre-implantation Genetic Diagnosis (PGD).

What is PGD?
First off, PGD can only be performed in conjunction with In Vitro Fertilization (IVF). As in all IVF, an egg is fertilized in the laboratory and allowed to grow for a few days. Before the fertilized egg is reintroduced into the mother, one or more cells are removed from the egg.
The genetic material (DNA) of the extracted cell contains information about the way the egg will continue to grow and develop. In PGD, the DNA of the extracted cell is expanded and analyzed to see if this specific egg has the characteristic we are trying to find.
If the fertilized egg contains the desired characteristics, the IVF procedure resumes and the egg is
reintroduced/implanted in the mother with the hope that she will become pregnant and carry her child to birth.

PGD can be used as a tool to identify thousands of characteristics. If the DNA marker for a characteristic has been identified, we can search for that specific marker to "guarantee" a desired outcome. As such, we can not only use PGD to prevent genetic illnesses, we can also use it to determine the gender or eye color of the future baby as well.

**You said you can get rid of the occurrence of many genetic illness with PGD. How does that work?**

Before we talk about PGD, we need to present a simplified overview of basic genetics.

- A baby receives half of his genetic identity from his mother and half from his father.
- A person who carries a genetic abnormality within his DNA but will never be affected by that abnormality is generally called a "carrier" of the abnormality.
- The exact nature of an abnormality will determine if the child is affected by the disorder or if he is unaffected and (like his parents) remains a carrier of the abnormality.
- In recessive genetic disorders (such as Tay Sachs disease), a child will only be ill with the disorder if he inherits the abnormality from BOTH parents. If he inherits the abnormality from only one parent, he will be a carrier of the gene. If both parents are carriers and he does not inherit the abnormality from either parent, he will be unaffected and cannot pass it on to his children.
- In dominant genetic disorders (such as Marfan's Syndrome), a child can be ill even if he only inherits the abnormality from one parent. Whether or not the child is ill from the disorder depends on the nature of the abnormality. Some dominant disorders are gender linked, while others are not. Other dominant disorders are passed on by an affected parent with ALL of that parent's offspring being affected by the abnormality as well.

When a couple is aware that they have a genetic abnormality, PGD can help. Until recently, a couple in this situation had few options. They could decide to not have children, or to have children who would likely be affected. Or, they could consider prenatal testing and the possible termination of a pregnancy, with the attendant halachic problems. With the onset of PGD we can now offer a better solution.

With PGD, the couple undergoes an IVF treatment, with PGD performed as described above. The DNA is examined for evidence of the abnormality and only those eggs that will not result in an ill child are used for implantation.

**Are there genetic disorders that cannot be prevented via PGD?**

Unfortunately, there are some rare dominant genetic disorders in which the affected parent passes the disorder on to ALL of their offspring. Since every single fertilized egg from this couple will contain the abnormality and disorder, PGD will not be effective.

In such a case, the couple needs to turn to their medical professional and their PUAH counselor (as well as possibly their personal Rabbi) to explore and discuss their options.
**You said before that I can use PGD to choose the gender, eye color or other characteristics of my child. Can this really be done?**

Yes, the technology for this is available via PGD. Any characteristic that is genetic and has been identified can be selected for using PGD. However, just because we can do something doesn't mean that we should do it. On the other hand, there are some instances in which gender selection is critical, which we will discuss later.

Aside from the ethical and moral issues, PGD involves tampering with the fertilized egg, which may raise the chance of birth defects. Additionally, IVF requires the introduction of hormones and other medications to the female body, which may result in unwanted side effects as well. Finally, IVF treatments are not always successful and the financial expense of IVF and emotional cost of failed treatments may be a deterrent from embarking on PGD for gender selection or some other superficial characteristic unless it is specifically indicated.

Anyone considering undergoing PGD should consult with their medical professional and PUAH counselor to determine if the treatment is indeed indicated in their case.

**Are there any risks or other reasons not to do PGD?**

As noted above, any performance of PGD is invasive and can raise the risks for defects and other undesirable side effects.

There are also no guarantees that the procedure will work. IVF success rates are certainly less than 50% in most cases. Additionally, PGD technology is not 100% effective. This can be attributed either to the limits of the technology or to something called "mosaicism".

Mosaicism is an occasional occurrence where not all of the cells of the fertilized egg have the same genetic makeup. The PGD sample may therefore not have same characteristics as the egg, leading to a misleading result.

Another impediment to the use of PGD is financial. The cost of PGD can be prohibitive and in most cases the chance that the couple will not have a sick child exceeds the probability that their child will be ill.

**Are there other applications of PGD?**

There are definitely other applications of this technology. For example, a couple with a cancer stricken child who has no genetic donor match could use PGD to create a sibling for the child who could serve as the older child's life-saving donor. The only limit to what we can do with PGD is the extent to which we have mapped the genetic markers used to identify genetic characteristics.

There is also a new technology known as Pre-implantation Genetic Screening (PGS). In PGS, a fertilized egg is screened for a variety of the most common genetic abnormalities without any prior indication that there may be a problem with the egg. If a genetic marker is identified, the egg can be discarded.

This application is highly controversial. Embryologists claim to have seen embryos that seem to have an abnormality, but when left to develop, result in healthy pregnancies and live births. This
suggests that a natural mechanism exists that sometimes addresses and repairs a potentially problematic embryo. Excluding these embryos may actually limit, not enhance the couple's ability to become pregnant.

PGS is currently most often used in cases of advanced maternal age. It is recommended because the eggs of a woman of advanced maternal age have a higher incidence of genetic abnormalities. However, many of these women cannot produce a high volume of eggs. As such, we may be better served to rely on standard IVF without PGS, unless there is reasonable concern for a specific abnormality. Each specific case needs to be reviewed with a medical professional and PUAH counselor to determine the recommended action.

Halachic considerations

PGD technology is truly remarkable. We have been given the tools to engender profound and significant changes in the fabric of our society. Issues and factors that once created severe stigmas in some portions of our communities can be dealt with in a responsible and effective manner. Still, great care must be made to use this tool in an ethical and moral manner for the good of society. PGD also raises several distinct halachic issues that require clarification. Some issues may be universal to all cases of PGD, while others must be adjudicated based upon the criterion of the case involved.

Since PGD involves the use of only those eggs that we select as "good", what should be done with the undesired eggs? Can we destroy them?

The Gemara states that an embryo is considered to be halachically equivalent to water (fluid) for the first forty days after conception. This should not be construed as a lack of concern for the value and sanctity of life itself. It should also not be misunderstood to mean that up until that time it is not really a pregnancy. However, an embryo is not capable of growing past a certain point outside the body. The poskim ruled that early pregnancy cannot be terminated since it will eventually become life if left alone, but unused embryos may be destroyed since they will not.

Doesn't PGD involve interference with nature? Is that permissible?

One might express the worry about interference with nature. However, we do not believe that once someone has a medical condition we are prohibited in intervening in a Divine plan and should therefore leave them to suffer. Rather, the Gemara interprets the verse 'and he will heal him' to mean that the doctor is given permission, and even obliged, to heal the sick. Thus we are commanded to heal others, even if as a result we “interfere” with nature.

We do distinguish between life-threatening conditions and elective procedures. This applies in this case as well. A fertility challenged couple is considered to be sick with a non life-threatening illness. Furthermore, people dealing with the prevention of genetic illnesses would also be classified as ill.
As such, we are certainly permitted to act in a manner that would heal their illness. The matter becomes a bit less clear when we are talking about adding additional criteria to an existing PGD. There is a clear difference between a couple who are undergoing PGD for a genetic disorder and want to utilize the analysis which is already being done to perform gender selection or some other elective selection and a couple for whom there is no medical indication for PGD or even IVF.

**How far does this extend? Are we obligated to use PGD?**

This question only arises when we are talking about life-threatening genetic disorders. All other cases are considered to be elective and we cannot obligate someone to undergo an elective treatment.

The real question is not simply the use of PGD, but in forcing a couple who might have children with genetic disorders to use ONLY PGD to have children. They must practice birth control against natural conception (excluding the IVF procedure) and perform PGD any time they wish to have a child.

At the heart of the issue is the obligation one has to save another person's life. Using PGD to prevent the birth of a child with a genetic disorder falls into this category. Therefore, the question being raised involves how far this obligation extends?

Some rabbinic authorities maintain that our obligation to save others extends even to a person who is not yet alive and thus obligates the use of PGD to prevent potential life threatening illness. Others maintain that our obligation to save a life does not extend to a person who is not alive.

That does not mean that they recommend against it – quite the contrary. Yet they cannot require it. Each couple considering PGD should consult with their Rabbi and their PUAH counselor to determine their best course of action as well as the halachic obligations of their particular case.

**Examples of permitted elective PGD**

Most poskim recommend against the performance of elective PGD. However, there can be instances where elective PGD is beneficial and thus has been allowed. In order to understand the depth of halacha and using halacha to solve problems and benefit people, we will present two sample cases where elective PGD was recommended. The cases being discussed are anecdotal in nature and not an indication that a procedure is halachically permitted. In each case, the couple's Rabbi and PUAH counselor reviewed the particular circumstances involved and the couples were given an answer appropriate to their circumstances. Any couple with similar issues must consult with their Rabbi and PUAH counselor for a halachic decision for their particular circumstances.

**The Kohein**

A Kohein (member of the priestly class; descendent of Aaron) who could not produce sperm and his wife had gotten a halachic ruling that they were allowed to use a sperm donor to become pregnant. However, the husband did not want to explain why his son could not be called to the
Torah as a Kohein nor why his son does not perform the Birkat Kohanim. They were permitted to use PGD to select only female eggs and today have two wonderful daughters.

**The depressed father**

A family with 5 children of one gender consulted PUAH. The father was under psychological care because of severe depression at having single gendered offspring. The depression was so severe that it prevented him from interacting with his children and functioning as a parent to them and husband to his wife. While extended psychological treatment was a viable option, the psychologist also felt that having a gender selected child could also treat the problem. After consulting with the psychologist and PUAH counselor, their Rabbi determined that the incapacity in this case was so severe that it permitted gender selection for their 6th pregnancy. The treatment was successful and the father is fully participant as a parent for ALL his children and no longer requires psychological care.

**Supervision**

The IVF parts of PGD certainly require halachic supervision. However, since the PGD cells will not be reintroduced to the body, there is no need for special supervision in the PGD lab. However, supervision will be required for the removal of the cells, in order to maintain the integrity of the IVF supervision of the egg.

**Summary**

PGD technologies have been given to us as a tool to provide unbelievable benefits to couples whose options for having children used to be extremely limited.

- PGD is performed as part of IVF
- Among other applications, PGD technology is being used to eradicate the occurrence of genetic disorders
- PGD is not only permissible in such instances, it is seen by some as an obligation to perform
- Elective uses of PGD require analysis and specific Rabbinical guidance
- PGD can sometimes even help avoid complex halachic issues
Egg Donors of Jewish Heritage Needed -
http://newyork.craigslist.org/search/jjj?query=jewish%20egg&sort=rel

Watch
3D animation of how IVF works
http://www.youtube.com/watch?v=GeigYib39Rs

The Ethics of Reproductive Technologies | Lesson 4
http://www.youtube.com/watch?v=LeFLnbYZ89A

Talmudic Sources re: Conception

9.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
10.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
11.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
12.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
13.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
14.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
Unit 7: The Modern Jewish Woman
1. Where is this found?

2. What does it say?

3. What do we learn from here?
2.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
3.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
4.

1. Where is this found?

2. What does it say?

3. What do we learn from here?

5. *(Source on next page.)*
מי שמחה פרק שלישי ברכות

עשת שבעה בחרים והרעה ו홉ת

החלפת בחרים: שבת ק"ש פישתא מלתה

שאוה נרה ושם פישתא מוחה וחרות

החלפת:木质 פישתא וחרות נרה וא隊ה הלוחות: לוחות

יוד הבחלה: הדיחה

בכמה"ה פישתא וחרות דינהו

החלפת לוחות וחלות הקומע ע"ז

אמר רב אמי כר אביה

יתשת תינעה בחרים ותומ seri החרות אמא

מצחת עלשה שדוחה וראה או אול גם צחור

יתשת שדוחה_above נרה פישתא מוחה

אמר רב אמי כר בברא שומור כ"ל שרשına

נשברת ישנה בחרים ותומ seri החרות

 שאי תבינה

ל chrono פישתא וחרות דוחה או

דרון למלא פלק המ JSGlobal רק מיר

אלה מחרות אפורה (בשלמה) דוחה או

דרון לשון מחייה ובברא שומור

_Statics מבאר怎么可能 פלאים את החרות יד

והותן.
1. Where is this found?

2. What does it say?

3. What do we learn from here?
6.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
7.

במה מצוינו פרק שיש שבחת
וא"ר יושע בן-li נשימ חורה כור חוכה.
שאłożק לו היה באה להיות.

1. Where is this found?

2. What does it say?

3. What do we learn from here?

8.
1. Where is this found?

2. What does it say?

3. What do we learn from here?
10.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

2. What does it say?

3. What do we learn from here?
Unit 8: Self Help vs Vigilante Justice and Copyright Law
“Vigilante” - someone who takes the law into his/her own hands by trying and/or punishing another person without any legal authority. In the 1800s groups of vigilantes dispensed "frontier justice" by holding trials of accused horse-thieves, rustlers and shooters, and then promptly hanging the accused if "convicted." A mother who shoots the alleged molester of her child is a vigilante.

“Self-Help” - redressing or preventing wrongs by one's own action without recourse to legal proceedings. Self-help is permissible where it is allowed by law and can be accomplished without committing a breach of the peace.

What is Self-help?

Self-help is a term in the law that describes corrective or preventive measures taken by a private citizen. Common examples of self-help include action taken by landlords against tenants, such as eviction and removal of property from the premises, and repossession of leased or mortgaged goods, such as automobiles, watercraft, and expensive equipment. Persons may use self-help remedies only where they are permitted by law. State and local laws permit self-help in commercial transactions, tort and nuisance situations, and landlord and tenant relationships.

A breach of the peace refers to violence or threats of violence. For example, if a person buys a ship financed by a mortgage, the mortgage company may repossess the ship if the buyer fails to make the mortgage payments. If the buyer is present when the ship is being taken away and the buyer objects to the repossession, the mortgage company breaches the peace if it can repossess the ship only through violence or the threat of violence. In such a case, the mortgage company would be forced to file suit in court to repossess the ship. Repossessors attempt to circumvent objections by distracting or deceiving the defaulting party during the repossession.

A majority of states have banned self-help by landlords in the eviction of delinquent tenants. These legislatures have determined that the interests of the landlord in operating a profitable business must be balanced against a tenant's need for shelter. In place of the self-help remedy, states have devised expedited judicial proceedings for evictions. These proceedings
make it possible for a landlord to evict a tenant without unacceptable delays while giving the tenant an opportunity to present to a court arguments against eviction.

In states that give landlords the right of self-help, landlords may evict a tenant on their own only if they can do so in a peaceful manner. The precise definition of peaceful varies from state to state. In some states any entry by a landlord that does not involve violence or a breach of the peace is acceptable. In other states any entry that is conducted without the tenant's consent is illegal.

In any case, if a landlord evicts a tenant through self-help, the eviction must be performed reasonably. For example, a landlord may not nail plywood across the entrance to a tenant's second-story apartment while the tenant is inside and then remove the steps leading up to the apartment. One landlord who performed such self-help faced criminal penalties after the trapped tenant and her two-year-old daughter needed the help of the local fire department to escape the apartment. A landlord who violates laws on self-help may face criminal charges and a civil suit for damages filed by the tenant.

One new form of self-help that poses interesting problems is self-help by providers of computer software. Businesses in the United States that use computers have become dependent on computer software. Sometimes when disputes have arisen between the buyer of software and the software provider, software providers have disabled the buyer's software from a remote location. In one case a software supplier called Logisticon entered into a contract with Revlon Group to provide it with computer software. After a dispute arose between the two parties, Logisticon accessed Revlon's software system and disabled it, causing Revlon to suffer $20 million in product delivery delays. Revlon brought suit against Logisticon, alleging that Logisticon had violated the contract and that it had misappropriated Revlon's trade secrets. The two parties settled the suit out of court, and the terms of the settlement remain undisclosed.

Self-help measures are controversial because they amount to taking the law into one's own hands. Opponents of self-help laws argue that they encourage unethical and sometimes illegal practices by creditors and that they diminish public respect for the law. Proponents counter that self-help, if performed peaceably, is a valuable feature of the justice system because it gives creditors an opportunity to alleviate losses and keeps small, simple disputes from glutting the court system.
1. Where is this found?

2. What does it say?

3. What do we learn from here?
2. Midat S’dom, Self-Help and Dina d’Malchuta

1. Where is this found?

2. What does it say?

3. What do we learn from here?
3.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
4.

1. Where is this found?
2. What does it say?
3. What do we learn from here?

5.

1. Where is this found?
2. What does it say?
3. What do we learn from here?
Jewish Law And Copyright

Rabbi Israel Schneider, published in Journal of Halacha and Contemporary Society - No. XXI, Spring, 1991

In our highly advanced technological age, the duplication of original works of authorship has become almost effortless. While at one time, manuscripts or books had to be copied laboriously by hand, it is now possible within several minutes to produce high quality reproduction of entire works. Similarly, audio tapes, videos, and computer programs can all be reproduced quickly, effectively, and cheaply. The purpose of this essay is to explore the halachic implications of making or using unauthorized duplications and to inquire if there are precedents which could serve as grounds for the protection of an author's or creator's proprietary rights.

Halachic literature is rich in detailing the rights - and limitations - of an author to his original work. Not surprisingly, the People of the Book were constantly involved in determining what type of protection could be granted to an author or publisher.

With regard to what is termed "copyright," the halachic material can be divided into two subjects. One category deals with the rights of a printer who has issued a work in the public domain (i.e. the Talmud, Ramban). The limited appeal of seforim, coupled with the expensive outlays necessary for their printing, contributed to the need for protectionist measures to permit a publisher to recoup his investments. For this reason, rabbinical bans were issued against competing printers who would print the same work. The scope of these bans was the subject of ferocious debates. The time period (anywhere from three to twenty-five
Copyright Works In The Public Domain

A cursory scan of seventeenth through nineteenth century rabbinical haskamot (approbations), customarily printed in the prefatory section of rabbinic works, will reveal that these approbations served two distinct purposes. Firstly, the writer of the approbation would put a "seal of approval" on the work by testifying to the erudition and competence of the author. Secondly, the rabbinic authority would declare a ban against publication, for a fixed period of time, of the same work by another publisher. Rabbi Moshe Sofer¹ (Chatam Sofer) theorizes that the prevalence of this practice can be traced to a sixteenth century incident which involved two publications of the Rambam's Mishneh Torah by two competing publishers.

Rabbi Meir Katzenellenbogen of Padua (known by his acronym, Maharam) published an edition of the Mishneh Torah in 1550-1551. Almost immediately, a rival non-Jewish publisher, Marcantonio Justinian, printed another edition of the same work and priced it lower (one gold coin less) than Rabbi Katzenellenbogen's edition. Rabbi Moshe Isserles (Ramo), in addressing the issue, invoked the rule of Hasagat Ge'vul - legislation which protects one's commercial rights from undue competition - in declaring a ban upon anyone who purchased the Justinian edition of Mishneh Torah.² The ruling of Rabbi Isserles, argues

years), subject (printer or purchaser), and geographical extent of the ban (printer's country or worldwide) were issues which were disputed and which generated significant halachic output. This body of halachic literature does not deal, however, with the rights of an author or creator to his original work. The aforementioned bans, or limited monopolies, were aimed at protecting not the author's creativity, but the economic viability of the publisher. We will briefly survey the responsa literature which deals with these protectionist measures and present the halachic antecedents which grant an author full legal rights in respect to his creation.
Rabbi Sofer, ushered in the era of rabbinic haskamot which embodied, by force of ban or excommunication, protection for the rights of publishers of religious works.

In substantiation of Rabbi Moshe Sofer's theory, it should be noted that just three years after the Mishneh Torah controversy, the Rabbinical synod of Ferrara enacted a regulation that the first edition of any book written by a Jew must receive the approbation of three rabbis. It was Rabbi Meir Katzenellenbogen who headed the list of signatories. A close reading of the enactment indicates, however, that its primary concern was not to protect the interests of the publishers, but rather to prevent publication of books whose contents were deemed inappropriate. Rabbi Batzri suggests that although unfair publishing competition might have been the issue at stake, nevertheless no explicit mention of that concern was made in order not to strain relationships between the Jewish and non-Jewish communities.

Ironically enough, although the Chatam Sofer views Rabbi Isserles' ban as the prototype of all future rabbinical bans, he himself writes that the enactment of these bans is not out of concern for the financial loss of the first publisher (as Rabbi Isserles suggested). Rather, he writes:

“If we were not to close the door in the face of other publishers [i.e. prohibit competition], which fool would [undertake the publication of Judaica and] risk a heavy financial loss [lit., a loss of several thousands]? The publication [of Jewish works] will cease, G-d forbid, and Torah [study] will be weakened. Therefore, for the benefit of the Jewish people and for the sake of the exaltation of the Torah, our early sages have enacted…”

Hence, it was not concern for any individual printer's financial balance sheet which prompted the bans, but rather a concern for the facilitation of the perpetuation of Torah.
However, Rabbi Mordechai Benet\(^6\) takes issue with the rabbinical bans, on both theoretical and technical grounds. Conceptually, he argues that the interests of the Jewish nation and its Torah will best be served by an open economic system without any outside, albeit rabbinical, restraints. Free competition will ultimately yield an economic environment which will be most favorable to the consumer (i.e., the student of sacred texts). Granting monopolies to publishers will only serve to drive up the prices of these rabbinic works, thereby stifling Torah-study.

In addition, he argues, the ban is invalid on two technical grounds. A ban is legally binding only if it is pronounced orally; a ban written in the prefatory section of a book is not considered valid. Moreover, a ban is binding only for those within the area of jurisdiction of those imposing the ban; a rabbi who declares a world wide ban on the purchase or sale of religious works has overstepped his bounds. Consequently, such a ban is legally invalid.

Rabbi Moshe Sofer\(^7\) disputes both of Rabbi Benet's claims. He opines that a written ban is enforceable, citing the antiquity of usage of the \textit{cherem} (ban) and arguing that it can be "activated" upon all Jews - even those outside a particular rabbi's sphere of influence.

In certain instances, when it is difficult to decide between two conflicting opinions, the halachic authority is enjoined to observe the actual practice of the Jewish nation. History seems to have come down firmly on the side of Rabbi Sofer. Between 1499 and 1850, 3,662 \textit{haskamot} were issued and appended to books and religious works!\(^8\)

**Halachic Grounds For Copyright Of Original Works**

Until now, we have dealt primarily with the concept of the "protectionist" copyright -
granted to a publisher to insure him against staggering financial losses. We will now present four halachic principles which are employed in providing copyright protection to the creators of original works. Interestingly, rabbis may approach the issue from radically differing perspectives and nevertheless arrive at similar conclusions. Thus, although Rabbi Benet argues against the efficacy of bans, he ultimately agrees with Ramo to ban the Justinian edition of *Mishneh Torah*, for he reasons that Rabbi Katzenellenbogen's edition - by dint of its explanatory notes, correction, and comments - should be deemed to be original and thereby worthy of copyright protection. An even more startling example of this dichotomy is the inclusion of a ten year printing ban in the introduction (written by Rabbi Benet's granddaughter's husband, Rabbi Avraham Yitzchak Glick) to Rabbi Benet's own work, Responsa *Parashat Mordechai*.

The Rule of Benefit And Loss

Rabbi Yechezkel Landau, in his magnum opus *Nodah B’Yehuda*, approaches the copyright issue from the perspective of the Talmudic passage, familiar to any Yeshiva student:

*Ze nebene ve’ze chaser* - One who derives benefit and the other suffers loss [is liable].

The case addressed by Rabbi Landau involved a scholar who authorized a Talmudic commentary and paid the publisher the stipulated amount for printing his work (upon the margin of the page of Talmud). After completion of the printing, the publisher discarded the characters used in the printing of the commentary, but retained the typeset characters of the Talmudic text for use in printing an edition of the Talmud. The Scholar claimed that by paying for the entire printing, he owned a share in the letter arrangement of the Talmudic text and was therefore entitled to a portion of the revenues realized by the sale of these volumes of Talmud. The defendant claimed that the actual print characters belonged
to him and, as such, the plaintiff had no claim to any of the profits.

Rabbi Landau ruled that in cases where the author paid for the typesetting, the author retains rights to any reprintings made from those selfsame characters.

“He [the printer] has caused a great loss [to the author], for if the printer had not published these [second] books, there would have been a great demand for Reuven's [the author's] work [which included the Talmudic text]... Now, that Shimon [the printer] has printed [his volumes], these volumes which are cheap and in great supply will reduce the demand for Reuven's [the author's] work. Since the printer has caused the author a financial loss, we obligate him to pay all that he benefited from the author's share in the typeset arrangement.”

Although the actual ruling of Rabbi Landau applies to the reprinting of the Talmud, a work in the public domain, the ruling would certainly apply to an original work of scholarship. If we guard the rights of one who has merely paid for the arrangement of an original text, so much more should the rights of a creator of an original work be protected.

Rabbi Zalman Nechemia Goldberg, in an essay published in *Techumin*,\(^\text{11}\) writes that the *Nodah B'Yehudah's* comparison of this case to the Talmudic cases of benefit and loss is a subject of dispute among the earlier commentators. As we shall see, Rabbi Goldberg's point reflects the struggle of both halacha and civil law to deal with intangibles as property susceptible of being owned. He argues that although the rule of benefit and loss unequivocally obligates one who has benefited directly from someone else's property, it is not clear whether this law extends to benefit from the intangibles (e.g. form, arrangement, and composition) that are a product of one's labor and creativity. While the particulars are
beyond the scope of this article. Rabbi Goldberg concludes that Rabbi Landau's ruling is consistent with the opinion of Rabbenu Tam, and in conflict with that of Rabbi Yitzchak.

**Hasagat Ge’vul**

As noted earlier, Rabbi Moshe Sofer wrote many responsa concerning the issue of copyright. Most of the material, however, deals with the exclusive rights granted to a printer in order to make the printing of Jewish scholarly works economically feasible. However, Responsa *Chatam Sofer, Choshen Mishpat*, no. 79, deals with a work of original authorship, and provides another source for the concept of ownership of incorporeal property.

The *Chatam Sofer* addressed the issue whether Rabbi Wolf Heidenheim, editor of the nine-volume *Roedelheim Siddur and Machzor*, could prevent others from republishing his prayer books. After a lengthy discussion of printer's rights in general, Rabbi Sofer writes:

“If the case is so [that limited protection is granted] for printers of other texts [already in the public domain], so much more so for one who created a new entity... for example, the consummate scholar, Rabbi Wolf Heidenheim, who spent countless hours in the editing and translating of the *piyyutim*... and why should others profit from his creativity? It [our case] can be compared to the case of the fisherman who by means of his actions caused the gathering of the fish…”

The analogy to the fisherman is particularly intriguing. The Talmud cites a ruling: *Marchikim metzudat hadag min hadag kimlo ritzat hadag*. "Fishing nets must be kept away from a fish [which has been targeted by another fisherman] the full length of the fish's swim."
The commentators point out that the targeted fish, which is yet uncaught, is common property (be'efker). Nevertheless, other fishermen must distance themselves from this fish and must stake out other territories. Rabbi Meir, father of Rabbenu Tam, explains that the fisherman who originally staked out the area baited the net with dead fish. This action of the fishermen resulted in the clustering of other fish in the vicinity of the net. For this reason, the other fishermen are enjoined to steer clear of reaping the profits of their fellow fisherman's labors.17 Hence, a fisherman who placed his bait within the proscribed area is guilty of poaching on the preserves of the first.

Rabbi Sofer draws a rather sweeping, far reaching principle, based on the "fisherman model." It can be formulated as such: One who has expended effort in the attainment of a certain state (apart and beyond the ownership of any tangible property) is legally entitled to the ensuing profits. Hence, the author who has utilized energies in the creation of work, is no less entitled to enjoy the fruits of his labor than is the fisherman who has assiduously baited his traps.18

In conclusion, Rabbi Sofer finds the antecedent for the protection of author's right under the rubric of "Hasagat Ge'veul" the legislation promulgated to prohibit the encroachment upon the economic and commercial rights of others.

**Dina De'Malchuta Dina**

*Beit Yitzchok*19 approaches the issue from an entirely different angle. Even if we are to assume, he writes, that Torah law doesn't explicitly award exclusive proprietary rights to an author, it nevertheless enjoins us to recognize and obey "the law of the land."20
Consequently, all authorship rights provided to an author under civil law are recognized by Torah law as valid and binding. Writing in the late 19th century, Rabbi Yitzchok Schmelkes states that our country\(^{21}\) prohibits the copying of original works of authorship. One hundred years later, on these American shores, the identical situation exists. Statutory protection of an author's work(s) is guaranteed by the Copyright Act of 1976 (Pub. L. No. 94-533, 90 Stat. 2541). For this reason any infringement of civil copyright law would be, by definition, an infringement upon Torah law as well.

In truth, the validity of this argument hinges upon a dispute among the medieval commentators as to the scope of "Dina de'Malchuta Dina" ("the law of the land is law"). Rabbi Baruch ben Yitzchak\(^{22}\) cites the opinion of his teachers, in the name of the French Tosafists, that "the law of the land" is binding to the extent that it applies to the government's right to levy and collect taxes. However, legislation enacted by the government for the benefit of its citizens, without any direct profit for the government, cannot be considered binding. Hence, copyright legislation, whose objective is the protection of the public, is not included within the parameters of Dina De'Malchuta Dina. The Ramban,\(^{23}\) however, disputes this point and rules that all just and fair legislation enacted by the government falls under the category of "the law of the land" and, consequently, is legally binding. The Shach,\(^{24}\) citing a host of codifiers who employ the principle of Dina De'Malchuta Dina in regard to legislation which does not directly serve to profit the government, rules that the halacha is in accordance with the Ramban.

A note of caution is certainly in order: the issue of interaction between halacha and civil law is complex. Indeed, there are times when the civil law, in conflict with the halacha, is not binding.\(^{25}\) However, it is Rabbi Schmelke's opinion and subsequently also that of Rabbi Ezra Batzri,\(^{26}\) that copyright legislation, whose thrust is the preservation of social justice
and fairness, is recognized by Torah law as binding.

**Shiur**

Rabbi Zalman Nechemia Goldberg advances a novel theory to serve as the basis for the proprietary rights of an author, based upon the legal concept of "Shiur" (retention). It is possible for a seller to sell an item to a purchaser, yet to retain certain aspects of ownership for himself. For example, the Talmud speaks of one who sells an animal, yet retains for himself its shearings and offspring. The purchaser is entitled to do with the animal whatever he wishes. Nevertheless, the purchaser's ownership is limited. In regard to shearing and offspring, the animal is considered as if it still belongs to the seller.

Based on this principle, Rabbi Goldberg posits that one who sells a cassette tape can stipulate that the purchaser is entitled to all usages of the tape but one - the right to copy it. Since this right was retained by the seller, the purchaser who copies the tape without the consent of the seller has committed an act of theft, and as such, is obligated to make restitution to the owner of the reproduction rights of the tape - namely, the seller.

Rabbi Goldberg writes, though, that this approach has two major limitations. Firstly, this line of reasoning is valid only if it is specifically stipulated that the sale is of a limited nature, with all rights of copying retained by the seller. If, however, the seller merely states that reproduction or copying of the work is prohibited, without specifying that the scope of the sale is limited, it follows that one who copies without consent is not guilty of theft and is not liable to make restitution to the owner. Secondly, this approach protects only against the primary reproduction of an original work. However, once a reproduction has been made, the new copy certainly cannot be construed as belonging partially to the seller. Consequently, one who copies a copy is certainly not guilty of theft, and by the same
token, not liable to make restitution. Rabbi Goldberg does concede, however, that even in these two situations, grounds for copyright protection may be found in the other principles which have already been discussed.

**Minor Alterations**

Rabbi Joseph Shaul Nathanson was asked whether one who reproduces an original work, but makes minor additions or deletions, is in violation of the copyright legislation. He responded that the argument to permit such a practice is "laughable," and consequently, one who attempts to bypass the copyright restrictions by making insignificant changes is still in violation of the halacha. To permit the circumvention of the copyright laws by insignificant alterations of the original material, he claims, would render these safeguards ineffective and defeat the purpose of the enactment.

**Photocopied Handouts**

Rabbi Shmuel Wozner addresses the issue whether a teacher is permitted to photostat one article or essay, out of an entire publication, for classroom use. He rules that the copyright restrictions would not apply in this case. Although Rabbi Nathanson's extended definition of the copyright concept includes reproductions of an entire work, with but minor changes, it does not include the copying of a mere fraction of a publication. Consequently, a teacher who uses these photostated handouts is not in infringement of the author's rights. He does add, however, that the copies should not be circulated to the public but rather used only within the classroom setting. Rabbi Wozner comments that the teacher who uses photocopied material for classroom usage is not only well within his legal rights, but in addition, has performed a mitzvha by sparing the students the additional expense of purchasing books unnecessarily.

Sometimes it may happen that one Posek's "Mitzvah" is another Posek's "Aveira". Rabbi
Yaakov Blau questions Rabbi Wozner's conclusion and advances that opinion that although a teacher would be permitted to copy an article for personal use, it would be prohibited to copy an article for classroom distribution. In the opinion of this writer, this dispute might hinge upon the aforementioned grounds for halachic protection of copyright. If the halachic legitimacy of copyright is based upon the statutory protection provided by civil law, it stands to reason that any exclusions which might exist in the civil law provisions will similarly, be recognized by halacha as valid. Since the Copyright Act codifies the so-called "doctrine of fair use" as a limitation on the rights of copyright holders, then halacha too will award the public this benefit. If, however, there exists an independent halachic interdiction against the pirating of literary creation, then, it can be argued, this prohibition extends beyond the reach of the civil law.

**Conclusion**

Based on the above, it is clear that sufficient halachic grounds exist to protect an author's proprietary interest in his work. Indeed Rabbi Moshe Feinstein rules unequivocally that one is prohibited to copy a Torah (cassette) tape without the explicit consent of its creator. From the phrasing of the responsum, it cannot be determined which line of reasoning was employed by Rabbi Feinstein. He adds, however that one who illegally copies a tape has committed a form of theft.

Obviously, this essay does not claim to be a comprehensive study of all the ramifications of copyright law within the context of halacha. Nevertheless, it may serve as a guideline to the many questions which still require definitive rulings.
COMMENTS:

1. Responsa Chatam Sofer, Choshen Mishpat no. 41
2. Rabbi Moshe Isserles, Responsa, no. 10.
5. Responsa Chatam Sofer, Vol.6, no.57.
6. Responsa Parashat Mordechai, Choshen Mishpat, nos. 7 and 8.
7. Responsa Chatam Sofer, Choshen Mishpat no. 79; Volume 6 no. 59.
8. Encyclopedia Judaica, Vol.7, p. 1454. While a great portion of these "haskamot" were written for original works, nevertheless, many were issued for books already in the public domain.
13. Ibid.
14. Responsa Chatam Sofer, Choshen Mishpat no. 41; ibid no. 70; ibid no. 89; Volume 6, no. 57.
15. Bava Batra 21b.
16. Defined there as one Parasang (aprx. 2 1/2 miles).
18. It is interesting to note that Rabbi Sofer's analogy was later employed by twentieth century author. "What happens to a poet when he poaches upon a novelist's preserves..." (Virginia Woolf).
19. Responsa, Yoreh Deah, Volume 2, no. 75.
21. The responsum was written in Przemysl, a city in Galicia (Austrian Poland).
22. Sefer HaTerumot. 46:8.
The Generational Divide in Copyright Morality

By DAVID POGUE

I've been doing a good deal of speaking recently. And in one of my talks, I tell an anecdote about a lesson I learned from my own readers.

It was early in 2005, and a little hackware program called PyMusique was making the rounds of the Internet. PyMusique was written for one reason only: to strip the copy protection off of songs from the iTunes music store.
The program's existence had triggered an online controversy about the pros, cons and implications of copy protection. But to me, there wasn't much gray area. "To me, it's obvious that PyMusique is designed to facilitate illegal song-swapping online," I wrote. And therefore, it's wrong to use it.

Readers fired back with an amazingly intelligent array of counterexamples: situations where duplicating a CD or DVD may be illegal, but isn't necessarily *wrong.* They led me down a garden path of exceptions, proving that what seemed so black-and-white to me is a spectrum of grays.

I was so impressed that I incorporated their examples into a little demonstration in this particular talk. I tell the audience: "I'm going to describe some scenarios to you. Raise your hand if you think what I'm describing is wrong."

Then I lead them down the same garden path:

"I borrow a CD from the library. Who thinks that's wrong?" (No hands go up.)

"I own a certain CD, but it got scratched. So I borrow the same CD from the library and rip it to my computer." (A couple of hands.)

"I have 2,000 vinyl records. So I borrow some of the same albums on CD from the library and rip those."

"I buy a DVD. But I'm worried about its longevity; I have a three-year-old. So I make a safety copy."

With each question, more hands go up; more people think what I'm describing is wrong. Then I try another tack:

"I record a movie off of HBO using my DVD burner. Who thinks that's wrong?" (No hands go up. Of course not; time-shifting is not only morally O.K., it's actually legal.)

"I *meant* to record an HBO movie, but my recorder malfunctioned. But my buddy recorded it. Can I copy his DVD?" (A few hands.)

"I meant to record an HBO movie, but my recorder malfunctioned and I don't have a buddy who recorded it. So I rent the movie from Blockbuster and copy that." (More
hands.)
And so on.
The exercise is intended, of course, to illustrate how many shades of wrongness there are, and how many different opinions. Almost always, there's a lot of murmuring, raised eyebrows and chuckling.
Recently, however, I spoke at a college. It was the first time I'd ever addressed an audience of 100 percent young people. And the demonstration bombed.
In an auditorium of 500, no matter how far my questions went down that garden path, maybe two hands went up. I just could not find a spot on the spectrum that would trigger these kids' morality alarm. They listened to each example, looking at me like I was nuts.
Finally, with mock exasperation, I said, "O.K., let's try one that's a little less complicated: You want a movie or an album. You don't want to pay for it. So you download it."
There it was: the bald-faced, worst-case example, without any nuance or mitigating factors whatsoever.
"Who thinks that might be wrong?"
Two hands out of 500.
Now, maybe there was some peer pressure involved; nobody wants to look like a goody-goody.
Maybe all this is obvious to you, and maybe you could have predicted it. But to see this vivid demonstration of the generational divide, in person, blew me away.
I don't pretend to know what the solution to the file-sharing issue is. (Although I'm increasingly convinced that copy protection isn't it.)
I do know, though, that the TV, movie and record companies' problems have only just begun. Right now, the customers who can't even *see* why file sharing might be wrong are still young. But 10, 20, 30 years from now, that crowd will be *everybody*. What will happen then?
Unit 9: Business Ethics
1. Where is this found?

2. What does it say?

3. What do we learn from here?
2.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

2. What does it say?

3. What do we learn from here?
4.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
5.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
6.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
QUESTIONS FOR UNDERSTANDING:

1. According to sources 1 and 2, what are some of the ideal ways to practice business?

2. Sources 3 and 4 seem to speak harshly of those who aren’t honest in business. Why do you think that is?

3. Sources 5 and 6 stress the importance of the impression our business practice makes on others. Is this really important? Why or why not?
Rabbi returns $98,000 he found in desk he bought on Craigslist

By Haley Draznin, CNN

A Connecticut rabbi returned $98,000 in cash he found in a plastic bag hidden behind drawers of an ordinary office desk he bought on Craigslist in September.

Rabbi Noah Muroff, a high school teacher at a private Jewish school in New Haven, discovered the money while dismantling the $150 desk to move it through a narrow doorway.

"The desk did not fit ... by just a fraction of an inch," Muroff said.

He said he unhooked file cabinet drawers and removed the top of the desk. Then came the unexpected surprise.

"Without detaching the desk, Muroff said, "this money, which was behind the drawers, was totally inaccessible.""

The rabbi and his wife, Esther, were in total shock.

"We were looking at each other and laughing," he said. "This kind of thing only happens in the movies."

On the evening of September 2, just days before Rosh Hashanah, the Jewish New Year, Muroff and a friend picked up the desk from a woman, Patty, who lives just outside of New Haven. Muroff declined to identify the owner further.

"I knew this was her money," he said. "She told me she bought the desk from Staples and
Within 20 minutes of finding the money, around 11:30 p.m. that same evening, Muroff called Patty.

"She was speechless, without words," he said.

Muroff said the former owner told him she put her inheritance in the desk and after a while forgot it was there.

"I do not think there are too many people in this world that would have done what you did by calling me," Patty wrote in a thank you note to Muroff that CNN obtained.

The couple took their four children with them to return the money the next day, hoping their good deed will send "the message of honesty and integrity," he said.

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8. Different Ways to Handle Ethical Issues in the Workplace

Article by Mark Pastin, November 11, 2013

According to a Gallup poll, only 21 percent of people characterized business executives as having “high” ethical standards—a little above lawyers (19 percent), but below bankers (28 percent) and journalists (28 percent). Whether that’s deserved or not, it’s nevertheless true that executives set the ethical tone at their companies. But employees have the power to improve it.

Employees encounter ethical dilemmas at work all the time. A manager is having an affair. A co-worker is spending company time contacting headhunters. A team member is using information acquired at a former job, despite having signed a noncompete agreement.

We all have an inner guide that knows the right thing to do. We just don’t always follow it.
For some employees, the ability to act ethically is strong and feels very natural; others need practice sharpening their ethical sense and learning how to apply it better in real-life situations.

We tend to react to ethical situations in the workplace in a specific way, depending on our background, level of training, and personality. Here are four ethical types I’ve found:

Assess Yourself  Look at the personality types outlined on the other side of this page.

- Which one do you think is the ideal? Place a check next to that category.
- Which one describes you best? Circle that one.
- Is there someone in the class that you think fits perfectly into any of the categories? Write down his or her name in the margin next to that category.

1. The conformist is an employee who follows rules rather than questions authority figures. One might think this person could be counted on always to do the right thing. The conformist might look the other way, however, if a higher-up were acting unethically. After all, a manager is supposed to be obeyed. This person will run into work-related conflicts unless there are strict rules and well-defined consequences for not following them.

2. The negotiator is someone who tries to make up rules as he goes. When faced with a sketchy situation—say, a co-worker is drinking on her lunch hour—this person might wait to see if the behavior affects his job in any way, to see if the drinking gets any worse, or to see if anyone else notices. The negotiator will eventually encounter ethics-related trouble if he is required to exercise judgment without guidelines, because this person changes the rules
according to what seems easiest at the time.

3. The navigator is someone who, when confronted with a situation in which people are behaving unethically, is able rely on an innate ethical sense to guide her actions, even if these decisions aren’t easy. This person has a sound moral compass, which provides the flexibility to make choices, even unpopular ones. The navigator’s ethical sense imbues her with qualities of leadership. Other people respect, and count on this person. The navigator will succeed in most organizations but will leave a company that is unethical.

4. The wiggler doesn’t give a lot of thought to what is right. Instead, this person takes the route that’s most advantageous to him. For example, he may lie to appease a supervisor. The wiggler is motivated by self-interest—getting on a manager’s good side or avoiding conflict. The wiggler will run into trouble when others sense that he dodges ethical issues to protect his own interests.

The good news is that your ethical type isn’t set in stone. There are tools you can use to become a more ethical employee and problem solver. With practice, you can make ethical decisions more easily, and more quickly see and follow the right path.


Pastin is CEO of the Council of Ethical Organizations, a nonprofit dedicated to promoting ethics in business and government. He is the author of Make an Ethical Difference: Tools for Better Action.

9. On-the-Job Ethics Test

By Mark Pastin

The Council of Ethical Organizations, based in Alexandria, Va., has been advising businesses, government, and the public on operating ethically and effectively since 1980. Whether you’re 23 or 53 you can gain better understanding of your ethics and the ethics of the people you work with by taking the Council’s On-the-Job Ethics Test.
1. If my boss asked me to lie to cover one of his/her mistakes, I would:

- A. Quit.
- B. Lie.
- C. Say it made me uncomfortable.
- D. Do it this time, but refuse if it became a pattern.

2. If I knew that a fellow employee spent time in the office writing personal e-mail, I would:

- A. Report the employee to our supervisor.
- B. Keep an eye on the employee to make sure it doesn’t affect her work.
- C. Talk to the employee, and then decide what to do.
- D. Try to convince the employee that this may not be a good idea.

3. If I knew my boss and a co-worker were having an affair, I would:

- A. Try to transfer to another department.
- B. Ignore it.
- C. Wait to see if I were affected.
- D. Talk to my boss to clear the air.

4. If a headhunter approached me with an attractive offer, I would:

- A. Discuss it with my boss before proceeding.
- B. Ask my current employer to beat the outside offer.
- C. Meet with the headhunter, and talk to my boss if I was serious about leaving.
- D. Ask each side for their best offer and take the highest offer.
5. If I thought an employee I supervised had a drug problem, I would:

- A. Exercise my right to ask the employee to take a drug test.
- B. Wait and see if the employee’s performance declines.
- C. Talk it over with the employee.
- D. Seek guidance from the human resources department.

6. If a fellow employee was being discriminated against because of his/her sexual orientation, I would:

- B. Offer my support if the employee complained.
- C. Complain to a superior likely to be sympathetic.
- D. Advise the person that he or she might be happier elsewhere.

7. If I took a job with a competing company, I would:

- A. Never use information from my current job.
- B. Use information to support my new employer.
- C. Use only general information.
- D. Talk to my own lawyer before using information.

8. If a key software vendor who was also a personal friend offered me a free laptop, I would:

- A. Turn it down and report the vendor to our purchasing officer.
- B. Accept the gift if it was personal rather than business related.
- C. Ask my supervisor if there was a problem with accepting the gift.
- D. Accept the gift but tell the vendor that they will get no special consideration.
TEST KEY

There is no strictly “right” answer to any of the test questions, but some who take the test show identifiable patterns of ethical approach. Based on years of experience in workplace ethics research and consulting, the Council has identified four such patterns.

If you answered A most often, you are a Conformist. You tend to be inflexibly “by-the-book.” You will run into work-related ethical conflicts unless you work for an organization with rigid rules and little room for compromise.

If you answered B most often, you are a Negotiator. You tend to try to make up the rules as you go along. You will eventually run into trouble if your job requires you to exercise judgment without guidelines.

If you answered C most often, you are a Navigator. You have a basically sound moral compass as well as flexibility to make ethical choices even when none of your alternatives is perfect. You can act ethically and succeed in most organizations, but will leave those that are unethical.

If you answered D most often, you are a Wiggler. You will run into trouble when others sense that you dodge ethical issues to protect your own interests.
10.

In Life and Business, Learning to Be Ethical

By ALINA TUGEND

LOTS of New Year’s resolutions are being made — and no doubt ignored — at this time of year. But there’s one that’s probably not even on many lists and should be: Act more ethically.

Most people, if pressed, would acknowledge that they could use an ethical tuneup. Maybe last year they fudged some numbers at work. Dented a car and failed to leave a note. Remained silent when a friend made a racist joke.

The problem, research shows, is that how we think we’re going to act when faced with a moral decision and how we really do act are often vastly different.

Here’s just one of many examples from an experiment at Northeastern University: Subjects were told they should flip a coin to see who should do certain tasks. One task is long and laborious; the other is short and fun.

The participant flips the coin in private (though secretly watched by video cameras), said David DeSteno, a professor of psychology at Northeastern who conducted the experiment. Only 10 percent of them did it honestly. The others didn’t flip at all, or kept flipping until the coin came up the way they wanted.

Trying to become more ethical — or teaching people how to — would seem doomed then. But that’s not true. It’s just that how we teach ethics has to catch up with what we know about how the human mind works.

One area clearly in need of attention is business ethics, especially given the transgressions in the financial world in recent years. Some of the nation’s top researchers think so too. Next week, a group of them — most based at American universities — will officially introduce a new website, EthicalSystems.org. The site is the first to pull together extensive research and resources on the subject of business ethics with the aim of making the vast trove available to schools, government regulators and businesses — especially their compliance officers.

“It used to be business ethics grew out of philosophy, with a focus on the right thing to
do,” said Jonathan Haidt, a professor of ethical leadership at New York University’s Leonard N. Stern School of Business. “In the last 10 years there’s been an explosion of research in behavioral economics” and the underlying reasons people act the way they do.

Some of the research was informed by the scandals at Enron and WorldCom unfolding at the time, as well as the global financial crises.

Those events, in part, “inspired a small group of researchers to develop a more psychologically realistic approach to business ethics,” said Professor Haidt, who spearheaded the website.

This approach — which applies to ethics in general, not just business ethics — incorporates what we now know about how people really act when faced with a moral dilemma and what tools can be used to nudge them toward doing the right thing.

First we need to be more aware of the ways we fool ourselves. We have to learn how to avoid subconsciously turning our backs when faced with a moral dilemma. And then we must be taught how to challenge people appropriately in those situations.

“When people predict how they’re going to act in a given situation, the ‘should’ self dominates — we should be fair, we should be generous, we should assert our values,” said Ann E. Tenbrunsel, a professor of business ethics at the University of Notre Dame who is involved in the EthicalSystems website. “But when the time for action comes, the ‘want’ self dominates” — I don’t want to look like a fool, I don’t want to be punished.

“Our survival instinct is to want to be liked and to be included,” said Brooke Deterline, chief executive of Courageous Leadership, a consulting firm that offers workshops and programs on dealing with ethical situations. “We don’t willfully do bad things, but when we’re under threat our initial instinct is to downplay or ignore problematic situations.”

Most people know the feeling: Something happens that we know is wrong and we mean to speak up or make it right. But we can’t quite figure out how to do it, and the moment passes. And then we justify that it was O.K. that we acted the way we did.

So how do we change this?

Using social and cognitive behavioral psychology as well as neuroscience, Ms. Deterline said, the first step is to become aware of our natural inclinations.

“Think back: When are you vulnerable to not speaking up and not saying what needs to
“be said?” she said. Is it when authority is present? When it might alienate you from friends? When it might cause subordinates to think less of you?

“We all have automatic thoughts when we feel anxious: ‘I’m going to get fired, I’m going to look like an idiot,’” she said. The point is not to listen to those thoughts, but to be aware of them and override them. And to do that, we need to practice.

Like pilots who use flight simulators, people need to work on situations that cause them anxiety before they occur. In her programs, Ms. Deterline has role playing employees initiate potentially challenging conversations.

“When most of us feel uncomfortable, we shut up,” she said. “But we need to use discomfort to know that that is my signal to be courageous and a cue for action rather than inaction.”

The focus on why people do and don’t act ethically is not, of course, limited to the business world. After all, it takes good citizens to make good employees.

Philip G. Zimbardo, a professor emeritus of psychology at Stanford University, is a pioneer in the study of social power — for good and for evil — and started a program in 2007 called the Heroic Imagination Project. His interest in ethics dates far back; in 1971 he created the notorious Stanford Prison Experiment, where college student “guards” demeaned and humiliated student “prisoners.” The experiment had to be stopped early because it became so abusive.

After studying moral degradation for decades, Professor Zimbardo started wondering about the 10 to 20 percent of people in every situation who resisted. Who were these people he called heroes, and could anyone be taught to be one?

Through the Heroic Imagination Project — for which Ms. Deterline once worked — middle- and high-school and community college students learn about group dynamics, like the bystander effect, in which the more people who are on a scene, the less likely it is for anyone to help.

Using video clips and real-life situations, teachers explain how students can resist such behavior, and help them explore why they have acted — or failed to act — in specific situations.

While students are taught not to be “dumb heroes” and rush into danger, Professor
Zimbardo said, “we teach them that knowledge obligates you to do something — to act heroically.”

His nonprofit program has made many of its resources available free and is in the final stages of receiving funding to train a group of teachers in Flint, Mich., starting in the spring. Graduate students at the University of Michigan will assist in the program and, it is hoped, develop longitudinal findings on its effectiveness, he said.

Kristen Renwick Monroe, a professor of political science at the University of California, Irvine, has long studied why some people act righteously and others fail to.

She has found in her research that “the rescuers say, ‘What else could I do?’ ” she said. “The bystander says, ‘I was just one person? What could I do?’ ”

“We have to think, ‘Who am I and how do my actions create who I am?’ ” Professor Monroe added. She recalled interviewing a Dutch woman who stood by and watched while Jews were thrown into a truck and taken away during World War II. But the woman later saved more than a dozen others.

Professor Monroe remembers what the woman told her: “We all have memories when we should have done something, and it gets in the way for the rest of your life.”
Unit 10: Human Dignity
1. Where is this found?

2. What does it say?

3. What do we learn from here?
2.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
3. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

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1. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

2. What does it say?

3. What do we learn from here?
7. Ramba"m's 8 Levels of Charity

Ramba”m, Hilchot Mat’not Ani’im 10:7-14

Giving tzedakah, charity, is not an act kindness (chessed), but an act of justice. We see this in the word itself (“tzedek” means justice). We are obligated to restore balance to the world by giving to those in need. However, this mitzva can and should be conducted with kindness and sensitivity to human dignity.

Ramba”m (a 12th century sefardic rabbi, scholar, physician and philosopher) described eight levels of giving charity.
INSTRUCTIONS: Research Ramba”m’s Eight Levels of Charity and write them, in ascending order, into the chart below. Then write an accompanying paragraph to this system that explains why the first step isn’t as good as the second, and why the second isn’t as good as the third, and so on. Be sure to explain Ramba”m’s clear concern for human dignity in this mitzva.

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Eight Rungs of the Giving Ladder

An anonymous female donor has come forward to pledge $10 million to help families recover from the devastating effects of flooding in Grand Forks, ND and East Forks, MN. She has arranged for $2,000 to be distributed by a nonprofit organization, North Dakota Community Foundation, to each needy household that has been victimized by the recent Red River flood. AIP praises this anonymous donor for her selfless gift to help the flood victims to back on their feet.

This contrasts with philanthropists Edith and Henry Everett who recently withdrew a $3 million contribution to fund half of the renovation cost of the Central Park Children's Zoo in New York City. One of the reasons according to The New York Times—they were displeased that their donation would earn only a small plaque with two-inch lettering on the Zoo's entry gate.

The concept of giving anonymously without knowing the recipient can be traced back to ancient Israel. Beggars would regularly congregate next to a wall of a courtyard and donors, being aware of this, would face the opposite direction and toss coins over the shoulders in the direction of the wall. Therefore, the recipients of the charity would not feel ashamed or indebted to the giver.

Maimonides, a 12th century Jewish scholar, invented the following ladder of giving. Each rung up represents a higher degree of virtue:

1. The lowest: Giving begrudgingly and making the recipient feel disgraced or embarrassed.

2. Giving cheerfully but giving too little.

3. Giving cheerfully and adequately but only after being asked.

4. Giving before being asked.

5. Giving when you do not know who is the individual benefiting, but the recipient knows your identity.
6. Giving when you know who is the individual benefiting, but the recipient does not know your identity.

7. Giving when neither the donor nor the recipient is aware of the other's identity.
8. The Highest: Giving money, a loan, your time or whatever else it takes to enable an individual to be self-reliant.

It is too bad that most Americans are not following Maimonides' sage advice. Think how much more money could be spent on much needed programs if donors would rise to even Level Number 4-giving before being asked. I encourage all of you to pick your favorite category or field (36 are included in the Guide) and learn about each charity in it and if you are satisfied with an organization's grade and like what it is accomplishing than send the charity a contribution before it has to incur the cost of asking you and thousands of others for one.

Perhaps if Maimonides were alive today, it's what he would do.
Unit 11: Crime, Punishment, and the Death Penalty
In this unit we will explore the ethics of the prison system. Read about one of the many post-prison rehabilitative projects. Understand the need for such initiatives and ask yourself the important question:

As a society, are we doing the right thing by putting our criminals into prisons?


**OUR WORK**

The goal of the Post-Prison Education Program is to dramatically reduce recidivism by harnessing the power of education and meeting the legitimate needs of former prisoners. Education opens the door to a living wage, clean and sober housing, empowered and responsible living and strengthened families—the most important factors in breaking the intergenerational cycle of poverty and crime, thereby increasing community safety. The Post-Prison Education Program provides access to education and unwavering support through wrap around services including tuition, housing, groceries, daycare and intensive mentoring. The Program’s innovative approach provides extensive outreach in prisons and intensive support post-release.

**MISSION STATEMENT**

The Post-Prison Education Program offers hope and creates opportunity for people returning to society by providing access to higher education. Imprisoned and formerly imprisoned people are offered the tools and human support they need to find gainful, meaningful employment, and break free from cycles of hopelessness, poverty, and imprisonment and become leaders for change.

**THE PROBLEM**

In Washington State alone, over 8,200 prisoners are released into the community every year. Prisoners are released with little or no support, $40, medication to last two weeks (if suffering from mental illness) and one set of clothing. They have often accrued significant debt (Legal Financial Obligations); have the stigma of incarceration; are undereducated and barred from employment opportunities, thus remaining in a cycle of intergenerational poverty, debt, and homelessness. It is for these reasons that 43% return to prison within the first five years with one or more new felony convictions. In 2008, of the 28,671 former prisoners actively supervised on probation, 3,867 were known to be homeless. The incarceration cost of one individual is $36,000 per year. However, the actual cost including arrest, prosecution, court fees, attorney fees, etc. total more than $500,000 of taxpayer money per person. The Post-Prison Education Program has proven that for $6,700 per person per annum, one can meet the legitimate needs of former prisoners, which is a significantly more cost-effective method of reducing recidivism, increasing public safety and curbing high costs to society.
OUR SOLUTION

Studies show that two years of post-secondary education reduces the rate of recidivism by more than 50%. Through an Outcome Data analysis in 2009, University of Washington researchers determined the Program’s rate of recidivism to be zero. Currently, our rate of recidivism is less than 2%, which is a testament to our proven methods. The Program only admits individuals who are at significant risk of recidivating based on their extensive prison sentences. The Post-Prison Education Program fights to create hope where there is none through inspiring presentations inside prisons and intensive support upon release. The Program mentors and guides students and their families to gain access to resources and to become sustainable and contributing members of society. Furthermore, our students tutor, mentor and volunteer to help others succeed in breaking the cycle of incarceration and create safer communities. The Program accomplishes its goals by meeting the legitimate frugal needs of former prisoners simultaneous to linking them with post-secondary education, building meaningful mentorship relationships, and delivering consequential support services whether they are housing, legal representation, mental health counseling, or tutoring. We accomplish these goals by spending only a fraction of the costs of prosecution and incarceration. The Program’s success not only dramatically reduces recidivism and increases public safety, but also ensures that students have stable jobs, strong families, and productive lives.

QUESTIONS FOR UNDERSTANDING:
1. Is the prison system necessary? Why?

2. Why does prison seem to be so ineffective? Why is the recidivism rate so high?

3. How is a person’s dignity affected in prison?

4. What does this tell us about the fragility of human dignity?

5. Can you come up with a more productive and positive alternative to prison? What is your idea? Explain why you think it is better.
1. Where is this found?

2. What does it say?

3. What do we learn from here?
1. Where is this found?

2. What does it say?

3. What do we learn from here?
3.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
UNIT 12: Mental Disability
Mental Disability is not a Blessing

SHMULEY BOTEACH April 30, 2012

Arriving in LA to serve as scholar-in-residence this past weekend, I picked up the handsome brochure put out by Chabad.org on the weekly Torah reading. Contained therein was a short piece by Rabbi Aron Moss addressing the question of why some children are born with mental disability. Moss’s answer, however well-intentioned, disturbed me deeply, and I felt there had to be a response, lest unsuspecting readers conclude that it is somehow the Jewish position on the subject.

His argument, in a nutshell, is that souls come into this world and are confronted with moral choices. If they choose wrong it will tarnish them. It’s a necessary risk that G-d is willing to take. But some souls are so lofty that G-d doesn’t want to take any chances with them. So he puts them in a body, or empowers them with a mind, that will make it impossible for them to sin, thereby guaranteeing their innocence. The rest of us ought to just be awed by how special these souls are and inspired by the dedication of the people who love them, who teach us what true love is all about.

Now, one can only assume that Moss has spoken to G-d directly and heard this explanation. No doubt, given his direct line to G-d, Moss should be able to answer other questions for us as well, such as where Jimmy Hoffa is buried and who will win the Presidential election.

More seriously, Moss’s shallow and unfortunate argument that mental disability is some sort of blessing goes against the grain of traditional Jewish thought. Simply stated, we are in the business of protesting to G-d against all human suffering. We never justify it. The word “Israel” translates as “he who wrestles with G-d.” As Jews, when we witness human suffering we don’t accept it, we do not seek to understand it, and we do not explain it away as something lofty and blessed.
Indeed, one of the principal differences between Christianity and Judaism is that the former insists that suffering can be redemptive — as when Jesus suffers on the cross to pardon human sin – while the latter insists that suffering is a tragedy without redemptive merit that must be remedied and removed.

When Abraham is informed by God that he will destroy Sodom and Gomorrah for their sin, refusing to accept any virtue in the suffering of even the sinful, Abraham protests to G-d: “Will the Judge of the entire earth not Himself practice justice.” When G-d sends Moses to free the Jews from Egypt, but Pharaoh refuses and instead increases their workload, Moses offers this unbelievable protest:

“Why have You behaved wickedly with this people? …for since You have sent me You have failed to redeem Your people.” And then, most famously, when G-d threatens to annihilate the Jews after the sin of the golden calf, Moses says to G-d that if He carries out his threat, “Remove me, I beg you, from the Torah that you have written.”

We Jews protest and remonstrate against suffering. We don’t excuse it. We don’t justify it. We don’t find beauty in it. We don’t find spiritual purpose in it. We fight it and, to the best of our ability, cure it.

I have no idea why G-d would allow any child to come into this world with severe mental or physical disability. What I do know, however, is that He shouldn’t. Children deserve to be born with all their faculties and with all their abilities. All children deserve to be healthy. Those who come into the world with mental handicaps are, of course, beautiful children, the equal of every healthy child, deserving of infinite love, equality, and rights. Indeed, given their special needs they require more of our love, more of our attention. What they do not deserve, however, and what they certainly have never earned, is our contemptuous effort to justify their suffering and their challenges by ascribing them to some unknown and lofty divine purpose.

To be sure, children with special needs most often have bright, luminous souls. They are indeed the very epitome of innocence. But this is despite their challenges, not because of them. Even as we love and cherish every Down-syndrome child we dare never dignify Down syndrome itself, and I honor all doctors who work
tirelessly so that this disease can be purged, allowing children to come into the world healthy.

About 11 years ago a friend asked me if he could bring his 30-something-year-old Down-syndrome brother to meet Michael Jackson. The young man loved Michael's music and did his own version of the moonwalk. I asked Michael, who graciously agreed, and the young man, who was supposed to spend only about ten minutes with Michael, was there for much longer. Michael loved meeting him, and the attention the superstar gave the young man greatly endeared Michael to me. When he left, I asked Michael why he had given him so much time. “I'm jealous of him, Shmuley,” Michael told me. “That man will always be a child, always be innocent. I'm envious.”

Children with special needs have very special qualities. We will give them all the love and attention they require. But let us not make light of the challenges both they and their families endure. Divorce rates for parents to autistic children have been quoted as being as high as 80-90 percent, and while some debunk these numbers there can be no question that having an autistic child puts an extra strain on a relationship. Of course the effort is worth it, as every child is equal and of infinite value. It does mean, however, that offering these parents fraudulent comfort by inventing silly theological justifications for their children’s challenges is not something that any religion should be in the business of.

So what should a rabbi or priest say to a parent who asks them why their child was born with severe disability? They should acknowledge their limitations and tell them the truth:

_I don’t know. I honestly have no idea. G-d owes every child being born health. Why He does things is not our business. What we do know is that your child needs no spiritual reason to be here. He is beautiful, he is innocent, and he is exceptional. And you are not alone. You have a community. We are here with you. Your child is our child. Your baby is our baby. You will never have to raise them alone and you will never be abandoned. G-d has a lot of explaining to do, but we have a lot of work to do. So rather than wasting time endeavoring to understand why it happened, let’s give your child the best programs and care so he can have the most normal life possible._
A quick story is in order. Friends of mine had a baby that was born with severe Down syndrome. The doctors told them the baby would need extensive surgery just to survive. Sobbing uncontrollably, the wife told her husband that she was not sure she was up to the task of raising the boy. It would take too much out of her, and ruin their finances and possibly their marriage. The husband said, “We'll find the strength. This is our child.”

A month of intensive care and surgery commenced and the baby survived. Today he is about 15 years old. He needs tons of extra love and care, which his devoted parents and siblings provide. The family is immensely protective of him and they all take turns playing with him and even, at times, feeding him. They tell me he has taught them to love that much more deeply and they would not give him up for the world. Even as I write this, I become emotional because the circumstances are very moving. I have no idea why the child came into the world suffering. But I do know that his life is infinitely more precious than any explanation, and that any attempt to explain this life would never do justice to the grandeur of the boy’s existence.

Why does God allow the innocent to suffer? I have no idea. He shouldn’t. But our job is to fill in the empty spaces G-d seemingly vacates in His universe and to act in G-d’s stead, being as human and loving as we can.
1. Where is this found?

2. What is a “ו’חש”?

3. What does the source say?

4. What do we learn from here?
3.

1. Where are these found?

2. What are the four criteria of a "שון"?

1. 
2. 
3. 
4. 

3. Must the person display all of the criteria to be considered a שבט?
4.

1. Where is this found?

2. What does it say?

3. What do we learn from here?
Down Syndrome Births Are Down in U.S.

More Than 90 Percent of Women Carrying a Child With Down Syndrome Choose to End Their Pregnancies, but Parents Raising These Kids Say They're a ‘Gift’

By SUSAN DONALDSON JAMES Nov. 2, 2009

After prenatal testing, Boston filmmaker Melanie McLaughlin faced the likelihood that her 12-week-old fetus had Down syndrome, or a heart defect. She prayed for the heart defect. Grace, now 2, was born with both: trisomy 21, or Down syndrome, and holes in all four chambers of her heart, which were repaired shortly after birth.

"I fell in love with her and handed her over to the doctor for surgery not knowing if I would get her back," McLaughlin said. "I was swearing to the powers to be that I didn't mean it, I was OK with the Down syndrome."

McLaughlin said she realized what a "horrible wish" she had made for her child. "I was so naive, with no experience with anyone with Down syndrome," she said. "I got a huge education about that later."

"An estimated 92 percent of all women who receive a prenatal diagnosis of Down syndrome choose to terminate their pregnancies, according to research reviewed by Dr. Brian Skotko, a pediatric geneticist at Children's Hospital Boston.

Birthing trends worldwide show that women are waiting longer to have children and advanced maternal age is associated with increased risk of having a child with Down syndrome.

The number of Down Syndrome cases is declining enough in the United States to raise concerns that research funding to study the congenital condition will dry up. There's also worry that more people will deny themselves what some call the "gift" of raising children with Down syndrome.

About 400,000 Americans have Down syndrome, the most common genetic condition in the United States, which produces an array of challenges, including retardation, delayed language and slow motor development.

In the absence of prenatal testing, the United States would have experienced a 34 percent increase in the number of Down births between 1989 and 2005, Skotko estimates.
Instead, 15 percent fewer such babies were born during that time, representing a 49 percentage point difference between expected and observed rates, according to Skotko's research.

Down Syndrome Myths Drive Decision

And without knowing what it's like to raise a child with Down syndrome, many women will make their decisions based on misinformation -- and myths -- about the disorder, researchers say.

The genetic diagnosis often comes as a shock, and many people assume that raising a child with Down syndrome will be fraught with heartbreak.

But McLaughlin was lucky to be connected with First Call, a program sponsored by the Massachusetts Down Syndrome Congress, which introduced her to a family with a 5-year-old girl who has the disorder.

"She played hide and seek, and she kept jumping out, telling us where she was hiding," McLaughlin said. "She was amazing. I was thinking she would be sitting in a chair unresponsive and drooling.

"Actually, she was much like our other children," McLaughlin said. "We thought, maybe we can go forward."

McLaughlin said she worried about how the child would affect her siblings and the marriage, and who would look after her when she and her husband died.

But according to a study by Skotko, whose sister has Down syndrome, siblings are patient and compassionate. As for the marriage, some couples do experience stress in raising a disabled child, but many grow closer.

"I am concerned about mothers making that informed decision," he said. "Are they making it on facts and up-to-date information? Research suggests not, and that mothers get inaccurate, incomplete and sometimes offensive information."

One Connecticut mother who terminated her pregnancy two years ago after a Down diagnosis said her doctor "didn't paint the brightest picture."

The news was devastating, said Laurie, a 37-year-old saleswoman who did not want her last named used. "We truly felt that we were falling apart."

She learned she was carrying a child with Down syndrome after having difficulty getting pregnant with her second child, and then a miscarriage. It was the right decision for her family, she said.

"After much soul-searching, we decided to terminate the pregnancy at 14 weeks," Laurie said. "We had a beautiful, healthy baby girl almost a year later. I think about our unborn
baby girl quite a lot and only recently was able to get rid of the early ultrasound pictures of her."
And although she had never met a child with Down syndrome, she said, "I don't know if I was a strong enough person to raise a child like that."

Parents Need Support, Feedback

Still, Laurie's daughter, who is now in kindergarten, has met a boy with Down Syndrome in her class. "It's interesting, because she has taken him completely under her wing," she said.
"It's a hard thing to talk about," Laurie said of the abortion. "It's not one of my proudest moments."
With little information at the time and a "doom and gloom" attitude, she admitted, "I had to make a decision very quickly. Had I been able to talk to someone, it could have given me a better rounded perspective."
Like Laurie, Gail Udell of Eugene, Ore., said she, too, was swept up in fear when she learned her daughter had Down syndrome the same weekend as her first wedding anniversary.
At 38, she assumed she would have a healthy baby, but when an ultrasound and blood test revealed a high likelihood of both Down syndrome and a heart defect, "the day we looked forward to was crashing around us."
She and her husband were given scant support and left alone to make their decision about undergoing more conclusive testing.
"The atmosphere in the room that day was very grim, and [there was] a sense of urgency," she said.
The heart defect didn't scare them as much as the Down diagnosis.
"We had no experience with that outside of Corky from 'Life Goes On' and the bagger at the grocery store," she said of the first television series to have a major character with Down syndrome. "We were very terrified of Down syndrome."
But now at 6, daughter Teagan is thriving in first grade and loves songs, books and horse riding, despite a language delay.
"I am a better person and a better parent," she said. "We have a ways to go yet, but like everything else, she'll get there. She is determined, fearless and happy."
Still, Udell wishes she had been given more support and positive feedback in the beginning, the kind of parental support that helped Melanie McLaughlin.
"Parents are full of questions, fear of the unknown and feeling alone," said Sarah Cullen,
family support director for First Call, which takes no position on whether to terminate pregnancies.

"The most important things you can provide are accurate, up-to-date information, and what it's like to parent a kid with Down syndrome, just to have someone who walks in those same steps to listen and share their own story," Cullen said.

Nina Fuller of Newburgh, Ind., knew nothing about parenting a child with Down syndrome when she received her diagnosis.

"I presumed she would not be able to communicate, to read, to interact with the rest of our family or with the world around her," she told ABCNews.com. "I was afraid that she would intrude on the lives of her three brothers, and that our family would be home-bound and our lives as we had planned would be thrown into turmoil."

Those fears never materialized. The Fullers went on to adopt another daughter with Down syndrome, Hope.

Dr. Lewis Holmes, head of the genetics unit at MassGeneral Hospital for Children in Boston, said about 80 percent of women who learn before 24 weeks that they are carrying a child with Down syndrome choose to end the pregnancy.

Parents Decline Screening for Down Syndrome

He provides parents with resources to help them make the decision, including a call from another family who is raising a child with Down syndrome.

"Some women have an immediate response and know what they want to do; the mother and father are totally in sync, and all set to go," he said. "But more often than not, there's a lot of soul-searching, and we try to make sure they hear both sides of the story. But Holmes is seeing an increasing number of women who simply do not want to be screened.

"They say thanks, but no thanks," he said.

Many families who were anxious upon diagnosis say their lives have been enriched by deciding to continue the pregnancy.

Such was the case with Lisa Aguilar of Hemet, Calif., whose 7-year-old son has Down syndrome.

"I decided to keep him, no matter what," said Aguilar, a 43-year-old who is pregnant with her fourth child. "He is the happiest, kindest soul I have ever met. Daniel has taught me some valuable lessons about acceptance and love and being more compassionate."

Studies have shown that families do cope and siblings learn important lessons in patience and empathy for others.
Since the birth of Grace, McLaughlin has been inspired to work as a First Call volunteer and help other parents facing a Down diagnosis. "It was my lifeline to hope," she said. "These were not horrible stories of what they endured, but really wonderful, enlightening stories, so different from the information that is out there. "I love Grace and her Down syndrome and everything about her," she said. "I prided ourselves on our intellect. I had a boy and a girl and a handsome husband who is a hard worker. All that outward stuff I thought was important, but I don't find it so important today -- more that is a gift."

And while she supports women's right to choose, she worries about the dwindling number of children with Down. "I do feel women have their own choice, but they don't realize what they have given up," she said. "What if we don't like brown eyes anymore? What have we lost and what does Down syndrome bring to society that we lose along the way?"

WATCH: http://www.disabilityrightsintl.org/media-gallery/

6.

Death Penalty for the Mentally Disabled

Can you execute a man whose IQ is 71?

The Economist

WHEN Bill Clinton was governor of Arkansas, he oversaw the execution of Ricky Ray Rector, a man so mentally disabled that he said he would save the pecan pie from his last meal “for later”. In 2002 the Supreme Court ruled that putting mentally retarded people to death was “cruel and unusual”, and therefore
unconstitutional. But the justices left it up to the states to define what “retarded” meant, and this has proved so difficult that on March 3rd the issue came before the court again.

A Florida man named Freddie Lee Hall (pictured) was convicted in 1978, along with an accomplice, for the rape and murder of a pregnant woman and the murder of a police officer. He was sentenced to death. His lawyers are appealing that he is mentally incapacitated.

For the bulk of the hour-long hearing, the justices quizzed Seth Waxman, representing Mr. Hall, and Allen Winsor, Florida’s solicitor-general, about the role of statistics in defining intellectual disability. Florida requires defendants to demonstrate both “significantly subaverage intellectual functioning” and impairments in “adaptive behaviour”, such as communicating and looking after oneself. Psychiatrists use a similar approach and, like Florida, consider an IQ score of 70 or below indicative of mental disability. But unlike many states and against the medical consensus, Florida uses 70 as a rigid cut-off point. Mr. Hall’s IQ in 2002 was 71, so Florida deems him eligible to die. It refuses to consider other evidence of his disability.

That is a very slim line between prison and death, but, as Justice Sonia Sotomayor said, “A line has to be drawn somewhere.” The main question she and other justices pressed is whether Florida may ignore the “standard error of measurement” in intelligence tests. “It is universally accepted”, Mr. Waxman argued, that people with “scores of 71 to 75 can and often do have mental retardation” because of a five-point margin of error. The four liberal justices, along with the swing voter, Anthony Kennedy, were inclined to agree. “Your rule prevents us from getting a better understanding of whether that IQ score is accurate or not,” Mr Kennedy admonished Mr Winsor.

Justice Stephen Breyer noted, with obvious disapproval, that Mr. Hall “has been on death row for over 35 years”. Justice Kennedy asked Mr Winsor if he considered Florida’s brand of delayed justice to be “consistent with the purposes of the death penalty”. This inquiry from Mr Kennedy had nothing to do with the narrow legal question of the day, but it betrayed his more general doubts about the way the Sunshine State puts people to death.

Antonin Scalia, a conservative justice, was more hostile to Mr. Hall’s defence. He noted that it took ten years after his initial conviction for Mr. Hall’s lawyers to raise the issue of retardation. He added that the complexity of the crime—which involved hiding one victim’s body in a wood—belies Mr. Hall’s purported
disability. The state might well argue, Justice Scalia said, that Mr Hall “could not have pulled all of this off” if he was really so intellectually impaired. This is an old theme for Mr Scalia, who argued back in 2002 that the court’s bar on executing the mentally disabled would turn “the process of capital trial into a game” where murderers “feign mental retardation” to avoid the death penalty. Justice Elena Kagan cut to the chase late in the proceedings: “Can I just ask,” she said to Mr Winsor, “why you have this policy?” Initially flummoxed, Mr Winsor replied: “Florida has an interest in ensuring that the people who evade execution because of mental retardation are people who are, in fact, mentally retarded.” Raising the IQ cutoff to 75 to take account of the margin of error, he said, “would double the number of people who are eligible for the...exemption.” In other words, Florida wants to execute more people, and therefore uses the most rigid definition of retardation that it can get away with. It might not get away with it for much longer.

7.

On Integration, Adaptation, Comfort Zones, and what is just beyond them
MARCH 9, 2015, 12:16 AM
Avi Ganz

Rebellion against your handicaps gets you nowhere. Self-pity gets you nowhere. One must have the adventurous daring to accept oneself as a bundle of possibilities and undertake the most interesting game in the world — making the most of one’s best.

Harry Emerson Fosdick

Years ago, it was widely accepted that any person who was noticeably different (religious belief, skin color, intelligence, mannerisms, etc.) was incapable of integrating into the mainstream. What was done with these minorities depended on geography, socio-political norms and more, but the common denominator was that the uncommon denominator (sorry – couldn’t help myself) was segregated. Without turning this into a history lesson, hundreds of years, thousands of lives, lots of blood, sweat, tears, and constant change, and we now live in a world that thrives on all sorts of affirmative action:
quotas for hiring people of different race, or people with various disabilities, wheelchair accessible building codes and funding for research on how to include individuals with developmental disabilities in the workforce, the education system, and the community.

For the sake of comparison: whereas 50 or 60 years ago, a family might have kept their autistic son hidden from neighbors and certainly out of sight at family events if he wasn’t institutionalized altogether, in today’s world that same boy is enjoying various volunteer mentors/advisers/chessed-doers on a regular basis. He is well loved by the staff at his school and summer camp, and is the faithful if not obsessive Adon-Olam reader in his shul’s weekly teen minyan. What could possibly be wrong?

As a society in general, or as the Jewish community in which we find ourselves, so much has been done to advance opportunities for individuals with a range of diagnoses and disabilities. On a social level, we have come to learn about and accept those individuals who exhibit differences; behaviors other than our own. Yet, too often, these individuals are offered these opportunities, jobs and outings as they fill the role of “Chessed case” instead of peer.

Mainstreaming in the classroom has been debated and will continue to be debated. What is so often the subject of these debates is the overall educational quotient; that is, how much the class, on average, is learning given the diversity of the students’ abilities. Other issues discussed are the benefits and challenges to the social structure of the group. What is glaringly absent from the discussion is the question of whether or not a society or system that has been formatted for the majority of thinkers can be adapted or even should be adapted for a minority. While introduction of students other than the mainstream engenders sensitivity and understanding, and definitely has potential to decrease bias, it also sets a tone of tolerance as opposed to acceptance. It is much easier for a student of 10 years old to tolerate a strange outburst from his classmate with Down Syndrome and to explain it to himself as “Oh that’s just Jason….he has special needs and I love him”, than it is for the same individual to discuss the behavior with the student. Kids ask all sorts of questions. Why do we discourage them from asking questions like these? True, there are schools and individuals that encourage discussing other people. I am talking about actually addressing the individual with the different behavior. After all, they know themselves best!

In his book, “Front of the Class“, Brad Cohen, a teacher with tourette’s syndrome teaches his students that: “you can’t judge a banana by the outside. The outside of the banana might be all bruised and discolored and look really nasty, but once you open the banana and peel the skin back, there could be a nice, clean, fresh banana inside. I also explained that there are all different kinds of bananas, just as there are all different kinds of people, and that we shouldn’t judge either the people or the bananas in our lives until we have the chance to “peel back the skin” and learn what’s inside.” If we don’t take the time to peel back the skin, how will we know? Put differently: there are definitely bananas out there that are blemished under the skin. There are bananas out there that are not blemished under the
skin. If we lump them all together and just assume that somewhere in the middle is true for all bruised bananas, we’ll never fully appreciate the individuals.

Do we really value every single individual as equal and upstanding members of our communities? Do we expect so-called appropriate behavior from individuals with (what has been diagnosed as) a lower mental capacity? Do we take them seriously? Do we all say to ourselves “Oh that’s just Jason….he has special needs and I love him”, or do we engage Jason, find out what drives him, why he acts a certain way and how he feels when he acts that way.

We have come so far in the last 50 or 60 years in terms of acceptance. But do we truly understand? Do we want to understand? As a society are we guilty of sewing the emperor’s new clothes?

Adam was a student of mine. A young man with Down Syndrome, he was and is quite aware of his differences and similarities with his peers, siblings and neighbors. When asked by a high school student how he feels about his disability, Adam – with perfect poise (and a significant speech impediment) – said: “some people are tall, some people are short, some people are fat, and some people are skinny. I have Down Syndrome”. I share the following in the hope that we can start re-teaching ourselves to not only tolerate and accept, but to understand and value individuals with disabilities.

Adam had been looking forward to performing with the school band. There was one problem: Adam didn’t play an instrument. The bandleader thought it would be so wonderful for Adam to perform, that he allowed Adam to join them for practices but never actually gave him an instrument (why would he?). As the big day edged nearer, Adam shared his excitement. “But Adam”, I said, “I hope you don’t take this the wrong way, but you and I both know that you don’t play an instrument!”

The bandleader hadn’t taken him seriously enough to let him try out because of the risk of having to upset someone with a disability. While that was understandable and even meritorious, he was almost guilty of letting Adam make a complete fool of himself on stage in front of hundreds of others!

Here’s how the story continues:

- Adam tells band-leader of our discussion.
- Band leader, bewildered, confirms with me that Adam indeed understands that he does not actually play an instrument.
- Adam is very upset over his lost fame and cries for a few minutes.
- ADAM TELLS ME THAT HE REALLY HAS TO GO ONLINE AND FIGURE OUT HOW TO PLAY AN INSTRUMENT!

When confronted with reality and treated as an equal, Adam stepped up to the plate and acknowledged what he benefited by being taken seriously.
Whether or not we stand in favor of mainstreaming in the classroom, let’s not shy away from differences. They are real and they are too often the elephant in the room. Differences don’t make us better or worse; they just are. If we choose to acknowledge the person with the difference and allow for his or her differences to be present, we stand, as a society, to gain so much from these individuals. We can go beyond our comfort zones and allow new and exciting possibilities to be realized. We can restructure our schools and shuls and stores and industry and our communities and we can help ourselves by encouraging other people to develop to the best of their respective potentials as we pursue our own.

Remember that Adam, and Jason, and Brad are keenly aware of who they are – if they are conscious of it and are making concessions and adaptations to best succeed in a world that is not ideal for them, can’t we at least acknowledge who they are and what they are doing to succeed?

P.S. He worked on his drumming and sat in for a few minutes at the next performance. But that’s beside the point…
Unit 13: Ghosts, Demons, and the Occult
1. Where is this source found?

2. What does it say?

3. What do we learn from here?
1. Where is this source found?

2. What does it say?

3. What do we learn from here?
1. Where is this source found?

2. What does it say?

3. What do we learn from here?
1. Where is this source found?

2. What does it say?

3. What do we learn from here?
5.

1. Where is this source found?

2. What does it say?

3. What do we learn from here?
6.

1. Where is this source found?

2. What does it say?

3. What do we learn from here?
“Lilith”

7.

1. Where is this source found?

2. What does it say?

3. What do we learn from here?
8.

1. Where is this source found?

2. What does it say?

3. What do we learn from here?
9.

1. Where is this source found?

2. What does it say?

3. What do we learn from here?
1. Where is this source found?

2. What does it say?

3. What do we learn from here?
11.

1. Where is this source found?

2. What does it say?

3. What do we learn from here?