



DVAR TZEDEK

Parshat Vayishlach 5771

By Rachel Travis

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For me, *Parshat Vayishlach* is particularly poignant because it chronicles the death of my namesake, the matriarch Rachel.¹ Rachel was young, perhaps only thirty-six, when she died giving birth to her second son.² Rabbinic commentators have long sought explanations for why one so young and righteous had to suffer, and many interpret Rachel's death as punishment for having stolen her father's idols. When confronted by Rachel's father, her husband, Yaakov, placed a curse upon the thief, unwittingly sentencing his beloved wife to death.³

Understanding death in childbirth as a punishment, horrific as it sounds, is not unheard of in Judaism. For example, *Bameh Madlikin*, the chapter of the Mishnah recited in many congregations as part of the Friday night service, explicitly cites maternal death as a punishment for laxity in three areas: the laws of family purity, separating challah and lighting Shabbat candles.⁴

Why is there such an urge to explain maternal death in this way? Childbirth has historically been a life-threatening experience for women. With conception and birth being two of the greatest human mysteries for millennia, the ability to prevent tragedies during childbirth was accepted as beyond human control. It is no wonder, then, that people frequently sought to understand such misfortunes in terms of divine retribution or curses. Attributing a tragedy to an act of God makes the inexplicable and heartbreaking easier to bear. Blaming the victim also allows bystanders to disavow responsibility for her suffering.

In this context, the rabbis' desire to find some kind of divine reason for Rachel's death is understandable. Yet I am profoundly troubled by the idea that Rachel's—or any woman's—death during childbirth should be interpreted as a punishment wrought by God. Nonetheless, such beliefs continue to proliferate throughout much of the world, across diverse religions and communities. And, regrettably, so does maternal death. In today's world, one woman dies in childbirth every minute, and the rates of debilitating injuries during labor are even higher.⁵ Such losses devastate families and communities—primarily those in rural areas of the Global South.

In many such communities, access to education and health care is poor, facilitating the perpetuation of the belief that women who suffer severe trauma during labor are cursed or have otherwise brought it on themselves. In their book, *Half the Sky*, Nicholas Kristof and Sheryl Wudunn tell the story of Mahabouba Muhammad, a young Ethiopian who, unable to afford a midwife, gives birth on her own and ends up in obstructed labor. Her baby dies, and seven days of

¹ Bereshit 35:18.

² According to the calculations of *Seder Olam Rabbah 2*, a chronological record extending from Adam to the revolt of Bar Kochba, Rachel's death occurred fifteen years after her marriage. She therefore must have been thirty-six at the time of her death.

³ Rashi on Bereshit 31:32; Bereshit Rabbah 74:9. Yaakov's rash curse sentenced Rachel to a premature death and in that sense can be understood as a punishment for Yaakov as well as for Rachel.

⁴ *Bameh Madlikin*, the second chapter of the Mishnah tractate Shabbat, primarily enumerates the laws of providing light in the home on Shabbat. It is usually recited between *Kabbalat Shabbat* and *Maariv* on Friday nights.

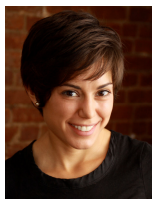
⁵ Kristof and Wudunn 98.

labor leave her unable to walk and without bladder or bowel control. A concerned uncle initially offers to care for her but is persuaded by other relatives that she is cursed and helping her would be sacrilegious. Ultimately, Mahabouba is abandoned in a hut at the edge of her village, left to be eaten by wild animals.⁶

Incredibly, Mahabouba survived her ordeal. But many women are not so lucky. Suffering from debilitating injuries that could be mended or could have been prevented with proper medical attention, they are stigmatized and ostracized. Distraught husbands frequently abandon their crippled wives, surviving children are left without caretakers and society at large suffers.⁷ Their agony is the result of a different curse, of sorts: that of global indifference. Finding a solution requires that we address both the socioeconomic issues—such as lack of education and medical care—and the cultural norms that continue to stigmatize these women.

There are outstanding organizations all over the world working to solve this two-pronged crisis. One is the Addis Ababa Fistula Hospital in Ethiopia, run by gynecologist Catherine Hamlin. This is where Mahabouba was given a new lease on life—first by receiving lifesaving surgery and then through education and employment. In fact, as a senior nurse's aide at the hospital, Mahabouba now earns her living transforming other women's lives.⁸

Having overcome both her life-threatening injuries and the stigma that made her an outcast in her own community, Mahabouba is clearly more fortunate than most women in similar circumstances. This week, as we read the story of Rachel's suffering and untimely death, let us imagine a world that is, in actuality, well within our power to create—one in which all pregnant women are valued enough to be ensured access to good medical care. And further, as we contemplate the rabbis' interpretation of what befell Rachel, let us commit ourselves to supporting those women whose tragedies are compounded by their societies' perception that they have brought this suffering on themselves—and to doing what we can to challenge such damaging beliefs.



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⁶ Ibid. 94–95.

⁷ Ibid. 96–97.

⁸ Ibid. 95–96.

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