



“Who will say Kaddish for me”? The American Reform Jewish response to HIV/AIDS

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ABSTRACT

The AIDS epidemic tragically caused the death of millions of people. This article examines the role that the American Reform Jewish community fulfilled in responding to HIV/AIDS in the 1980s, and what lasting effects, if any, these responses had, and how they related to Reform Judaism as a whole. In 1985 the General Assembly of the Union of American Hebrew Congregations (UAHC)¹ passed a historic resolution calling to abolish discrimination against HIV (Human Immunodeficiency Virus) positive people. The Reform movement thus became the only formal Jewish institution to advocate an open discussion regarding congregants who lived with HIV or had AIDS, and presented a clear resistance to the AIDSphobic Orthodox agenda, which declared the disease to be a punishment from God for the “sin” of homosexuality. Based on the textual analysis of recovery and memorial prayers, rabbis’ sermons and community services activities and educational programmes, I argue that the Reform community served as a social agent for the recognition of people with HIV/AIDS. Thus, I conclude that the Reform response, which was arising from personal mourning and social needs, advocated and encouraged inclusion of the American gay Jewish community.

KEYWORDS

AIDS; HIV; reform Jewish community; liturgy; homosexuality

Introduction

At the beginning of the 1980s, AIDS (Acquired Immune Deficiency Syndrome) was a surging, tragic epidemic in the United States. AIDS is the most advanced stage of the HIV infection, which attacks specific cells of the immune system and reduces the body’s ability to fight infections and disease. The virus spreads mainly by having unsafe sex or sharing injectable drug equipment, such as needles, with a person who has the virus.²

AIDS became politicized in the 1980s, because a wide range of actors articulated a multifaceted set of ideas in response to the AIDS epidemic. Those actions,

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which evolved over the course of the decade, existed in opposition to the state's initial intransigence and reframed AIDS in a larger political and economic context. By mid-decade, as AIDS approached pandemic proportions in the global South,³ the scope of AIDS politics in the United States slowly expanded to include more than a discussion of sexuality.

One of the most important resources regarding the Americans' response to HIV/AIDS is "AIDS in the Mind of America" (1986), by Altman Dennis, an Australian academic and pioneering gay rights activist. Altman examines the political aspects of the AIDS epidemic, discusses press coverage of the disease, and analyzes public hysteria concerning AIDS and its victims. The connection of AIDS to largely stigmatized personal behaviours set it apart from other infectious diseases, and ensured that it would involve affected communities politically in ways that have few, if any, precedents. The early debates within the USA and other western countries foreshadowed issues of stigma, rights and social justice that had not been matched in the history of other communicable illnesses, making for what has become known as "AIDS exceptionalism".

Based on the assumption that mourning is an emotional and sensitive moment for examining the intersubjective dynamic between religious community and individuals,⁴ this article explores how Reform Jewish congregations responded to HIV/AIDS. I argue that the intimate personal mourning created a new theology and religious involvement that positioned people with AIDS and people who lived with HIV as integral parts of the *Kehila kedoshah*, a sacred congregation. By presenting a specific liturgy for recovery and memory, rabbis' sermons (*derashot*) for Shabbat and holidays, and community service activities and educational programmes, I show how the congregations promoted a message of dignity and respect for HIV and people with AIDS.

Eventually AIDS has made the sexual possibilities of social and economic change more central to public policy, and concentrated political attention on the breakdown of traditional cultural and social structures, whether these are the idealized nuclear family in the west or more traditional extended families in many non-western societies.⁵ According to Paula Treichler's (1987) enduring characterization of AIDS as "an epidemic of signification," it speaks of things larger than media reaction to the pandemic itself or to any temporally discrete social phenomena. In addition, Simon Watney (1987) situates HIV/AIDS within a longer and more substantive social space much more at the centre of the West's "perpetual" struggle with sexuality and social order than in a single moment in history unique to itself. Their studies show that AIDS is more than a medical issue, rather a socio-political one.

The terrible epidemic attacked different populations, including the Jewish community. Most of the people who died from AIDS, at least in the Jewish community, were gay men.⁶ Because of the link of AIDS to homosexuality, these people died not only in pain but also in shame, while Jewish Orthodox voices justified AIDS as a divine punishment for homosexuality. The social stigma,

which was attached to AIDS, prevented family members from relying on the social support network of extended family and synagogue that would typically be available to them in a time of crisis. Therefore, I assume that the Jewish community, as a minority group, dealt differently with the epidemic. The meaning of “community” among the American Jews was charged by religious and social commitment. Also, the double exclusion of gay Jews with HIV/AIDS illuminates the issue of multi-Otherness and exposes the intersectionality of religion and sexuality.

On 4 November 1985, the General Assembly of the Union of American Hebrew Congregations (UAHC) passed a unanimous resolution opposing discrimination against people with AIDS and their families in housing, employment, health, education and community services, such as religious performances. The resolution called upon the community to provide the human support for one’s fellow man that is part of the Jewish tradition as a caring community. This caring included counselling, meeting emergency housing and nutritional needs, legal advice, prevention and education, and particularly support services for the families.

A year later, the UAHC sent thousands of rabbis a packet of materials providing information about the disease, along with educational and counselling data. It also included workshop proposals and educational programmes for Jewish community centres and religious schools. Thus, the Reform Jewish performance represented a stand against AIDSphobia and particularly against Orthodox voices, which claimed that the disease is a punishment from God for the “sin” of homosexuality.

The Reform synagogues and rabbis were dominant agents that voiced public criticism and promoted new policies. In fact, I clarify how traditional prayers were deconstructed and adapted to the AIDS context; how the rabbis encouraged the members to respect people with HIV, particularly the gay community; what kind of Jewish activism was organized and advanced by the congregants; and what the motivating forces behind this communal activity were.

During the first decade of the epidemic, most social science research focused on the behavioural correlates of HIV infection among individuals and failed to examine broader social and cultural factors.⁷ However, by the late 1980s, pioneering works by anthropologists began to raise the importance of cultural systems in shaping sexual practices relevant to HIV transmission and prevention. Since the start of the 1990s, this emphasis on cultural analysis has taken shape alongside a growing anthropological research focus on structural factors shaping vulnerability to HIV infection. HIV/AIDS was discussed as an epidemic of intersectional inequality fuelled by racial, gender, class and sexual inequities at the macro-structural, meso-institutional, and micro-interpersonal levels. These inequalities shaped the likelihood of exposure to the virus, the realities of living with HIV, and medical, programmatic, political and social-scientific responses.⁸

Indeed, diverse disciplines and traditions provide rich accounts of the exceptional response:

The experiences of HIV have infused much academic and non-academic writing on gender, sexuality and identity, but all too often this literature fails to connect with what practitioners read or consider. Thinking and acting politically requires a kind of openness and approach to enquiry – which is challenging to academics and practitioners alike.⁹

However, while previous researches on AIDS have focused on the historical and sociological aspect of risk, consumption, processes of surveillance and normalization, and considerations relating to race and gender in the implementation of health programmes,¹⁰ this article sheds light on the religious sphere and exposes tension, transgression and connection between the academic writing and the field. The role of religion in the lives of people with HIV has received relatively little systematic research attention.

This raises some questions, such as what was the relationship between people with HIV/AIDS and religious communities in North America? Did the communities provide services appropriate to their needs or exclude them from the services? Was the epidemic crisis seen as a creative opportunity to establish new liturgy and religious activism? Answers to these issues will challenge the former assumptions and will contribute to the existing literature through socio-cultural research.

First, I will present the relevant research literature on the disease from a sociological and anthropological point of view, particularly by covering the intersection of religion, sexuality and AIDS. This information shows how religious communities were a cooperative and inclusive space for people who lived with HIV/AIDS. Second, I will explain the methodology and share details about my documentation task at the American Jewish Archives. The researched material comprises Reform Jewish liturgy, rabbis' sermons, and social and educational programmes and publications. Each kind of resource provides a different type of information: while the analysis of traditional and new prayers exposes liturgical changes, the sermons express how rhetoric strategies, such as using biblical analogies and historical references, construct political announcements. In the discussion, I will conclude how AIDS became a Jewish issue and explain why these historical findings are important resources for understanding the contemporary intersectionality between the gay community and Judasim.

The religious reaction to HIV/AIDS

The academic study of the relationship between religion and sexuality is a relatively new discipline. Religion and sexuality often appear in conflicting relationship in public sphere. The regulation of sexuality within the public arena has

been strongly influenced – indeed sometimes controlled – by religious groups of ideologies. The emphasis on religious opposition to sexuality misrepresents religion.

However, not all religious individuals or groups are unified in their approach to equality rights based on gender, sexuality or sexual orientation. Religion and sexuality evoke strong responses from individuals and groups because religion and sexuality are usually understood as core components of identity. Thus, debates where religion and sexuality are involved elicit emotional engagement from members of the public and from policy makers and generate wide interest in legal decisions.¹¹

Lawrence Foster (1992) examined the dimension of sexuality in American religious groups from a sociological perspective. He suggests exploring religious communities and their sexual experimentation “as part of a total gestalt, system or way of life that is worthy both of respect and of critical attention as we attempt to come to terms with our own era as well” (XV). For example, Ojo (2005) explored the various teachings of Christian churches on sexual rights and the limits of such rights against the background of the teachings of the church. He found that the control of sexual behaviour by Christian groups is an institutional way through which religious groups demonstrate power and exercise social control over their members.

The pioneering religious response to AIDS epidemic was the foundation of the AIDS National Interfaith Network (ANIN) in 1988, which was a coalition of religious organizations and individuals, established to ensure that individuals with HIV and AIDS receive compassionate and non-judgmental support, care, and assistance. ANIN worked with national, faith-based, AIDS-specific networks, supported community-based AIDS ministries, and educated AIDS service organizations, the religious community at large and the general public about AIDS ministries. ANIN’s programmes included networking and collaboration and referral activities, as well as public education and federal AIDS policy advocacy.

Anthony Michael Petro, in his pioneering book *After the Wrath of God: AIDS, Sexuality, and American Religion* (2015), demonstrates how the epidemic prompted Protestants and Catholics alike to enter public debates about homosexuality and sex education, with far-reaching social and political ramifications for the trajectory of HIV prevention and care. He argues that American Christians responded to the epidemic both at home and abroad, through means both medical and moral.¹²

Other researchers examine the religious effects and response and illuminate how spirituality and religion are often central issues for patients dealing with chronic illness. Siegel and Schrimshaw (2002) conclude that the importance of religious congregations in providing spiritual support to people living with HIV/AIDS is consistent with their history of caregiving to all people. The influence of religious beliefs on HIV-related stigma and willingness to disclose

should have helped inform the HIV-education outreach of religious groups.¹³ Cotton et al. (2006) found that most people who live with HIV/AIDS belonged to an organized religion and used their religion to cope with their illness. Furthermore, Bluthenthal et al. (2012) found that attitudes and norms about HIV and homosexuality appeared to be related to the type and intensity of congregational HIV-related activities. Even among the more highly active congregations, they found a range of perceptions, including ones that were stigmatizing.

All these previous studies demonstrated the sociological and theological impacts on the American religious communities which dealt with HIV/AIDS. One study, conducted by Yaffa Schlesinger and Victor Appell, examined the Jewish response to HIV/AIDS. They explored how CBST (Congregation Beit Simchat Torah), a gay synagogue in New York City, offered meaningful support to those who suffered from AIDS and to their loved ones. Paradoxically, the most successful programmes were those adhering to formal religious practices, which provide the basic structure to every Jewish synagogue.¹⁴

Following these pioneer studies, this study asks if these tendencies were also valid in the Reform congregations. How did the intersection between tradition and the epidemic disease manifest in Reform congregations? How did Reform rabbis' sermons at Shabbat services or holidays encourage the congregants to respect people with HIV/AIDS and refute the stigma against the gay community? The following sections will show how the Reform congregations supplied religious and social services for people who lived with HIV or those who passed away.

Methodology

This article is based on the textual analysis of prayer texts, rabbis' sermons, and community services, activities, and educational programmes. All these sources were collected during my residency¹⁵ at the Jacob Rader Marcus Center of the American Jewish Archives (AJA)¹⁶ in the summer of 2018. AJA, located on the historic Cincinnati campus of Hebrew Union College (Jewish Institute of Religion), was established in 1947 by the renowned historian Dr. Jacob Rader Marcus in order to collect, preserve, and make available for research, materials on the history of Jews and Jewish communities in the Western hemisphere, including data of a political, economic, social, cultural, and religious nature.

Particularly, I focused on specific folders which included AIDS educational programmes, rabbis' sermons, press publications, and liturgical texts. One example is Rabbi Erwin Herman's folder, which includes correspondence pertaining to his work on gay rights as an AIDS activist, as well as exchanges with colleagues and congregants, together with personal and miscellaneous items. Rabbi Herman was a strong supporter of establishing the first Jewish gay congregation in North America, "Beth Chayim Chadashim", in Los Angeles.

I viewed all of these materials as living evidence, as I connected between what I had read and known about the subject and how people actually wrote and documented their experiences and performances. Thus, I acquired a better understanding of how HIV/AIDS achieved a Jewish treatment and how rabbis' sermons were constructed as a political act of resistance against AIDS/LGBTphobia.

Each one of the resources was analyzed differently: While sermons exposed the social atmosphere and rabbis' agendas, the liturgical texts demonstrated the intersecting performance of reality and tradition. I focused on words, verbs, metaphors, analogies, and meanings in order to distinguish between the social axis and the personal one. Thus, textual analysis – as a qualitative method to gather information about how various cultures and subcultures make sense of the world¹⁷ – was ultimately used to discuss the researched study.

Historians' interaction with archives has been dominated by the need to identify the range of material within collections, to access relevant documents, and to interpret their contents productively.¹⁸ I believe that implementation of qualitative methods, based on textual analysis, and these historic methods, based on archive work, might provide a holistic inquiry in which the historical facts and socio-cultural interpretations will intersect. Instead of chronological review of this case study, I chose to classify the findings into five subcategories, because the ideological purpose of each ones is the same but the means of conveying the message are different. Thus, each platform provides a particular sociological view and show how time and space are influential categories for examining this historical phenomenon.

AIDS is a Jewish issue?!

Throughout history, Jews supplied and created various theological justifications for catastrophes and community disasters. The victims were sanctified by a religious performance that justified the collective's belief and way of dealing with sorrow and pain. This type of theology strove to rationalize tragedies by supplying social and political circumstances.¹⁹ Thus, theology was a response to the questioning of God's existence (omnipotence, providence, beneficence) that were posed by historical experiences. Most often, the theology reaffirmed these qualities of God in spite of the challenges of evil and suffering. For example, Cohen (1970) claimed that the way to solve the problematic theological questions raised by the Holocaust is to redefine the meaning of God.²⁰

Although the disease itself is new, questions such as these have been asked many times in Jewish history. The answer is unequivocal: a person is obliged to help another even when death is imminent, since based on the Jewish tradition, every moment of life is sacred. Following these arguments, I will clarify why the Reform Jewish community saw AIDS as an urgent issue for the creation of a new theology and how a specific liturgy was included in the communal rituals.

In fact, the official resolution, which called to include people who lived with HIV/AIDS, was originally proposed in 1986 by the Sha'ar Zahav congregation, which is located in San Francisco. This congregation was one of the first Reform gay synagogues.²¹ In the same year, the national Jewish AIDS Project was founded at a meeting in New York City. The initial organizing meeting was attended by leaders of national Jewish religious organizations and representatives of gay-outreach synagogues.

According to *the Jewish Gaily Forward*²² (April 1986), the monthly journal of the Sha'ar Zahav congregation, the purpose of the Project was to serve as a bridge between the organized Jewish community, Jewish people with AIDS and their families, and AIDS service organizations. A primary goal of the project was to educate rabbis and Jewish communal workers about the AIDS crisis and the needs of people with AIDS and their families. Other goals for the project included mobilizing synagogue *bikkur holim* committees to assist members with AIDS, involving the various Jewish civil rights and legal organizations in advocacy work on behalf of the needs of people with AIDS, and sensitizing Jewish social services agencies to the dimensions of the crisis.

Rabbi Yoel Kahn from the Sha'ar Zahav congregation described how gay Jews dealt with their sexual secret. He served as a community rabbi for more than a decade, and published and spoke widely on Reform decision making, spirituality, and issues of sexuality and gender. He wrote:

For gay people who have frequently been made to feel that they have no place in the synagogue, questions of faith assume added significance. Many coming to terms with the likelihood of their own deaths seek reconciliation from parents and families which have never openly accepted their children's homosexuality, let alone their illness. One of the hardest situations to witness is the critically ill person who is cut off from life-long friends because the family is ashamed to have anyone know that the patient has AIDS and accordingly refuse to allow him visitors or even inform friends of the true nature and severity of the illness (February 21, 1986).

Several months later, on November 26, 1986, Rabbi Alexander M. Schindler, the president of UAHF, sent a formal letter to all of the Reform congregations in North America, writing that:

AIDS has become a top health priority and has spawned a secondary scourge as deadly as the primary affliction. We are the only national Jewish organization facing up to this issue, but to us this is just a start. The challenge of our Jewish tradition is clear. Where there is illness and suffering, we must seek to comfort, where there is fear and prejudice, we must seek to dispel it with knowledge and education, where there is optimism and commitment to life; we must seek to preserve the human spirit with hope and compassion. I urge you to join us in this challenge.

This call emphasized the Reform Judaism humanistic responsibility. Rabbi Janet Ross Marder, who headed the Beth Chayim Chadashim congregation, a Reform gay synagogue in Los Angeles, was interviewed on December 12, 1986 by the

B'nai B'rith Messenger newspaper. After officiating at twenty funerals of people with AIDS, she said that was enough to convince her that AIDS is a Jewish issue:

AIDS doesn't affect just Jews, but neither does peace which I regard as a Jewish issue. Anything that has that direct an impact on people is a Jewish issue. Not only are there Jewish homosexuals involved, their families are deeply involved. That, too, helps make it a Jewish issue ...

According to Rabbi Marder, the threat of AIDS and being gay became synonymous.²³ The presence of AIDS within the gay community provides a locus for studying the effects of a new stigma on an already stigmatized group, the LGBT community. Many gay Jews felt rejected by the synagogue and remained unaffiliated for many years. They often did not have a personal relationship with a rabbi or any direct connection with the organized Jewish community. Therefore, all of the above references support the importance of the Jewish community and the rabbis' position in creating appropriate solutions for members with HIV/AIDS and their families.

Thus the Reform Jewish movement requested to position the congregation as a safe space for members with AIDS and for their families, particularly for gay men. At the beginning of November 1987, three years after the resolution regarding AIDS, the general assembly of the Union of American Hebrew Congregations sent a formal document to all North American Reform congregations under the title *Support for Inclusion of Lesbian and Gay Jews*:

Sexual orientation should not be a criterion for membership of or participation in an activity of any synagogue. Thus, all Jews should be welcome, however they may define themselves.

Indeed, this announcement was published a decade after a resolution regarding inclusion of gays as equal members in the congregations. However, I conclude that the impact of AIDS contributed to fulfil this egalitarian call, which was based on gender equality. "Out of the Closet" became a double mission: an act of discovering the shameful disease, and also declaring one's sexual identity. By creating the AIDS discourse and a supportive attitude within the Jewish space, the Reform congregation offered a safe space for gay Jews. For example, in the spring of 1986, the "Reform Judaism Journal" (Volume 14. No. 3) published an anonymous letter titled "Being gay and Jewish":

Dear editor, thank you for printing the moving article "Mark's Battle against AIDS". Recently I did return to Judaism. As before, I attend services frequently and am beginning to be an active participant in our congregation. No one seems to know that I am gay or that the man who occasionally attends services with me is my companion of nearly eight years. I want the readers of Reform Judaism to know that among you there are Jews who just happen to be homosexual rather than homosexual among you who just happen to be Jewish. The quiet comfort that Jewish prayer brings, the fulfilment of participation in the Jewish community and a role in the unfolding

history of K'lal Yisrael are not the birthright of only a self-chosen few. Reform Judaism has demonstrated that it holds a special place for each of us.

Liturgical changes for people living with HIV/AIDS

On November 4, 1989, UAHC disseminated to all the American Reform congregations a folder called “A Havdalah Service for Memory and Hope”. *Havdalah* (“separation” in Hebrew), refers to the verbal declaration made at the end of Shabbat or a Jewish holiday, in which the holy day is separated from the mundane period that follows. All the original materials were written by the rabbis Joseph Edelheit, Daniel Freeland and Yoel Kahn.²⁴ Under the title *Towards a Future of Hope*, the following was attached:

We remind ourselves that this world is not perfect ... this ceremony is often a painful one, for we have no choice but to live in this imperfect world. We have no choice but to accept the reality called AIDS.

The sweet wine of Shabbat reminds us our challenge is to help create and celebrate those moments of joy with our neighbors and friends living with AIDS. As we bless this sweet cup of wine, we pledge ourselves to bring both the sweetness of Shabbat and the joy of life to those who live with AIDS.

... We neither touch nor see these spices, yet their presence fills us within. The memory of their sweet scent will linger with us in the days ahead, reminding us of this Shabbat which we now conclude. So, too, does the memory of those we have lost remain with us, resonating with their beauty and their gifts, reminding us the goodness of their lives. Blessed is the Eternal our God, Ruler of the universe, Creator of all the spices.

... The twisted Havdalah candle signifies that the sacred is always intertwined with the profane. Tonight, we acknowledge that AIDS and our lives are intertwined. Shabbat ends with the distinction between the sacred and the profane, but the two wicks of the candle remain twisted together. Our lives can never be separated from the world of disease, fear and death we call AIDS. We know that God brought light into the world to dispel the darkness that came before creation. We now pray that the light of this Havdalah candle will dispel the darkness of chaos and ignorance, of hate and isolation. May the light which ends this Shabbat help us to comfort and renew the spirits of those who face each challenge of AIDS. Blessed is the Eternal our God, Ruler of the universe, Creator of the light of fire. (see [Figure 1](#))

Since Jewish days begin and end with nightfall, Havdalah may be said only once darkness has fallen on Saturday night. Paradoxically, this act of separation connects Shabbat with the rest of the week. When the boundaries between the holy and the ordinary are blurred, the holy is no longer holy and the ordinary is left with nothing to uplift it. In this new Reform Havdalah version, the deconstruction of the traditional text does not intersect between holy and ordinary, but between life and death, between the personal and the social. Havdalah as a multi-sensory performance that includes sight, touch, smell and taste, becomes here a political performance advocating for congregants living with HIV/AIDS. These

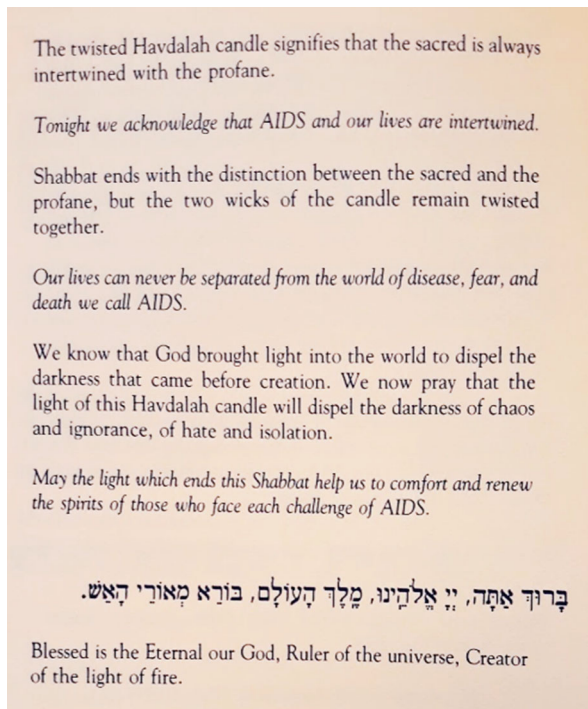


Figure 1. Reproduced with kind permission of the American Jewish Archives.

new blessings of light, wine and the spices are charged with a social commitment to include members with HIV, to fight against the disease's stigma and to remember the people who have lost their lives.

Besides Havdalah, UAHC suggested another traditional prayer text, *El Malei Rahamim* (God Full of Mercy). In this prayer, usually recited at the graveside during the funeral service and memorial services during the year, the worshipper blesses the soul of his/her relative who has died.²⁵ The new Reform version, focused on people who died of AIDS.

Also, this liturgical collection included the common blessing *Mi sheberakh*, a public prayer for someone who requires healing and good health. Silverman (2016,169) argues that prayers for healing are an inherently social process, inextricably linked to relationships with other people, the community, God and tradition. Following her conclusion that the *Mi sheberakh* prayer is one site among many through which relationships to Judaism and Jewishness are negotiated and constructed, this Reform version of the blessing was dedicated to people who suffered from AIDS:

May the One who blessed our ancestors, Sarah and Abraham, Rebecca and Isaac, Leah, Rachel and Jacob, bless all who are touched by AIDS and related illness. Grant insight to those who bring healing, courage and faith to those who are sick, love and strength to us and to all who love them. God, let your spirit rest upon all who are ill and comfort

them, speedily and soon, may we know a time of complete healing, a healing of body and of spirit, and let us say: Amen.

The last two prayers demonstrate how the Jewish liturgy was used as an inclusive platform for congregants who were living with HIV/AIDS or those who knew someone who was. Neither are personal blessings that the congregant could recite in his home, but a communal performance which is conducted in the congregation. Thus they abolish stigma and expressions of shame and recreate the Reform Jewish community as a safe space. The adaptation confirmed that people with HIV/AIDS are an integral part of the Jewish people (*Klal Yisrael*) and God's creation, particularly while most of them were gays.

Furthermore, a new blessing, "A Litany for Healing", demonstrated how the biblical narrative was reclaimed to express relevant references to AIDS:

When Miriam was sick, her brother Moses prayed: "O God, pray, heal her please!" So, we join in this responsive prayer based on Moses' words for all who are afflicted with illness, anguish and pain.

O God, we pray, heal them. Grant courage to those whose bodies, holy proof of Your creative goodness, are violated by the illness and pain of AIDS.

O God, we pray, encourage them. Grant strength and compassion to families and friends who give their loving care and support, striving to overcome despair.

The reference to Moses's prayer charged the member's request with a theologically empowered meaning. As Moses was one of the greatest Jewish saviours, a human conduit of God's miracles, this appropriation strengthened the communal prayer moment. Also, compared to the previous prayers presented above, this prayer considers the families of people with HIV/AIDS and respectfully recognizes them in the ceremony.

Another blessing "May We Choose to be a Blessing" strengthens the power of the one to influence reality and change it:

We can choose to separate ourselves from insensitive actions and intolerant attitudes.

May we choose to make our Synagogues places where all can unburden themselves without fear of ridicule or gossip.

We can choose to debunk the myths and hurtful stories about AIDS that force people into isolation

May we choose to form relationships that are caring and holy.

We can choose to lobby for adequate health care and medical coverage for those who are HIV positive.

The repetitiveness of the phrase "May we choose" expresses the theological Reform principle of sacred human choice. The individual has free choice to decide how to better his/her life. The prayer's context advocates for the

individual's choice as the centre of the religious system. Thus, the solution will not come only from the transcendent, but it also becomes a humanistic outcome of empathy and community responsibility.

In November 1989, UAHC designed a Jewish AIDS quilt, part of the NAMES Project AIDS Memorial Quilt,²⁶ which presented Jewish symbols, such as Shabbat candles and a *talit* (prayer shawl). At the top of the quilt the worrying Jewish question, highlighted in red- "Who Will Say Kaddish For Me?" was coloured in red. The decorative pattern emphasized the social role of traditional materialism in the memorial project and the community's mission to dedicate a *Kaddish* for those who had died from AIDS. Although the quilt included a Christian symbolic element, demonstrated by the panels that were three feet (0.91 m) by six feet (1.8 m) each, i.e. approximately the size of an average grave – and Jews are not buried in caskets – the communal commemorative intention rejected the interfaith gap.

Tonight, we add another panel to the quilt, weaving together stories of people we should remember. This panel is for all those whom AIDS has taken from the Reform Jewish community. Their lives have been a blessing. We remember them tonight, and we dedicate ourselves to those who need us now".

(Congregational response after each panel is dedicated: Zichronam Livracha:- may their memories be a blessing).

The superimposition of the traditional Jewish symbols on the quilt and the deconstruction of familiar liturgical prayers and blessings express how compassion for personal loss in the Reform community served as a stimulus for social action. De facto, it demonstrated how the Reform movement saw participation in a larger ecumenical project as an appropriate liturgical and social response to the crisis. The mourning and *Kaddish* – loss and solidarity – were the motivating forces behind the Reform Jewish performance. Thus, the community services created social caring and compassion arising from mourning over the dead. The concerning question of "Who will say Kaddish for me?" places personal HIV loss, mourning and the desire for individual recognition at the starting point of the theology of Reform Judaism.

Theological responses through Reform rabbis' sermons

Rabbis' sermons, which are delivered every Friday night or holiday eve, might influence the congregants' agenda and thoughts by commenting on the week's portion or by representing a charismatic performance.²⁷ According to the Israeli anthropologists Guzman-Carmeli and Sharabi (2017), rabbis use biblical texts to create deep healing processes that are tailor-made for the individual supplicant and are intended to accompany supplicants for a long period of time. Following this conclusion, I ask whether the Reform rabbis use the Torah as a spiritual source for recovery or as an operative corpus for political activism.

Specifically, the role of Reform rabbis has always been shaped and reconstructed to be compatible with American social changes and relevant local community issues, such as suggesting religious responsibility regarding educational services.²⁸ The inclusion of people with HIV/AIDS was also accomplished through delivering weekly sermons every Shabbat service, or on holidays. Reform Rabbis strove to abolish the congregants' prejudices regarding AIDS and saw the sermon as a public stage conveying their social message and adding religious and spiritual narratives to it.

In a Yom Kippur morning sermon (October 13, 1986), Rabbi Marc S. Blumenthal from Temple Beth-El in Birmingham, Michigan, stood in front of the congregants and pleaded persistently to respect and welcome people with HIV/AIDS:

In ancient times, leprosy was not only feared as a disease, but those afflicted with it were rejected. They were forsaken. In fact, they were held responsible for contracting it in the first place. We have today replaced leprosy with AIDS, right down to accusing those who suffer from it with deserving to be sick in the first place. That is the ultimate abomination. AIDS affects everyone, and it shouldn't matter who is affected anyway. For our Torah teaches differently.

... We dare not reject, if we do, we reject the very image of God. And we dare not blame the victim for the disease. As Jews, we have been blamed for being victims of the Nazis. We know the blasphemy of such accusations.

Many of you may be wondering why this sermon on this day? I return to our text. How better to emphasize what it means that all of us stand here this day? All of us have entered into the covenant of Israel. We do not yet know the vastness of the overwhelming suffering brought about by AIDS. But AIDS will come here. We must be prepared. We must respond as Jews should respond. We must be compassionate and not condemning. We must be merciful and not judgmental. We must be concerned and not ill-informed.

You stand here this day all of you Atem Nitzavim Hayom Kulchem. Let all of us stand together. Let all of us reach out to all the ill among us. It is often not pleasant work, but if it is the work of the Messiah, we can do no less".

Rabbi Blumenthal sanctified human diversity and connected historical events and the current situation – the holiday's message and the reality of an epidemic. By using the pronouns "we", "us", and "our" almost twenty times, he rhetorically constructed the responsibility of the congregation for the situation. Using an analogy to leprosy, he encouraged the congregants to think about who the "Other" is today. Also, the reference to Nazi Germany reflects his endeavour to ignite Jewish ethno-national collective memory as a justification for solidarity and empathy, and also to specify the expected Jewish response. The Holocaust was considered relevant evidence and a lesson illustrating a new reality of shame and guilt.

A year earlier (1985), Rabbi Yoel Kahn from the Sha'ar Zahav congregation in San Francisco declared that "AIDS is our earthquake", before he gave a *Kol Nidre* sermon to one of the largest audiences he had, compared to the other holidays. In his sermon, during one of the sacred moments of the Jewish calendar, he criticized and attacked the ignorance of public leaders, the media, and the homophobia of American society, which had failed to provide an adequate response to HIV/AIDS:

"U'nataneh Tokef Kedushat Hayom" our liturgy says: "Let us proclaim the sacred power of this day": It is awesome and full of dread. Anticipating the new year, we do not know "Mi Yamoot U'mi Yich'yeh" – who shall live and who shall die. This year our High Holidays season is a time of anxiety, a season of fear, a season of depression. The presence of AIDS and the fear of AIDS has affected all of our lives ... the pain and the loss, the silence and the fear ... unsung courage and steadfast faith make this subject urgent.

... Yom Kippur is a time for Cheshbon Ha'Nedesh – a reckoning of the soul- an inner accounting. Upon looking back, I must say before God and this congregation I am not prepared to forgive. We should be angry over the continuing refusal of the government to commit and spend the funds necessary to do the research, educate the nation, and properly care for those touched by AIDS. I am angry at the media for its lengthy silences, its hysterical pronouncements and frequent demonstrations of ignorance. I am angry at the homophobia which continues to interfere with the necessary work being accomplished ... while we all know that AIDS is not in the least a gay disease in the sense of who it can and will affect, it is and has been and will continue to be a gay cause ... we can express our anger. We can and we must protest the discrimination against people with AIDS. This unfair and unfounded discrimination is the first step towards greater segregation and prejudice against all gay people. Legislation to protect our rights is needed. Legislation will not happen until there is education. We can further education and stem a mad retreat back into the closet by coming out" (September 23, 1985).

In this sermon, Rabbi Kahn criticized the ignorance and denial regarding HIV, which serve to perpetuate the "closet discourse". By quoting verses from the traditional prayer, he cosmologically charges the sacred ritual with the AIDS crisis. "*Kol Nidre*" is known as a dramatic moment full of emotional undertones.²⁹ Consequently, this semantic act powerfully expresses the social fear and uncertainty and connects the sanctuary of the ritual to real life. His private anger represents a public anger, which was identified by those who did not have the privilege of expressing their voice. Moreover, the sermon was not only a political text against the American government and society, but also expressed the theological challenge of maintaining the relevance of Jewish belief following the tragedy. In the second part of his sermon, he attempted to provide some answers to the familiar question that Jews have raised throughout their historical catastrophes, namely, "Where is/was God?!". He also voiced opposition to the homophobic calls which perceived AIDS as a biblical punishment:

Many of us are angry at God. Where is God in this tragedy? Why us? No! We are not being punished by God, not collectively and not as individuals, and it is not God's will nor God's plan for us that we suffer in this way ...

AIDS derives neither from some satanic source nor is it a punishment from God upon us. It is a virus, which has evolved from nature in accordance with nature's laws. I am confident of my judgment against the people who have the Chutzpah (impertinence) to tell us that the AIDS epidemic is "punishment from God" ... AIDS is our slow-motion, ongoing devastating earthquake. It has hit us with tremors no scale can measure and aftershocks continue without relief. It is leaving a wide swath of loss and pain and hardship. And AIDS has no more conscience than the earthquake does. God can no more stop AIDS than stop the earthquake. Each is the product of forces of nature, set into motion eons ago. Disease, like the earthquake, is a consequence of nature following its laws. Unless we are to live in a world of constant surprise and disorder, we must accept that God does not interfere with nature.

Where then is God? God is with us. We cannot make AIDS go away. But we need not succumb to it ... it is a Mitzvah (a Jewish commandment) this year to have safe sex. There can be no recriminations for what we did not know. But now that we know, we must act. It's a proper and virtuous act to remind your friends, to ask them questions about what they are doing, and to encourage them to behave in a responsible fashion ... Harvey Milk, the night after his inauguration as supervisor said: "The important thing is not that we can live on hope alone, but that life is not worth living without it".

(please rise): "Let us pray for courage, pray for strength, for hope, faith, insight, healing, wholeness and peace. May we find our prayers answered and strengthened by the courage, faith and healing we offer one another. Ken Yehi Ratzon, so may it be God's will. Amen.

Rabbi Kahn made a comparison between the national disaster and the terrible epidemic by referring to the nature discourse to justify the spiritual uncertainty. Thus, he could be perceived as God's defense attorney. Perhaps, he understood that higher levels of trust in God could promote less anxiety and depression and greater personal happiness.³⁰ He claimed that the *mitzvah* is to have safe sex, even though this specific act was not considered one of the 613 commandments. Thus, Jewish terminology was adapted to the social reality and classified his request as a religious demand. Instead of quoting the biblical prophet he mentioned the queer prophet, Harvey Milk, and intersected between American LGBT politics and the Jewish community.

Community support responses for members and families

Once the Center for Disease Control and Prevention (CDC)³¹ started tracking the spread of the disease, another unanticipated trend became apparent, namely, that the disease was spreading more rapidly in minority populations in the US. Budrys argues that some observers said that mainstream efforts to deal with the spread of the disease had developed far too slowly. Thus, there

is good reason to believe that were it not for activists across the country who pressed anyone who would listen to have the disease investigated and to insist that intervention programmes be established, it would have taken even longer. What is most noteworthy about their efforts is that the activists approached this challenge by establishing nonprofit organizations.³²

As the disease spread, AIDS activist groups and grassroots organizations began to emerge and advocate for people infected with HIV. Groups acted to educate, break stigma, and raise awareness of the incurable disease and its effects on American society.³³ Activists worked to prevent the spread of HIV by distributing information about safe sex. They also extended support to people living with HIV/AIDS, offering therapy, support groups, and hospice care.³⁴

One of the Reform congregations that was a popular model for religious outreach and activism was Sha'ar Zahav (SF). It all began when a member of the governing committee (*Va'ad*) of the congregation, named Mark Feldman, became ill with AIDS late in 1982. He spoke openly to the congregation about this disease and urged the establishment of an "AIDS fund". This was indeed established to make available financial assistance to any congregants who could not afford the best medical care, and it was also to be used for community education.

In addition, Mark helped to organize the support group, "People With AIDS", and he lobbied extensively for public funds for AIDS treatment and research. Inspired by his courage, Sha'ar Zahav began to go beyond these initial efforts. For example, gay men could not donate blood, so female congregants did. The first time the women gave blood, Mark sent each a long-stemmed red rose, a symbolic gesture of thanks for their generous and loving act. This tradition continued for several years after Mark's death.

Every Shabbat at Sha'ar Zahav, congregants brought food and toiletries to be given to people with AIDS. They also sent food and a television set to the AIDS ward at the hospital. Members of the congregation became involved in the political process as well, lobbying for better treatment for people with AIDS and urging other synagogues to lobby political leaders for more funding for medical research. Sha'ar Zahav members had "been there" for each other. They offered empathic listening, a hand to hold, assistance with shopping and dog-walking and housecleaning – taking on the role of a family.

Another way to raise money was selling Sha'ar Zahav's cookbook, *Out of Our Kitchen Closets*, which included recipes contributed by members of the congregation (Figure 2). It was published on 1 June 1987, and doubles as a history of how this gay Jewish congregation was started. Three dollars from every purchase was given to the AIDS Foundation Food Bank for people with AIDS whose financial resources were exhausted.

Sha'ar Zahav did not work alone in the San Francisco area. The Temple Chronicle of the Congregation Emanu-El was also an active player, working to keep pace with the needs of Jewish individuals and families directly affected

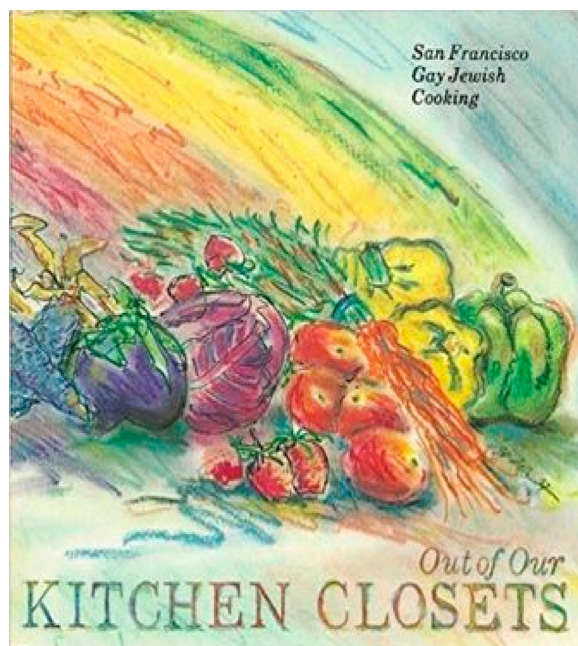


Figure 2. Reproduced with kind permission of Morton Kaplan.

by AIDS, providing counseling, emergency financial assistance, and other kinds of practical and emotional support. For example, two new developments emerged in 1989: a biweekly support group for Jews with AIDS, addressing issues of mortality, hope, loss and family relationships, and a monthly programme of cooking and delivering Shabbat and holiday meals for Jews with AIDS to their homes or in hospitals.

Rabbi Alan Greenbaum, who led Temple Adat Elohim (Conejo Valley, CA), published an article in the *Bulletin Journal* (April 1988), explaining how Jewish values could serve as a behavioural introduction to AIDS: “It is important, even vital for all of us to learn as much as we can about this disease and the direction that Judaism offers us in responding to it.” Semantically, he used Jewish commandments to develop the communal giving and caring spirit, such as *bikkur holim* (visiting the sick) and *pikuah nefesh* (the saving of a life).

Educating against AIDSphobia

Agnes Herman, the wife of Rabbi Erwin Herman who established the first Jewish gay congregation in North America, “Beth Chayim Chadashim”, in Los Angeles, wrote a document for AIDS and Gay\Lesbian workshops, which covered the issues from a Jewish perspective:

How do we reply to those who assert that AIDS is punishment from God or who deny children with AIDS admission to schools? What can our synagogues do? What does our Jewish tradition teach about epidemics and illness? These and other issues will

be covered in the workshop. Parents in the congregation believe an adult child in another city may have AIDS, and come to the Rabbi, cantor, or religious school teacher for counseling. A congregant who serves on the school board or city council has to vote on AIDS policy, and asks for a Jewish perspective. The synagogue social action or caring community committee wants to “do something” about AIDS and want the rabbi’s and cantor’s assistance. These issues will be discussed in the workshop, which also includes a clinical update on the AIDS epidemic.

Indeed, the Jewish community even dealt with how to approach such a sensitive issue with children. Some congregations organized specific educational programmes in order to correct the disinformation disseminated by the public schools and in the playgrounds.³⁵ This initiative supports Reimer’s argument (1997) that for American Jews the synagogue is the preeminent “educating institution”. Most aspects of American Jewish education, including supplementary schooling and the education of Jewish youth and adults have become synagogue-centred. In addition, the Reform Jewish Youth Movement in North American (NFTY) produced a study guide which supplied some answers to the question of why a group of Jewish kids should spend valuable programme time learning about AIDS:

Learning how our Jewish values and historical experiences compel us to respond to this awesome crisis will teach them much about being Jews. People need to understand safe practices, the severity of the AIDS crisis, and our Jewish mandate to respond to it with knowledge and compassion. AIDS is not a “gay disease”, so homosexuality isn’t the main issue. It can be helpful to discuss the ways that homophobia has affected people’s response to AIDS. It is also interesting to draw lessons from Jewish history related to our being the scapegoats for epidemics. Judaism teaches us that love implies responsibility and holiness. Judaism teaches us to treat people who are sick with dignity. We also need to acknowledge that human sexuality is an important issue to discuss within a Jewish context.

Another educational response to HIV was created by the Old York Road Temple-Beth Am in Abington, Pennsylvania, in the form of a six-year AIDS curriculum (kindergarten to sixth grade). The subjects appropriated some Jewish principles and commandments, such as *bikkur holim* (visiting the sick), *Kol Yisrael arevim zeh bazeh* (all Jews are responsible for every other Jew), and giving *tzedakah* (financial donation) for medical research or for institutions that care for people with AIDS. Also, it created a specific three-year educational project, which included a panel with AIDS quilt creators, a discussion with parents and cooperation with public non-profit organizations.

These Reform educational initiatives show how the appropriate compassion and respect toward people who lived with HIV/AIDS derived from religious Jewish commitment. I assume that the educational reaction developed a reflective dialogue regarding Jewish identity and affiliation. Perhaps, it contributed to conducting an honest internal examination of homosexual orientation without fear of social oppression.

Discussion

This article discussed the Reform Jewish response to the HIV/AIDS epidemic. The evaluation of the traditional liturgy, the creation of new blessings, rabbis' sermons, social activities, and educational programmes broke the stigma and established a Jewish affiliation and public recognition. Indeed, AIDS was referred to as a social issue which should be treated by the government, but the Reform religious, spiritual and social activities demonstrate how the reactions to the epidemic expressed individual experiences and feelings. This AIDS theology, which was created as an outcome of personal illness, mourning and death, was characterized by the reformulation of popular mourning prayers and blessings for healing, creating new arguments for God's existence, the use of biblical metaphors, and the re-appropriation of traditional symbols.

Reform theology constructed an ethic of compassion. Herman Cohen (2004) argues that the source of compassion is shared social suffering. Compassion inhibits the human desire for metaphysical understanding of suffering and pain and directs one to take real responsibility for one's existence and the existence of others. Thus, it reveals the partnership in human existence through the performing of religious blessings or organizing volunteering projects, as demonstrated in this study.

The functional strength of the community was revealed as a dominant measure at these mournful moments of sickness and sorrow. Thus, this corpus provides therapeutic needs and creates a sense of belonging and affiliation.³⁶ Also, the educational programmes demonstrate how the Reform synagogue could be a true "educating community" where the Judaism that is taught is at the same time practised; where Jewish children and especially Jewish adults can not only study Torah together pray and practice *mitzvot*³⁷; but are also invited to perform their gender and sexual identity.

Moreover, the reaction and positioning opposite Orthodoxy was important in the development of Reform policy towards AIDS. This humanistic activity strengthened the Reform movement as the official liberal Jewish space which promote gay rights. Ironically, the mourning and memory liturgy promoted rebirth rituals and a discourse symbolized by coming out of the closet. The presence of the LGBT identity was developed by the loss of people with AIDS and reflected the liminality of the life-death connection. The AIDS crisis was added to the pioneer endeavors of Congregation Beit Simchat Torah³⁸ and Congregation Sha'ar Zahav³⁹ to build a queer, sex-positive Judaism that celebrated and politicized sexual minorities and fostered an ethic of egalitarian and lay-led inclusiveness. The need for such a community had increased, and the social involvement was charged with traditional principles which framed the activities as a religious commitment more than civil activism.

Therefore, this historical phase was one of the dominant chapters of the inclusion of LGBTs in American-Jewish communities. The egalitarian Reform

Jewish response to HIV/AIDS has relevant implications regarding how contemporary congregations work to eliminate stigma and prejudice against those living with HIV/AIDS and how to increase the awareness and acceptance around it.

For example, in May 2019, the members of the Beit Simchat Torah (CBST) congregation walked in memory of those they had lost to AIDS. The members wore ribbons with their names, carried them with them as they raised money to care for those living with HIV/AIDS today and for research and prevention in order to get closer to eradicating HIV/AIDS entirely. These recent performances could not have taken place today without the establishment of the initial responses of the Reform congregations, which have been introduced for publication for the first time in this article. As Altman and Buse (2012,127) remind us: “If AIDS is to maintain its visibility and contribution to global solidarity, human rights and dignity, its politics must evolve to reflect the profound geo-political, economic and social transformations currently underway.” This case study demonstrates how religious communities turned out to be an important and meaningful social safe-space for those living with HIV/AIDS, and any further examination of AIDS-politics must include them in research.

Notes

1. The UAHC is the organizational body of the Jewish Reform movement in North America, comprising more than 750 member congregations in the United States and Canada.
2. Brenchley and Douek, “HIV Infection and the Gastrointestinal Immune System”.
3. Brier, *Infectious Ideas*.
4. Robben, “Death and Anthropology”; Bowen, *Religions in Practice*; Jacobs, “Religious Ritual and Mental Health”.
5. Altman, “AIDS and The Globalization of Sexuality”.
6. Schlesinger and Appell 1997, 18.
7. Parker, “Sexuality, Culture, and Power in HIV/AIDS Research,” 63.
8. Watkins-Hayes, “Intersectionality and the Sociology of HIV/AIDS,” 322.
9. Altman and Buse, “Thinking Politically About HIV,” 137.
10. Bunton, Burrows, and Nettleton, “Sociology and Health Promotion”.
11. Young, Shipley, and Trothen, *Religion and Sexuality*, 5.
12. Petro, *After the Wrath of God*, 19.
13. Zou et al., “Religion and HIV in Tanzania”.
14. Schlesinger and Appell 1997, 17.
15. Thanks to the American Council for Judaism Fellowship.
16. These materials may not be published or reproduced without formal AJA approval.
17. McKee, “A Beginner’s Guide to Textual Analysis”.
18. Cunningham, “Archive Skills and Tools for Historians”.
19. Berkovits, *God, Man, and History*.
20. Namely, acknowledging that the older concept of the Divine, the Creator of “all”, is erroneous. There is a God, but he has no power to interfere in human affairs, as the previous generations thought.

21. When it was founded in 1978, people doubted that a gay synagogue could ever last. The members even called themselves “Reconformadox”, because of their diverse member groups, which included Conservative, Orthodox and Reform backgrounds (Feder, “During the AIDS Crisis, This Gay Jewish Cookbook Kept A Community Together”). At the height of the gay synagogue movement in the late 1980s and early 1990s, over two dozen such congregations met the spiritual needs of gay and lesbian Jews across the United States (Drinkwater, “Creating an Embodied Queer Judaism,” 177).
22. This journal’s name refers to *The Forward* (Forverts), the largest Jewish newspaper in the world for many years, which was founded in 1897 in New York City by a group of socialist immigrants from Eastern Europe.
23. Flowers, “Gay Men and HIV/AIDS Risk Management”.
24. These published materials are from “Gates of Prayer” (CCAR 1975) and used with the permission of the CCAR. The original songs, texts, and melodies were composed and performed by Debbie Friedman. The service was compiled and edited by Barry Block and Rabbi Daniel Frelander.
25. For more data see: Birnbaum, P., & Book, A. (1975). Jewish concepts, 35.
26. The NAMES Project AIDS Memorial Quilt, often abbreviated to the AIDS Memorial Quilt, is a memorial to celebrate the lives of people who died of AIDS-related causes. It was established by AIDS activist Cleve Jones.
27. Mossman, “How a Rabbi’s Sermon Resolved My Tarasoff Conflict”.
28. Wertheimer, “The Rabbi Crisis”.
29. Deshen, “The Kol Nidre Enigma”.
30. Rosmarin, Pargament and Mahoney, “The Role of Religiousness in Anxiety,” 97.
31. This is the leading national public health institute of the United States.
32. Budrys, *How Nonprofits Work*, 149.
33. Juhasz and Gund, *AIDS TV*.
34. Ross and Solinger, *Reproductive Justice*.
35. Brown, Fritz and Barone, “The Impact of AIDS Education on Junior and Senior High School Students”.
36. Abramowitz, “Prayer as Therapy Among The Frail Jewish Elderly”; Levine, “Jewish Views and Customs on Death”.
37. Reimer 1997.
38. Shokeid 2002.
39. Drinkwater, “Creating an Embodied Queer Judaism”.

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