THE CORONAVIRUS PANDEMIC

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THE CORONAVIRUS PANDEMIC 2019-20 – HISTORICAL, MEDICAL AND HALAKHIC PERSPECTIVES*

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Contents

1. Introduction 2

2. Historical Background 3
   a. Pandemics in the past
   b. The Coronavirus pandemic

3. Medical Background 5

4. Specific rulings and Halakhot 7
   a. General behavior and the obligation to listen to the government and experts during a plague
   b. Defining plague
   c. Prayers, fasts and charity
   d. Self-endangerment of the healthcare providers – doctors, nurses, lab personnel, technicians
   e. Self-endangerment for experimental treatment and discovering a vaccine
   f. Prayer with a minyan, nesiyyat kapayim, Torah reading, yeshivot
   g. Ha’gomei Blessing
   h. Shabbat and festivals
   i. Passover
   j. Sefirat Ha’omer
   k. Rosh Hashanah
   l. Yom Kippur
   m. Purim
   n. Immersion in the mikvah
   o. Immersion of utensils
   p. Visiting the sick
   q. Circumcision
   r. Marriage
   s. Burial
   t. Mourning

5. Triage in treating coronavirus patients during severe shortage 32
   a. Introduction
   b. Determining triage priority in various situations when there are insufficient resources
   c. Halakhic sources on determining lifesaving triage

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1. Introduction

In the modern era, the coronavirus\(^1\) pandemic\(^2\) has been the most shocking pandemic to the entire world, including experts and scientists, since the Spanish influenza pandemic a 100 years ago.\(^3\) In recent decades many scientists have arrogantly claimed that in the modern and technologically advanced world there will be no more global pandemics of this sort. However, we are discovering that with all of our sophisticated science we are still incapable of preventing such outbreaks, nor do we have the ability to effectively treat or prevent them, such that the rates of mortality and morbidity are as severe as they were in similar pandemics in the ancient and medieval world.\(^4\) This lends support to the fact that our world is ultimately controlled only by God.

This essay is being written at the beginning of Iyar 5780 (April, 2020), as we are in the midst of a global pandemic, whose final course we still cannot predict. The epidemiological data that serve as the background for this essay are correct as of the date of its writing, although the end of this international disaster is still a long way off. Based on accumulated experience and predictive models we unfortunately anticipate significant mortality and impact on the health care system.

The current data include:

**Worldwide:** About half of the world population is in quarantine or isolation; Approximately 3,000,000 have been infected; Approximately 200,000 have died. The pandemic has spread to more than 210 countries.

**Israel:** More than 15,000 infected and ill, approximately 120 on ventilators, and approximately 200 dead.

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\(^1\) The World Health Organization of the United Nations has categorized Coronavirus as a Pandemic.

\(^2\) In Hebrew we refer to this as a “Mageifa,” which comes from the root, “Negef” which means to be defeated or knocked down. Therefore, in modern Hebrew a virus is translated “Nagif”, meaning a minute cell that leads to an outbreak (“Mageifa,”). In English we differentiate between an epidemic, a rapidly spreading infectious disease that temporarily infects many people, and a pandemic, which spreads even wider to impact an entire country or major segments of the entire world, and particularly large populations of people. In English “Mageifa” is synonymous with “plague” (from the Latin “plaga” which means “a blow, or a welt”), which is sometimes referred to specifically as the bubonic plague.

\(^3\) See below in this essay.

\(^4\) It is interesting to note that due to the Spanish influenza pandemic of 1918, an article was written in the influential journal “Science,” (N.S. Vol. XLIX, No. 1274, pp. 501ff, 30.5.1919) that one could simply change the date and practically the exact descriptions were written then as are being described today during the coronavirus pandemic.
The coronavirus pandemic has caused a long list of Halakhic dilemmas, some of which were dealt with in previous pandemics and others which are relatively new and have yet to be analyzed in detail.

In this essay I will survey the history of pandemics in general and the coronavirus in particular; the health-science aspects of the coronavirus pandemic; and the Halakhic issues that this pandemic has given rise to.

2. Historical Background

a. Epidemics in the Past

Tanach: In the Bible there are many descriptions of epidemics, though they are limited to the Jewish people, or specific other nations: “pestilence,” the fifth of the ten plagues, which only impacted the Egyptians animals, and not people; When the spies entered the land of Israel, a plague infected the leaders of the Canaanite people, and the people of the city were involved in burying them; The plague in the story of Korach in which 14,700 people died in addition to the 250 people directly connected to Korach; 24,000 people died in the plague of Baal Peor; The plague in the days of King David, as a result of the sin of counting the nation, 70,000 people died; Many of the Philistines who took the Ark of God were stricken with hemorrhoids. Some say they were stricken with Dysentery, which is an infectious illness of the digestive system that causes diarrhea, and some say it was the Bubonic plague; 50,070 people of Beit Shemesh who died because they saw the Ark of God; 185,000 soldiers of Ashur led by Sancheriv, were killed at night. The rabbis dealt with this plague, as did Josephus Flavius, and other scholars, who had different speculations as to the nature of that plague.

5 Exodus 9:3-7.
6 The plague of the Firstborn is also referred to as a “Negef.” (Exodus 12:13)
7 Tanchuma, Shelach, 7.
8 Numbers 17:14.
9 Number 25:9.
10 Shmuel II 24:15. See also Yosef B. Matityahu, Kadmoniyut Ha'yeudim 7, 324.
11 Shmuel I 5:9,12.
12 Yosef B. Matityahu, Kadmoniyut Hayehudim 2, 300. Dysentery is caused by bacteria, specifically Shigella, and parasites, specifically Amoeba.
14 Shmuel I 6:19
15 Kings II 19:35; Isaiah 37:36; See also Chronicles 32:21.
16 Sanhedrin 94b-95a; Megillah 31b; Shmot Rabbah 18:5; Yalkut Shimoni, Isaiah 10:415.
17 Kadmoniyut Ha'yeudim 2, 10 (1:21). Based on his description it seems that the plague was caused by drinking contaminated water.
The expression “dever” in the Bible and Rabbinic literature certainly includes the medical ailment of that name, though in general the intention in the Bible and Rabbinic literature is not about a specific ailment, but a general title for any contagious illness, that causes death to many people in a brief time and close location. The word “dever” is thus synonymous with “mageifa” and “negef.”

It could be that the source of the word “dever” is from the fact that everyone talks about it, because of all the many casualties it causes. Some say that the source of the name is “devar Hashem,” which is fulfilled in the sudden death of the victim.

During the time of the Mishnah there is a description of a plague in which 24,000 of Rabbi Akiva’s students were struck.

In the ancient world there were several worldwide pandemics. During the Peloponnesian War in 430 B.C.E., there was a Bubonic plague, which killed a quarter of the Athenian soldiers and a quarter of the civilian population.

In the middle ages there were serious plagues. For example, the Justinian epidemic in the year 541, killed close to 25 million people, which represented approximately 13% of the world population at that time; The Black Death in the 14th century, which was apparently also a Bubonic plague that began in Asia and traveled to Europe, and in the course of 6 years caused 25 million deaths in China, and another 20-25 million deaths in Europe, which was a quarter of the world’s population.

In the modern era there have been several serious pandemics. For example, the seven cholera epidemics, with brief intervals between them, from 1816 until 1966. These epidemics occurred

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19 A contagious illness caused by bacteria “Yersinia Pestis”, which exists in nature in various rodents, such as rats, and passes to humans via flea bites. This is called “Bubonic plague.”


21 R. Samson Raphael Hirsch, Exodus 9:3


23 Yevamot 62b.

24 This plague caused one of the tragic chapters of Jewish history, with blood libels, increased antisemitism, and pogroms against Jews. The Jews generally lived in closed communities, unlike the Christians who would gather in Churches during the plagues, which spread the disease. Further, the Jews were hygienic as a result of ritual hand washing. It thus seemed to the Christians that fewer Jews died, which led to rumors amongst the masses that Jews poisoned the wells with the intention of ridding the world of Christians.

25 There is an interesting description of the plague in the Jewish ghetto of Rome in 1656 in the book Otzar Ha’chaim by Rabbi, Doctor Yaakov Tzahalon 2:19.

26 At that time some Jewish people Hebraized the word “cholera” as “choli-ra – the evil illness.” It is an illness of the small intestines with diarrhea caused by the Vibrio Cholerae bacteria. It is usually the result of fecal-oral contact when someone gets infected by the bacteria in excrement or ingests contaminated food or drink.
in various parts of the world;\textsuperscript{27, 28} The Spanish flu,\textsuperscript{29} which began in 1918 and spread to almost all of the world. It lasted about 18 months and infected about a half a billion people, and killed about 50 million;\textsuperscript{30} The Ebola virus epidemic, which began in 1976 in Africa, and has reemerged every 2-3 years, and has a mortality rate of 40%. The AIDS epidemic, which began in 1981 in Africa, and spread to the entire world. Estimates are that 27 million people have died so far from this epidemic. The SARS virus epidemic which began in 2003 and is a similar virus to the coronavirus. The MERS outbreak, which began in the Middle East in 2012, and spread to many nations.

b. The Coronavirus Pandemic

This pandemic began to spread in December 2019 in Wuhan, the capital of the Hubei province of China. The theory is that the Coronavirus is a zoonotic virus which passed to humans from bats, snakes, and other animals that are sold illegally in the Wuhan fish market, where many other types of animals are sold in addition to fish. Some suspect that the origin of the Coronavirus was from an experiment in the viral laboratory in Wuhan that went out of control.

The first case in Israel occurred on February 27\textsuperscript{th}, 2020.

3. Medical Background

The coronavirus\textsuperscript{31} - COVID-19\textsuperscript{32} – is a contagious harmful illness that is caused by the SARS-CoV-2 virus\textsuperscript{33} from the coronavirus family. It seems to have originated in animals, but it spreads from person to person.

The symptoms of the illness are like the symptoms of the flu, including fever, cough, respiratory problems such as shortness of breath and difficulty breathing, and some cases have led to pneumonia, kidney insufficiency, and even death. Symptoms can include digestive problems (diarrhea and stomach pains), muscle pain, and temporary loss of smell and taste.

Approximately 10\% of infected individuals require critical care and ventilatory support,\% , and approximately 15-20\% survive after being on the ventilator.

The average international mortality rate is 3-4\%, but the rates have shown to be variable based on the age of the patient, the geographical location and the quality of the local healthcare ability to

\textsuperscript{27} These epidemics led to many more halakhic discussions than other epidemics. See the summary of the issues in Zimmels HJ: Magicians, Theologians and Doctors. E Goldston & Son, 1952.
\textsuperscript{28} R. Akiva Eiger was the Rav in Pozen during the second cholera epidemics from 1829-1837, and he organized life cycle based on halakhah. These were published in the Letters of R Akiva Eiger, letters 71-73. Letter 71 was also published in some editions of the novella of R Akiva Eiger on Nedarim 59a. See below in the halakhic section of this essay.
\textsuperscript{29} Caused by a virulent strain of the H1N1 Influenza A virus.
\textsuperscript{30} See the detailed description in Brown J: Influenza - The Hundred Year Hunt to Cure the Deadliest Disease in History. Simon & Schuster, 2020
\textsuperscript{31} It is called coronavirus because it looks like a crown when viewed in a microscope.
\textsuperscript{32} It is called Corona Virus Disease-19 because it began to spread at the end of 2019.
\textsuperscript{33} Severe Acute Respiratory Syndrome Corona Virus 2.
provide advanced critical care. There is a higher mortality rate in those who have significant preexisting conditions and those with reduced performance scores.

The virus is transmitted by droplet secretions from person to person via coughing, or sneezing. It can also be transmitted by indirect contact when a carrier of the virus touches an object, and a non-infected individual touches that object.

The incubation period of the virus in a person who does not appear to be symptomatic is highly variable. The median incubation period is 5 days, although 97% can develop symptoms until 11 days, with a range of 2-14 days. During this time, an asymptomatic individual can also transmit the virus.

Diagnosis of the disease is carried out by taking a sample from the infected individual. The sample can be bodily fluids from respiratory tissues, such as mucus or phlegm, or from areas of the upper respiratory tract such as nose or throat mucus. The samples are collected with a sterile swab which is tested and can produce a result in a relatively short time. Serological tests (IgG and IgM) are being developed which will enable to know if the person was infected in the past and recovered, or if he is at the active phase of the infection, or that he was not infected at all.

At the time of this publication there is still no vaccine for the coronavirus, but the hope is that it will be developed soon and with that it will be possible to overcome this pandemic.

Similarly, there is no effective treatment yet. Various experimental medications are currently being tested, though we are still uncertain as to how effective they will be. Amongst them are anti-viral and anti-malaria formulations.

Currently the only way to effectively deal with the coronavirus is to prevent its spread. To do so requires various strategies, some of which are obligatory in some countries.

Amongst the many strategies to prevent the spread of the virus, the following have been advocated by public health officials: proper hand hygiene, including washing with water and soap, or using alcohol based hand sanitizers; proper hygiene for coughing and sneezing into the inside of one’s elbow and not into the palm of the hand; particularly, social distancing in various ways: remaining at least 6 feet apart from others, avoiding hand shaking, hugging or kissing, avoiding gatherings of more than 10 people, or ideally less than that and with proper distancing between each person. Also important is the use of masks to cover the nose and the mouth. An infected individual or one who has been in direct contact with someone who is infected, must quarantine in a room, house, or appropriate medical facility. In areas with significant spread of the virus some require complete isolation of all citizens. All countries infected with the coronavirus have also restricted travel to and from other countries.

The coronavirus has caused severe economic damage to individuals, communities, farmers, and countries, as well as a significant drop in stock markets and rise in unemployment rates. Due to the social isolation and quarantine various aspects of the economy have been shut down, including tourism, aviation, shops, commercial and industrial businesses, institutions and non-profits. In some instances, the number of employees has been reduced to only 20-30% of their previous workforce, with the rest being laid off or put on leave with no pay.
Similarly, many international, national and local events have been cancelled, such as international conferences, as well as celebrations, cultural and sporting events. Religious events have also been significantly impacted such as communal prayer, study in religious schools, Bar and Bat Mitzvah celebrations, weddings, funerals, and holiday gatherings.

4. Specific rulings and Halakhot

a. General behavior and the obligation to listen to government and health authorities

i. According to the Talmud, one should flee a city when there is a plague.\textsuperscript{34}

The poskim write that the halakhah advises one to flee at the beginning of a plague, but if the plague has already spread it is better not to leave one’s city or home.\textsuperscript{35} One posek writes that those who have already been stricken with the illness, or who are able to help others with necessary services, should not flee the city during a plague.\textsuperscript{36}

Indeed, during the coronavirus outbreak, the directive has been to stay at home and not leave at all, and certainly not to go to other places.

ii. All residents are obligated to conduct themselves in accordance with the medical authorities during a pandemic, in accordance with the details of that infectious disease and the medical knowledge of one’s time and place. This halakhah derives from the obligation to “guard one’s soul” and the obligation of “do not stand idly by,” and the rules of “chamira sakanta m’isura” and “pikuach nefesh”, as well as “rodef” and “chav l’achrinei” and “dina d’malchuta.” It is also a “chillul Hashem,” and outside of Israel also a concern of causing “eiva” since people will say that Jews are spreading the disease.

Responsa Rashbash #195 states:

During a plague one must be exceedingly careful, especially to wash themselves, not eat excessively, and eat small amounts of food that are high quality, and rest a lot while avoiding strenuous work, avoiding frustration while increasing joy. All of this to an extreme and not just a little bit.

\textsuperscript{34}Bava Kama 60b. See Maharsha there; Responsa Rashbash #195; Responsa Maharil #41:1; Rema YD 116:5 (See the introduction of the Rema to his book Mechir Yayin on Megillat Esther, where he writes that he fled from his home town of Krakow to Shidlov because of pollution and illness in the air); Magen Avraham 626:3. This advice was already given by the Prophet Jeremiah 21:9-10. And see Biur Hagra YD 116:16; Torah Temimah, Deuteronomy 32 (75). See further Zohar, Vayeira 113a; Sefer Chassidim #372; Rabbeinu Bachyei, Numbers 16:21; Yam shel shlomo, Bava Kama 6:26; Responsa Zera Emet #32. See also Shelah, Shaar Ha’otiot, Dalet, Derech Eretz and Magen Avraham 626:3 that this ruling applies primarily to parents to flee with their children when there is a plague.

\textsuperscript{35}Responsa Maharil #41; Yam Shel Shelomo Bava Kama 6:26; Rema YD 116:5. See also Responsa Divrei Moshe (Mizrachi) CH’M #81.

\textsuperscript{36}Yam Shel Shelomo Bava Kama 6:26.
R. Akiva Eiger writes in letter #73:

I have constantly warned that one’s eating and drinking should be just as their doctor orders them, and they should avoid everything else like the distance of a bow shot, as if they are forbidden foods, and not violate the doctor’s orders even a tad. One must observe each and every one of their doctor’s orders, such as not leaving their home in the morning without eating something and the need to drink warm drinks. One who violates the doctors' orders sins greatly to God, since we say that “gadol sakanta m’isurra,” particularly in a place of danger to oneself and to others which could cause a spread of the disease in the city, God forbid, and their sin will be too much to bear.37

iii. When it became apparent that the Orthodox Jewish population in Israel, United States, and England, experienced a disproportionate degree of infection in the community, virtually all of the rabbinic authorities publicized the necessity to follow all requirements of the medical experts and the health authorities, such as closing down the yeshivahs, praying alone at home, significantly decreasing participation in weddings, circumcisions, funerals etc. Some of them ruled not to have small minyanim in outdoor areas, while others ruled that they may continue as long as the health authorities permit outdoor gatherings provided that there was a distance of 6 feet between participants. Once the latter option was prohibited, they ruled that one may only pray alone. All communal gatherings have been suspended, even gatherings for a mitzvah or celebration. All rabbinic authorities from the various communities required their members to strictly follow the medical and public health recommendations.

Indeed, virtually all the rabbis unanimously stated that everyone must follow the medical guidance:

- “One must follow the medical directives, and God forbid to denigrate one’s life or other people’s lives with something for which there is even a remote doubt of danger for you or for others. It is strictly prohibited to try to outsmart the medical guidelines. Chamira Sakanta M’isurra. This is Pikuach Nefesh and “Chav L’achriner”, and it is thus a major sin to belittle these directives.”38

- “It is obvious that anyone who fears sin is obligated to be especially careful, without exception, and God forbid not to protect one’s self to the best of our ability with all rules of hygiene and caution. Not only would this be abandoning oneself and violating “you shall guard your soul,” it could potentially hurt others as well, particularly those who are old or sick, and God forbid to belittle one of the strictest prohibitions in the Torah.”39

37 See Iggrot Rabbi Akiva Eiger #71 who required to follow the various behavioral recommendations of the doctors at the time to be careful of the cold, to eat healthy food, to care for personal hygiene, to walk in fresh air and avoid sadness.

38 Letter titled “Min Ha’meitzar Karanu,” signed by all the rabbis of the Badatz of the Eidah Ha’chareidit, under the leadership of the Ga’avad Rav Weiss and the Ra’avad Rav Sternbuch, dated 4th of Nissan 5780.

• “One who sees people disparaging the directives of the health authorities is obligated to protest and inform the authorities, because this is categorized as a “rodef.” The principles of “guard your souls” and “do not stand idly by” are our current obligations, and there are no leniencies on this matter.”

• One must follow the advice of the doctors, and one who disparages their directives thus endangering others, is categorized as a “rodef.” If one causes another person’s death by denigrating the medical guidance, they can be considered as having committed a near-intentional crime. It is permissible to scold one who breeches his obligation and leaves their home. Moreover, it is permissible to report one who ignores the health authorities’ guideline to the government. One may also leave their phone on during Shabbat in case doctors need to reach them, and one may answer since it is potentially lifesaving.

• “One should be extremely careful in our days to precisely follow all of the medical directives and all of the health authorities' guidelines, and not deviate from them. One who is required to be quarantined should not leave their home nor endanger others;” “I must relate my pain, anger and frustration about those who do not listen to the guidelines of the health authorities and undermine the rules of isolation. Don’t they know that this could infect others, God forbid, and even kill them? Even inadvertently causing death, even if it’s a very removed caused, is considered murder, even though they don’t intend to harm others, this is considered accidental killing and its punishment is too great to bear.”

• “I have already publicized our opinion, the opinion of the holy Torah, that there is no halakhah in the world strong enough to override the rulings of the doctors and the health authorities' guidelines which are intended to protect the community. Just the opposite, anyone who supports those who gather to form a minyan fall into the category of a “rodef” and they endanger humanity, and perhaps are even murderers.”

iv. Therefore, based on the guidance of the experts throughout the world that the best way to prevent the spread of the virus is for the population to isolate themselves, even if it prevents communal prayer, Torah study etc. - there is an obligation to carefully observe expert medical guidance, and one may report violators to the authorities, and it is permissible to require isolation on the population in order to protect the community.

v. It should be pointed out that the concept of isolation as the ideal manner of preventing the spread of disease is found in the Torah regarding the metzora. The rabbis already recognized the great importance of isolation during a plague:

40 Letter from the rabbis of Bnei Brok, R. Landau & R. Rosenblatt, dated 4th of Nissan 5780.
41 Response of R. Chaim Kanievski to questions he was asked. Publicized in the Chareidi press.
42 Kuntres Minchat Asher – Betekufat Corona, pg 6 & #10.
43 The Chief Rabbi of Israel, the Rishon Letzion, R. Yitzchak Yosef, in a letter dated 16th Nissan 5780.
44 Leviticus 13:4ff about metzora; Number 12:15 about Miriam; Kings II 15:5 and Chronicles II 26:23 about Uzia.
The Sages taught: If there is plague in the city, gather your feet, as it is stated: “And none of you shall go out of the opening of his house until the morning.”

And it says: “Come, my people, enter into your chambers, and shut your doors behind you.” And it says: “Outside the sword will bereave, and in the chambers terror.”

What is the reason for the additional verses: “And it says?” And if you would say that this matter applies only at night, but in the day the principle does not apply, Come and hear: “Come, my people, enter into your chambers, and shut your doors behind you.” And if you would say that this matter applies only where there is no fear inside, but where there is fear inside, one might think that when he goes out and sits among people in general company it is better, therefore, Come and hear: “Outside the sword will bereave, and in the chambers terror.”

This means that although there is terror in the chambers, outside the sword will bereave, so it is safer to remain indoors. At a time when there was a plague, Rava would close the windows of his house, as it is written: “For death has come up into our windows.”

We thus see that the Torah and our rabbis preceded the current medical world understanding that isolation and quarantine are the ideal methods of preventing the spread of contagious disease.

vi. One is allowed and required to report one who ignores the health authorities regarding quarantine requirements, stopping communal prayer and avoiding social gatherings.

b. Definition of “Mageifa”

i. The rabbis defined a “mageifa” as:

“What is considered a plague of pestilence? If a city that sends out five hundred infantrymen, and three dead are taken out of it on three consecutive days, this is a plague of pestilence. If the death rate is lower than that, this is not pestilence.”

ii. The Rambam rules,

“What constitutes a plague? When three people die on three consecutive days in a city that has 500 inhabitants, this is considered a plague. If this many people die on one day or on four days, it is not considered a plague. If a city has 1000 inhabitants and six people die on three consecutive days, it is considered a plague. If this many people die on one day or on four days, it is not considered a plague. Similarly, this ratio should be followed for all cities. Women, children, and older men who no longer work are not included in the census in this context.”

45 Exodus 12:22.
46 Isaiah 26:20
47 Deuteronomy 32:25
48 Bava Kama 60b.
49 Ruling of Rav Chaim Kanievsky quoted above; Kuntres Minchat Asher – Betekufat Corona, 12(7).
50 Taanit 19a.
51 Rambam, Taaniot 2:5; Shulchan Aruch OH 576:2.
iii. One of the greatest acharonim writes:

“The principle is that only the pestilence mentioned in the Talmud which wasn’t a specific illness, but that three people died on three consecutive days more than the usual, which proved that the disease had strengthened and the air had changed, as written in the beit yosef #576. Indeed, the illness we refer to as “choli ra” (cholera), once it has appeared in some people we recognize that the air has been damaged, even if not many people have died, but since many people become ill we see that the air has changed and damaged. So, it seems that if many people get sick from that illness, we can establish that it has arrived.”

52 Responsa Divrei Malkiel 2 #90.
53 See Taanit 21a-b, Rambam, Taaniot 2:1, 5-6; Shulchan Aruch OH 576:1-3.
54 There is a dispute among the Rishonim whether praying at least once a day is a biblical obligation – this is the opinion of Rambam in Sefer Ha'mitzvot #5 and Tefillah 1:1, and others, or it is only a rabbinical obligation – this is the opinion of Ramban in Sefer Ha'mitzvot, there, and others, but even the Ramban there wrote that the prayers during tragedies are a biblical obligation.
55 See Peirush Ha'sulam on the Zohar – Bereishit, Vayeira “v'henei shlosha anashim – va'yochlu” #122: Elijah said to me, at the time that plagues happen to people, a covenant is established, and an announcement goes out to all of the heavenly hosts, that if God's children gather in the synagogues and houses of study in Israel and say with heart and soul the topic of ketoret ha'samim the Jews will be able to cancel the plague from them. See Midrash Ne'elam 1, 100b. See also midrash Tanchuma, tetzaveh 15, and at length in Ma'avar Yabok, “anan haketoret,” #3. See Letters of R Akiva Eiger #71; Aruch Ha'shulchan OH 576:9.
56 Letters of R Akiva Eiger, there.
57 Yalkut Yosef, Kitzur Shulchan Aruch OH 1:29.
58 Specifically chapters 3, 8, 20, 91, 130. See letters of R. Akiva Eiger, there, on reciting psalms in general.
59 Responsa Chatam Sofer, Likutim, Kovetz teshuvot #1.
iii. When there is a plague in a city the inhabitants should fast and cry out.\(^{60}\) However, nowadays, we do not fast during a plague.\(^{61}\) During the coronavirus pandemic there is no medical indication that fasting would damage healthy people, or even those who have the virus but are asymptomatic.

iv. One must increase charity and support the poor with food, medicine, medical bills, because of the difficult economic situation during a pandemic.\(^{62}\) During the coronavirus one must do all they can to support those who are quarantined or isolated, with their basic needs, money or supporting their business, as a result of the difficult economic situation for many people around the world.

v. Despite the discontinuation of Torah study in the schools and yeshivot, parents should not request refunds for tuition lest it cause a collapse of the educational institutions, and the remainder of the Jewish community should not support such an injustice.\(^{63}\)

vi. Similarly, one who has reserved a vacation in a hotel for the Jewish holidays, and has paid a deposit but the reservation had to be cancelled due to the pandemic, should go beyond the letter of the law in the spirit of charity and righteousness, and compromise with the trip organizers and hotel owners and not request a refund for their deposit that potentially has already been spent.\(^{64}\)

d. Self-endangerment of healthcare providers – doctors, nurses, laboratory personnel and technicians

i. Anyone who can save another person’s life is obligated to do so based on “you shall not stand idly by.”\(^{65}\) However, most authorities have ruled that one is not obligated to put themselves into possible danger in order to save someone else even from certain danger.\(^{66}\)

ii. However, when it comes to healthcare professionals the ruling is different. Indeed, physicians and other essential healthcare providers are permitted to care for patients even if there is a concern that it endangers their life, and certainly according to all

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\(^{60}\) Taanit 19a; Rambam Taaniot 2:2; Shulchan Aruch OH 576:2; See Responsa Rashbash #360.

\(^{61}\) Magen Avraham 576:2; Mishnah Berurah, there #2. And this is how the great rabbis behaved during the cholera epidemic – see further.

\(^{62}\) Letters of R Akiva Eiger #73.

\(^{63}\) Rulings of R. Hershel Schachter. See: [https://www.kolcorona.com/rav-schachter-official-pesakim](https://www.kolcorona.com/rav-schachter-official-pesakim). However, the Israeli Ministry of Health publicized that the schools will reimburse parents for educational expenses that were not utilized. The Minister of Health, Rabbi Rafi Peretz announced: Parents will not pay for what they did not receive. See [https://www.rishon.news/2020/04/05/%d7%a2%d7%9c-%d7%a8%d7%a7%d7%a9%d7%98%d7%95%d7%aa-%d7%92%d7%99%d7%a3-%d7%94%d7%a7%d7%95%d7%a8%d7%95%d7%a0%d7%94-%d7%95%d7%a1%d7%92%d7%99%d7%a8%d7%aa%d7%9d-%d7%a9%d7%9c/](https://www.rishon.news/2020/04/05/%d7%a2%d7%9c-%d7%a8%d7%a7%d7%a9%d7%98%d7%95%d7%aa-%d7%92%d7%99%d7%a3-%d7%94%d7%a7%d7%95%d7%a8%d7%95%d7%a0%d7%94-%d7%95%d7%a1%d7%92%d7%99%d7%a8%d7%aa%d7%9d-%d7%a9%d7%9c/)

\(^{64}\) Rabbi Schachter, Ibid.

\(^{65}\) Leviticus 19:16. See Sanhedrin 73a; Rambam, Hilchot Rotzeach 1:14; Shulchan Aruch CH”M 426:1.

\(^{66}\) See at length in my book Ha’refuah Ka’halacha, vol. 5, pg. 53ff.
opinions there is no prohibition against entering a possible danger. Therefore, medical workers may treat contagious coronavirus patients, but with the obligatory precautions for such interventions in order to be well protected. They must be especially careful about all precautions to avoid contracting the disease. The words of the rabbinic authorities should be heeded: “There is no clear fundamental rule when it comes to how much danger a person should engage in to save another person. Rather it is also based on the case and should be weighed carefully, but one should not protect themselves excessively or be overly cautious.” As it says, anyone who is overly careful for themselves at the expense of others will ultimately come to experience that fate. And not every distant concern is called doubtful “pikuach nefesh,” and if there is no possible concern of death there is an obligation to save, and this determination is given over to the wise and expert.

iii. Part of the obligation to protect oneself is to wear a properly fitting facemask over one’s nose and mouth to prevent becoming infected or infecting others. This mask must be sealed as well as possible. Many experts feel that a beard hampers the ideal protection of the mask. In such a situation it is permissible to shave one’s beard (in a permissible manner) as part of pikuach nefesh.

e. Self-endangerment for experimental treatment or developing a vaccine

i. The coronavirus is especially dangerous for the elderly, individuals with pre-existing conditions or disabilities. At the time of the writing of this essay, there is no effective medication for this illness, but investigations are underway to test various treatments. Regarding the use of established medications for other illnesses, such as anti-malaria agents or antivirals,— it is permissible for a patient with an intermediate or severe illness, particularly if they have one of the risk factors mentioned above, to take part in such studies, as long as informed consent is provided, and the expected benefit of the experimental medication clearly out-weighs its known side-effects. However, regarding a novel medication or agent that has never been previously tested, it is

67 Iggeret R. Akiva Eiger in the book Iggerot Sofrim, letter #30; Tzitz Eliezer 8:15(10:13) & 9:17(5); Responsa Shevet Ha’levi 8:251(7); R. Neuvirt, quoted in Nishmat Avraham (2nd ed.) CH”M 426:2(4); Shiurei Torah Le’Rofim 1:46; Responsa Minchat Asher 3:122. See also Nishmat Kol Chai 2 CH”M #49; Responsa Rema #19; Responsa Divrei Yatziv CH”M #79.

68 Pitchei Teshuvah CH”M 426:2; Aruch Ha’shulchan CH”M 426:4; Mishnah Berurah 329:19.

69 Bava Metzia 33a; Shulchan Aruch CH”M 264:1.

70 Pitchei Teshuvah, there.

71 However, there is a major kabbalistic idea to keep one’s beard and not to remove even a hair (See Zohar 3:130b; Taamei Ha’mitzvot, Kedoshim, in the Ari Zal’s opinion), and it is a Jewish custom to keep a beard. However, the basic halakhah according to most poskim is that there is no prohibition to remove one’s beard in a permissible manner, and there is proof that such was the practice amongst great rabbis in Europe (See Shiurei Bracha YD 181:7-9; Responsa Chatam Sofer OH #159), therefore it is obvious that in a lifesaving situation it is completely permitted.
permissible for a patient with an intermediate or severe illness to take part in such a study provided that they have been approved by all the governmental and institutional agencies for research studies. In all cases, a coronavirus patient who is only mildly ill without risk factors, and certainly if the patient is infected by the virus but is asymptomatic, it is forbidden to endanger himself with the potential side effects of experimental treatment until the treatments are determined not to be dangerous.\textsuperscript{72}

ii. Saving multitudes of people from the coronavirus depends on discovering an effective vaccine against the virus. In order to develop a vaccine people must be subjected to testing them, which is possible in two ways: One is to randomize test subjects into two groups - group A gets the vaccine, while group B gets a placebo. Then the researchers wait and see if more people from group B get sick than those in group A. If that happens, then that is a proof that the vaccine is effective. However, it will take many months before researchers get their answer because this kind of study depends upon waiting for people to get naturally exposed to the virus, and while waiting many people will get sick and some will die. An alternative way is to initiate the study as described above, in which some people are given an experimental vaccine and some are not, yet instead of waiting a very long period for natural infection everyone in this study is deliberately exposed to coronavirus. In this way the researchers can compare the two groups—the vaccinated versus the control—after a relatively short period of time, knowing that everybody was exposed to the virus. For such a study only young and healthy volunteers with no risk factors will be recruited with their full informed consent. The question then becomes if it is permissible for a young healthy person to enter a possible danger in order to save many people from death. This halakhic topic has been dealt with extensively by the poskim.\textsuperscript{73} The conclusion of some poskim is that if the level of potential danger to the one trying save others is very low, and the amount of good they can do to save is great, they are obligated to take that risk to enter into some danger in order to save others from certain danger, based on “do not stand idly by;” while other poskim rule that there is no obligation but it is permissible to do so and it is considered to be a pious act.\textsuperscript{74} Based on the fact that the danger of the coronavirus infection for young and healthy people is very low, and the amount of potential to do good is so very high, it is permissible to take part in such an experiment, and it would be pious to do so.

\textsuperscript{72} See at length on what is permitted and forbidden in terms of endangering oneself in seeking medical treatment in my book \textit{Ha'refuah Ka'halakhah}, vol. 5, pgs. 65ff.
\textsuperscript{73} See at length in my \textit{Ha'refuah Ka'halakhah} vol. 5, pgs 53ff.
\textsuperscript{74} Ibid. And see there, vol. 6, pgs. 482ff, regarding living organ donation.
f. Communal Prayer (minyan), Nesiat Kapayim and Torah reading

i. It is clear and well-known that prayer in synagogue with a minyan is a great and important mitzvah, though it is only a rabbinic obligation. However, it is also clear and well-known that pikuach nefesh overrides the entire Torah other than the 3 major sins, and it certainly overrides communal prayer. Therefore, if the government authorities opine that there is a risk of contagion as a result of communal prayer, we are obligated to listen to them.

ii. During the first stages of the coronavirus pandemic in Israel the ministry of health said that it was permitted to pray in a synagogue with a small minyan of just 10 men, with everyone staying at least 2 meters away from each other. Already R. Akiva Eiger had a good understanding of the need for social distancing during a pandemic, and for spacing between each congregant, and wrote as follows during the second cholera epidemic:

“If it is true that gathering in a small space is inappropriate, but it is possible to pray in groups, each one very small, about 15 people. They should begin with the first light of day and then have another group, and each one should have a designated time to come pray there. The same for minchah… and they should be careful not to be crowded, and perhaps they should ask the police to supervise so that if the number of congregants will exceed 15 people they should stop them, and please let the authorities know that I ordered you to behave in this way … And they should recite Tehillim, and they should also pray for the the king.”

He also wrote:

“In every synagogue, in both the men’s and the women’s sections, it is only permitted to fill half of the seats on Rosh Hashanah and Yom Kippur, such that next to every person there will be an empty seat. Therefore, only half of the seats will be available on the High Holidays. Since everyone has equal right to a seat, half will get their seats on the two days of Rosh Hashanah and the other half will get their seat on Yom Kippur, day and night.” He goes on to write that they should hold a lottery between the various groups, and every group will receive a card in special shape, and there will be a military guard placed at the entrance of the synagogue to allow in only those who have the appropriate ticket for each day. A police officer will be assigned to oversee the

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75 Rambam, Teffilah 8:1 writes that one should not pray alone if he can pray with the community, and Shulchan Aruch OH 90:8 writes that one should try to pray with a minyan in a synagogue. Iggrof Moshe OH 2:27 & 3:7 is of the opinion that it is a complete obligation, but see Kuntres Minchat Asher – Betekufat Corona, 16:1 that it is not a complete obligation, but one should try hard to do it.

76 See Otzar Ha’chaim by R. Dr. Yaakov Tzahalon (2:19) about the plague in the Gheto of Rome in 1656, when there was a complete lockdown and they forbade opening the synagogues and prayer with a minyan.

77 Iggeret R. Akiva Eiger #71

78 In the book Pesakim Ve’Takanot R. Akiva Eiger (Rabbi N. Gestetner’s edition, 5731), Hanhagot Ve’Takanot, #20.
organization of the synagogue. Those who couldn’t go to synagogue will pray in private house minyanim, but they will have to keep the same spacing precautions there.

iii. Afterwards, the ministry of health in Israel forbade prayer in synagogues, though they still permitted small outdoor minyanim of just 10 men with 2 meters between each. Even though the halakhah requires that a person should not pray in an open place, like a field, nevertheless in a time of great need such as a plague the rabbis allowed prayer in an open place within the above parameters. If there are trees it is ideal to stand between them and pray.

iv. Subsequently, the authorities forbade even praying in an open area, and required everyone to avoid all gatherings. During that time all the great rabbinic authorities ruled that everyone must listen to this guidance and pray alone. Some wanted to continue communal prayer despite the requirement for everyone to be in their home by praying at the same time standing on their balcony so they could see each other. The poskim disagree over whether a minyan in which everyone is not in the same house but can see each other is considered a minyan such that people could say kaddish and other components that require a minyan. In any case, this is only when there is no public area, or even a private walkway, separating between those praying.

v. At a later stage of the coronavirus pandemic – when it was considered safe enough to go out – the authorities allowed praying outdoors for maximum 19 men while keeping the social distance. They also required everyone to wear a facemask. There is no hindrance of praying this way, and even the Chazan and the Kohanim are allowed to keep the facemask as long as the voices can be heard.

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79 Shulchan Aruch OH 90:5. See Berachot 34b that praying outdoors is considered arrogant.
80 See Mishnah Berurah there #11, that everyone agrees that travelers may pray in a field, and it seems that a plague should obviously be the same. See Kuntres Minchat Asher – Betekufat Corona, #20.
81 Mishnah Berurah there.
82 See Iggrot Moshe OH 3:7 that some people feel that they can pray better alone than with a group, nonetheless in normal circumstances they should still pray with a minyan. However, in a situation of life saving emergency, when there is an obligation to pray alone, one should certainly focus on kavanah in their prayer.
83 The Shulchan Aruch rules (OH 55:13): “All the 10 need to be in one place and the prayer leader with them.” Based on that ruling, and other opinions amongst the acharonim, the Rishon LeTZion, R. Yitzchak Yosef ruled that Sefardim do not fulfill prayer with a minyan when everyone stands on their own balcony. On the other hand, the Pri Chadash writes in 55:13, and many acharonim follow him including the Mishnah Berurah 55:54, that this ruling of the Shulchan Aruch only applies when each person doesn’t see each other, but if some see some others they can join for a minyan, but only in a case of need, as stated in Shaar Ha’tziyun there #57. It seems therefore that Ashkenazim can fulfill a minyan this way. See Responsa Minchat Yitzchak 2 #44; Halichot Shlomo, Tefillah 5:12; Minchat Asher – Betekufat Corona, #18.
84 Pri Megadim OH #55, Ashel Avraham #12.
85 So ruled Rabbi Y. Zilberstein.
vi. Concerning the hand washing of Kohanim by Levi'im – the source of this custom is the Zohar, and it is so ruled in Shulchan Aruch, and Levi'im should not degrade this custom. Some poskim ruled that only one Levi should wash the hands of one Kohen, whereas other poskim justified the Ashkenazi custom that several Levi'im wash the hands of one Kohen. There are several other issues the Poskim have dealt with related to this custom: should the Levi go out to wash the hands of the Kohen and miss parts of the blessings during the repetition of shemone esrei; can a Levi go in front of a person who is in the middle of shemone esrei; should a Levi who is a talmid chacham wash the hands of a Kohen who is an am ha'aretz, and others. Therefore, under these circumstances of a plague, it is preferable that a Kohen wash his hands without a Levi in order to avoid close contact between them, or at least to minimize it to one Levi for one Kohen.

vii. Those who pray alone at home should pray at the same time that their community prays. However, at the early stages of the coronavirus pandemic all communal prayer became forbidden in all places, and there is thus no time of communal prayer. There was, however, a permanent small minyan at the Kotel and in Ma'arat Ha'machpela so one could have coordinated with those minyanim. When there is no way to such a coordination it is preferable to establish a fixed time for prayer so that each individual praying alone will be coordinated with other individuals of his community.

viii. One who needs to say kaddish for one who is deceased should learn mishna for the elevation of their memory.

ix. At the time when the government permitted communal prayer with social distancing, the gabbai and one who is called up to the Torah should wear facemasks over their nose and mouths, and the one who gets an aliyah may stand at a distance even if he won’t see the letters of the Torah, and listen to the reading. However, it is preferable that the one who gets an aliyah should read himself his portion, even if he is not precise with the trops, as long as he reads the words correctly and is careful about the end of the verses.

86 Zohar, Parshat Naso 146b. See also Rikanati, Numbers 6:2-3, who cites a source from Midrash Ruth. And see Beit Yosef OH #128.
87 Shulchan Aruch OH 128:6. And see Shulchan Aruch Ha'ram there #10, and Aruch Ha'shaluch there #15.
88 Responsa Igerot Moshe OH 4 #127.
89 Responsa Shevet Ha'kehati 2 #57, in the name of Rabbi Y.S. Elyashiv.
90 Responsa Shevet Ha'kehati, there.
91 Magen Avraham 128:7; Mishnah Berurah there 22; Responsa Shevet Ha'levi 8 #47; Responsa Shraga Ha'meir 8 #36; Responsa Teshuvot Ve'hanhagot 3 #48; Responsa Tzitz Eliezer 15 #22 & 12 #7.
92 Shulchan Aruch OH 90:9. And see Halichot Shlomo, Teffilah 5:18 and Devar Halakhah there, that this ruling applies only if he intends to join a specific minyan, otherwise in big cities there are minyanim throughout the day. So, too, in Meromei Sadeh, Berachot 6.
93 Kuntres Minchat Asher – Betekufat Corona, #17.
94 Kuntres Minchat Asher – Betekufat Corona, #22.
95 Kuntres Minchat Asher – Betekufat Corona, #23. See his proofs there.
x. Torah reading on Shabbat, Mondays and Thursdays are only required in a congregation, so when one is in isolation there is no requirement to read from the Torah scroll, and one does not fulfill the obligation by reading from a printed Torah book. However, one must still read the weekly parsha twice and in translation once. If the community will be able to pray the following week, they can make up the parsha that they missed.

xi. Regarding making up missed Torah readings, from the weeks in which there was no minyan - there is a disagreement over whether on the first shabbat in which minyanim resume only the previous weeks parsha should be read, or all the parshiyot that were missed. In such a circumstance a Kohen is called for the first aliya which consists of the entire previous weeks parsha and the first aliya of that week’s parsha, and then everyone else will get the normal aliya of that week. However, if the Torah was not read on a week that included two parshiyot, it is not made up on the next week, and if on the week when the minyan returns to read the Torah is a week with two parshiyot, the parsha that was missed is not added. One posek ruled that during the coronavirus pandemic, when we stopped attending synagogue altogether for many weeks due to the danger, and returned with specific limiting conditions, and there is a concern that we may even have to stop attending synagogue again, then only that week’s parsha should be read. In any event, since there is a dispute among the poskim on a matter that is a regulation only, and since during an epidemic there is a danger in gathering together, it is preferable not to extend the prayer time by adding extra parshiot.

xii. Even though Torah study is equivalent to everything in its importance, and the world is only sustained by the Torah learning of children, and the Torah protects and

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96 Halichot Shlomo, Teffilah, Millu'im #17.
97 Shulchan Aruch OH 135:1.
98 Agudah, Megillah, 3 #30; Maharam Mintz, #85; Rema OH 135:2; Magen Avraham there #4; Shaarei Efraim 7:9 & 39.
99 As implied by Ohr Zarua, Hilkhot Shabbat #45, as ruled by Elyah Rabbah 135:2; Responsa Maharam Shick OH #335 in the name of the Chatam Sofer who testified that this is what R. Natan Adler did; Gra, tosefet maaseh rav, #34; Aruch Hashulchan OH 135:6; Chazon Ish quoted in Pe'er Ha'dor 3 pg. 33; Chazon Ovadia Shabbat 2 pg. 332; Yalkut Yosef hilchatot Kriat Ha'torah pg. 20; Responsa Betzel Ha’chachma 1 #7. See Mishnah Berurah 135:7 who quotes both opinions.
100 Responsa Yabia Omer 9 OH #28.
101 Responsa Maharam Mintz #85; Magen Avraham 135:4.
102 Mishnah Berurah 35:7.
103 Unpublished responsum of R. Asher Weiss. His reason is that according to Shaarei Efraim 4:39 the rules of making up parshiyot is only if the community prayed together but for some reason couldn’t read from the Torah, but we do not make up Torah readings when the community did not gather at all; further, based on responsa Shvut Yaakov 3 #6, we only make up Torah readings only when one week was missed, not if it was many weeks.
104 Mishnah, Peah 1:1.
105 Shabbat 119b.
saves, but when damage is likely it is different, and nothing stands in the way of pikuach nefesh, and therefore when it is clear that people gathering together during a plague causes contagion and danger for each individual, there is no choice but to close the schools and yeshivot, and to learn Torah in other ways.

**g. Ha'gomel Blessing**

i. One who was infected with the coronavirus and suffered from pneumonia, and certainly one who was on a ventilator, is obligated to recite the “ha'gomel” blessing after they recover. One who tested positive for coronavirus and suffered from minor flu symptoms does not recite the “hagomel” blessing if they are a generally healthy person. But if this is someone with pre-existing conditions, they may be allowed to say “hagomel.”

ii. One who is obligated to recite the “hagomel” blessing, but there is no minyan, can do so in a video gathering, such as zoom, because the requirement for 10 to recite “hagomel” is not because it is a holy matter that requires a minyan in one house, but because of publicizing the miracle, and so it is enough for everyone to witness it by video.

**h. Sabbath and Festivals**

i. When government authorities require everyone to wear a facemask over their mouth and nose, and gloves on their hands, in order to prevent contracting the virus, it is permitted to do so in public on Shabbat even if there is no eiruv.

ii. One may drive within a city on Shabbat or festivals in order to make a public announcement if there are people who may have been in contact with someone who tested positive for the virus. It is better to have someone who is not Jewish do this, but if that is impossible a Jew may do it. It is also permissible, as pikuach nefesh, for someone who has the coronavirus to be evacuated on Shabbat to a place in which persons with the coronavirus are being gathered in order to prevent infecting others.

iii. A patient who suffers from depression or anxiety who is undergoing psychological or psychiatric treatment, and complete quarantine without any relatives or friends on

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106 Sotah 21a.
107 Pesachim 8b.
108 See Shai Agnon, Sefer, Sofer Ve’sipur, who describes the plague during the times of the Maharal of Prague’s older brother, and the friend of the Rema – R. Chaim b’r Betzalel, author of the Sefer Ha’chaim: In those bad days when the plague ruled over us… they and their house was closed for two months, the yeshivot were canceled… and they could not make the dealing of Abbaye and Rava their concern, and figure out the halakhot.
109 See kuntres Na’ot Mordechai (R. M. Gross), shu’t le’eit tzara.
110 Piskei corona of R. Hershel Schachter.
111 See Kuntres Minchat Asher – Betekufat Corona, #9.
112 Ibid., #13.
Shabbat and holidays could be detrimental to his mental health – then if those treating him are of the opinion that speaking on the telephone could help his situation, they may call relatives or their therapist in order to relieve his isolation, ideally by deviating from the normal manner.\textsuperscript{113}

iv. One may travel on Shabbat to the hospital with his wife who is going to give birth,\textsuperscript{114} even if he will not be permitted to stay in the hospital because of infection control guidelines, and he may then return with a driver who is not Jewish.\textsuperscript{115}

v. If an ambulance driver is called non-urgently to take people home from the hospital to quarantine at home, if he knows that in the hospital there is a shortage and they must therefore discharge those who are less ill in order to make room for more seriously ill patients, and they can’t be moved to another unit out of fear of infection, the driver may drive them home. It may even be done if there is no way to clarify since it is “safek pikuach nefesh.”

vi. Medical professionals caring for coronavirus patients must thoroughly cleanse themselves upon returning home in order to prevent infecting others. They may do so on Shabbat with cold water and on Festivals even with lukewarm water.\textsuperscript{116}

vii. If medical professionals want to take blood from a patient who was diagnosed with coronavirus and then recovered, in order to use their plasma containing antibodies to transfuse it into current coronavirus patients with the hopes that this will help them overcome the illness – one may travel to the hospital on Shabbat and festivals in order to give blood, though its better if they are driven both ways by a driver who is not Jewish.

viii. One of the symptoms of coronavirus is the temporary loss of the ability to smell. In that case one would not recite the blessing on besamim during Havdalah after Shabbat.\textsuperscript{117} If they are reciting havdalah on behalf of their young children at the age of chinuch who don’t yet know how to say the blessing, then they can recite the blessing on besamim, even though they are unable to smell it.\textsuperscript{118} Nevertheless, one who is unable to smell can answer “amen” to the besamim blessing during Havdalah, and

\textsuperscript{113} Rulings of R. Hershel Schachter. See: https://www.kolcorona.com/rav-schachter-official-pesakim

\textsuperscript{114} On the essence of the permission to escort one’s wife to the hospital on Shabbat – see my book Ha’refuah Ka’halacha, vol. 2, pg. 256 #31.

\textsuperscript{115} Kuntres Minchat Asher – Betekufat Corona, #15.

\textsuperscript{116} Rulings of R. Hershel Schachter. See: https://www.kolcorona.com/rav-schachter-official-pesakim

\textsuperscript{117} Shulchan Aruch OH 297:5; Responsa Terumat Ha’deshen, Pesakim U’ktavim #204.

\textsuperscript{118} Shulchan Aruch there states that one can even say the blessing on behalf of adults who do not know how to recite the blessing themselves, and Responsa Shvut Yaakov 3 #20 agreed. However, most acharonim disagree with the Shulchan Aruch on this, as the Mishnah Berurah says there #13, that it can only be recited for young children for the sake of educating them, but not adults, even if they do not know how to recite it. See responsa Radvaz 5 #2321 who writes not to say the blessing and see what hagahot R. Akiva Eiger says on this responsum at the end of #297. See at length Responsa Yabia Omer 4 OH #24. See Response Chelkat Yo’av first edition, Ones #4. Also the Mishnah Berurah there #11 says this is referring to one who is unable to smell at all, but Responsa Halakhot Ketanot 2 #183 says this applies also to one who has a runny nose, even though that is just temporary, which is similar to the Corona situation.
it is not considered to be an interruption since it is part of the *havdalah* service and out of respect for the *mitzvah*.\(^{119}\)

ix. The poem “*anim zemirot*” that is said on Shabbat was intended to be said communally, and thus one who prays alone does not say it.\(^{120}\)

i. *Passover*

i. It is customary for first born males to fast on the day before Passover, but the practice has become to celebrate the completion of learning a tractate of Talmud or joining someone else’s celebration, so that with the celebratory meal one becomes exempt from that fast. However, during the coronavirus pandemic since it became forbidden to gather, especially one who is under quarantine, a firstborn must learn on his own and make his own “*siyum*” in order to be exempt from the fast. If he is unable to complete a Talmudic tractate, he can learn an order of the *mishnah*, or even learn just one tractate of *mishnah* in depth, or even a book of the Bible.\(^{121}\) However, with the latter types of study, one can only exempt themselves and not others.\(^{122}\)

During the coronavirus the chief rabbinate of Israel permitted hearing a “*siyum*” by phone or other methods, in a case of need.\(^{123}\)

ii. Selling *chametz* can be done by signing, granting permission to a rabbi by fax or email, and in a case of great need when no other option exists, to transfer the permission to the rabbi it can be granted to him by phone.\(^{124}\)

One can also sell *chametz* via websites of rabbis who sell *chametz*.

iii. Some *poskim* ruled that one should avoid burning *chametz* outside, and instead fulfill the commandment to destroy their *chametz* by breaking it into small pieces and flushing them down the toilet.\(^{125}\) It seems that this is only true in a place where there is a lockdown and it is forbidden to go outside of one’s home for any reason, or in a place where many people gather together to burn their *chametz*. But in a place where it is permissible to go outside, (like in Israel where it is permissible to go outside 100 meters from one’s home) if one burns very small amounts of *chametz* on their own there doesn’t seem to be any reason to prohibit this.

\(^{119}\) *Minchat Shlomo, Pesachim* pg. 298, see *Halichot Shlomo, Mo’adim* 2 #16, in *Orchot Halacha* n. 35.

\(^{120}\) Rulings of R. Hershel Schachter. See: [https://www.kolcorona.com/rav-schachter-official-pesakim. See there](https://www.kolcorona.com/rav-schachter-official-pesakim. See there) in the name of R. Y.D. Soloveitchik who said this poem is considered a “*davar she’bekedusha*.”

\(^{121}\) On all of this see *Piskei Teshuvot* 470 #9, and the sources cited there. See *Iggrot Moshe* *OH* 1 #157 & 2 #12 who rules that even a book of the Bible is sufficient, but only if one learns it with the rabbinic commentaries of the “*rishonim*”, and not just any commentary.

\(^{122}\) Responsa *Yabia Omer* 1 *OH* #26.

\(^{123}\) So too ruled R. Hershel Schachter and *Kuntres Minchat Asher – Betekufat Corona*, #12(6).

\(^{124}\) Ruling of the rabbis of the *Badatz* of the *Eidah Ha’chareidit* in Jerusalem, under Gaavad R. T. Weiss & Raavad R. M. Sternbuch.

\(^{125}\) Ruling of R. D. Feinstein, R. S. Kaminetsky, and R. H. Schachter in the United States.
iv. One who is in isolation and prays alone – some say they should not recite hallel during the maariv prayers on the night of the seder,\textsuperscript{126} since that was established only for communal prayer;\textsuperscript{127} and some say even an individual can recite hallel during the maariv prayers on the night of the seder.\textsuperscript{128}

v. People who are in isolation, particularly elderly people whose families are required to avoid interacting with them physically in order to prevent them from being infected by the virus, must still do the Passover seder alone according to all of its rules.\textsuperscript{129}

vi. The line “ha lachma anya” at the beginning of the Haggadah says “anyone who is hungry, come and eat,” but obviously nobody can bring poor people into their homes while they are in isolation during a pandemic, but it should still be said because it refers to remembering the times of the Temple when people would be invited to join in the Passover sacrifice.\textsuperscript{130}

vii. One of the symptoms of the coronavirus is temporary loss of the sense of taste. One nevertheless still fulfills the requirement to eat matzah on seder night and recites the blessing on it, for one fulfills the requirement just by swallowing matzah, but since one does not fulfill the requirement to eat marror just by swallowing it without tasting the bitterness, one must eat it without saying the blessing.\textsuperscript{131}

viii. The yizkor prayer can be said alone, without a minyan.

j. Sefirat Ha’omer

i. The custom is to avoid listening to instrumental music, even pre-recorded music. However, during the coronavirus pandemic, when people are obligated to be isolated, if they are lonely, and especially if they are old and sick, and also children who find it difficult to stay a long period of time in isolation – there is room to be lenient on listening to pre-recorded music. Moreover, it is permissible for individuals who wish to listen to singing, if this can uplift the spirits of the lonely.\textsuperscript{132} If one can be satisfied

\textsuperscript{126} For those accustomed to say hallel, as explained in Shulchan Aruch 487:4.
\textsuperscript{127} Biur Hagra OH 487:4. See Nefesh Harav (R. Y.D. Soloveitchik), pg. 222.
\textsuperscript{128} Birchei Yosef 487(8); Kaf Ha’chaim 487:39-42.
\textsuperscript{129} This is very difficult from an emotional-social perspective, and some rabbis permitted using technological methods of video in order to include elderly people with their families while they make their seders. Using these technologies is forbidden also on festivals. Some have suggested doing certain parts of the seder by video in the afternoon before the holiday begins, at which time there is no prohibition against using such technology, and in the times of the Temple the Passover sacrifice was brought after the afternoon sacrifice, before the holiday began. Just those parts of the seder that must take place at night would have to be left to be done alone (R. Y. Bin Nun).
\textsuperscript{130} Piksei corona of R. Hershel Schachter.
\textsuperscript{131} Kuntres Minchat Asher – Betekufat Corona, #30, who is in doubt if the mitzvah of marror has to be fulfilled by eating, or that the taste of bitterness is an integral part of the mitzvah. Therefore, such person should not recite the blessing due to the doubt.
\textsuperscript{132} The basic prohibition of listening to instrumental music is not mentioned by the rishonim and is not mentioned by the Shulchan Aruch. But the achronim have ruled that it is a clear prohibition as part of the
by listening to music that inspires a person but does not lead to dancing, or listening to *chazanut* – that is preferable, because this is permissible even in normal times. These leniencies do not apply to individuals who are not depressed despite their being in isolation.

ii. Regarding haircuts during *sefirat ha’omer*, since during the pandemic all barber shops were closed and people were unable to get a haircut, one *posek* ruled that in a case of need one could change their custom and switch from practicing the mourning observance until *lag b’omer*, and start on *rosh chodesh Iyyar* instead, and thus get a haircut after Passover; another *posek* ruled that the mourning practices during *sefirat ha’omer* are the same as those during the year of mourning for a parent, and in such a situation one can get a haircut as soon as others would make negative comments about their hair.

k. **Rosh Hashanah**

i. Regarding prayers on Rosh Hashanah, R. Akiva Eiger writes that they should be limited to only 5 hours, some of the *piyyutim* should not be said at all, and the *chazzanim* should not extend the prayers with their melodies.

ii. Everyone is required to eat something before prayer, and anyone who feels weak should go home immediately after the “*tekiyot d’meyoshev*” to recite *kiddush* and eat a full meal, even though that normally constitutes an interruption between those shofar blasts and the “*tekiyot d’meomed*.”

l. **Yom Kippur**

m. R. Akiva Eiger wrote about prayer on Yom Kippur day, that in the morning the *selichot* and *piyyutim* should not be said, and all the prayers must be completed by 10 am, and then all the synagogues should be closed. The singing and melodies should be shortened with breaks between the prayers and resting. There were two doctors in the

mourning during *sefirat ha’omer* – see *Aruch Ha’shulchan* OH 493:2; *Responsa Iggerot Moshe* OH 1 #166 & 3 #87; *Responsa Minchat Yitzchak* 1 #111; *Responsa Yechaveh Da’at* 3 #30, and more. They also forbade vocal music – see *Halichot Shlomo Moadim* 1 #11:14 and n. 53; *Responsa Shevet Ha’levi* 8 #127; *Responsa Tzitz Eliezer* 15 #33. However, in situations of illness and psychological difficulties there is no room to be strict. So ruled the *Rishon Le’tzion* Rabbi Y. Yosef. And see *Halichot Shlomo* there pg. 54 that R. S.Z. Auerbach ruled once to allow piano playing for a sick woman in order to strengthen her spirits.

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133 *Halichot Shlomo Moadim* 1 #11:14 n. 22.
134 *Iggerot Moshe* OH 1 #159.
135 See the opinion of R. Y.D. Soloveitchik in *Nefesh Harav*, pg. 191.
136 See *Rema YD* 395:4 that the amount of time until one would make negative comments is considered three months, and *Iggerot moshe* YD 3 #156 that nowadays since we get haircuts more frequently the amount of time is two months.
138 Ibid.
synagogue, and everyone had to consult with them right away if they didn’t feel well and listen to whatever the doctors say about eating and drinking.

n. During a plague, if doctors say that fasting damages one’s health, it is permitted for everyone to eat as much as they need, even on Yom Kippur, and this must be announced to inform the public not to fast. There is also no need to make up the fast later. It is told that during the cholera epidemic in 1848, R. Yisrael Salanter, the father of the Mussar movement, ascended the bima and told everyone not to fast, and some say he himself ate in front of them.

It is also told that during the epidemic in 1847 the Belzer Rebbe – Rabbi Shalom announced that anyone who feels very weak should drink or eat as much as they need in order to strengthen their heart.

It is written that the author of the Sho’el Umashiv also instructed his community in 1873 not to fast, both those who were ill and those who were healthy, and to eat only smaller amounts than a “shiur.”

Similarly, when Rav Kook was the Rav of Žeimelis and the cholera epidemic broke out, he said to eat lightly (without explaining exactly what that meant) on Yom Kippur, and he himself did that in the synagogue during communal prayers, and so the community did too.

However, some say that it must be made known to generations – for it is a principle that when an event happens three times it establishes legal validity – and thousands and tens of thousands of men and women all fasted, thank God, on the fast of Yom Kippur in the years 5599, 5609, and 5627 (1838, 1848 and 1866) throughout our entire

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139 Divrei Necemria OH #40-41; Responsa Chatam Sofer 6 #23; Responsa Ramatz OH #39.
140 Responsa Divrei Malkiel 3 #26.
141 R. Y.Y. Weiberg, the pupil of the pupil of R. Yisrael Salanter described this event in great detail in his Responsa Seridei Eish 4 pg. 289. See Responsa Mitzpeh Aryeh 2nd edition CH’M #45; Ha’moadim B’Halacha, pg. 83; Yamim Noraim by Shai Agnon, pg. 273; Makor Baruch 2 #11. Some add that R. Y. Salanter announced that before Yom Kippur began he had every Jew swear not to eat a full amount from the beginning of Yom Kippur until its end, so that the prohibition against eating would be because of the oath, not because it was Yom Kippur, since one prohibition cannot be placed on top of another, and thus they would all be biblically permitted to eat a half of an amount (chatzi shiur) – see what Repsonsa Ravaz #11 writes about this. See also Tenuat Ha’mussar 1, pg. 152ff. See also R. Yisrael Slaanter (Etkes), pg. 183. See Responsa Iggerot Moshe OH 3 #91 that R. Yisrael Salanter commanded everyone, including those who were healthy, during the Cholera epidemic to eat, so that they wouldn’t get sick, since those who are starving are more susceptible. See however Responsa Minchat Shlomo 1 #31 (and Halichot Shlomo, Moadim 2, #5 n. 58), that there is testimony that R. Yisrael Salanter himself did not eat.
142 There is also testimony that the Chafetz Chaim’s father died in Vilna during the Cholera epidemic on Simchat Torah two weeks after that Yom Kippur.
143 Yamim Noraim by Shai Agnon, pg. 273
144 Responsa Mitzapeh Aryeh there.
145 Le’shlosha Be’elul, pg. 9.
land, and no evil (God forbid) befell them; and these events became known throughout almost the whole world at the time.\textsuperscript{146}

There doesn’t seem to actually be any true disagreement amongst them, but rather, as we have stated, we must distinguish between what the doctors think about a particular plague, if fasting will make matters worse, then one must eat on Yom Kippur, but if not, they may not.

o. If it is the type of pandemic that medical professionals do not think there is any benefit to eating or drinking, then it is forbidden for healthy people not to fast on Yom Kippur. Indeed, as far as we know at the time of this publication, the coronavirus pandemic is not dependent on eating or drinking, so one who is healthy, or has only minor symptoms, must fast.\textsuperscript{147}

m. Purim

a. One who missed the Torah reading of \textit{parshat shekalim}, \textit{parah} or \textit{ha’chodesh} cannot make it up later.\textsuperscript{148}

b. It is forbidden for someone who is quarantined or isolated and cannot attend synagogue or a \textit{minyan} to leave their house to hear the Torah reading of \textit{parshat zachor}, even though many authorities rule that it is a Torah obligation to hear it.

c. If the quarantine or isolation ends at Purim, one should intend to fulfill the mitzvah of remembering \textit{amalek} with the Torah reading of “And Amalek came” which is recited on Purim; If at that time one is still in isolation they can intend to fulfill the obligation with \textit{parshat ki tetze}.

d. Similarly, they should read the \textit{megillah} on Purim alone in their house.\textsuperscript{149}

n. Immersion in the Mivkah

a. Regarding Men: It is strictly prohibited to immerse in the \textit{mikvah} during a pandemic since it is a place where contagion can spread. Those accustomed to immerse before they pray can “immerse” in 9 kabin by standing under water flowing from a shower for a few minutes.\textsuperscript{150}

\textsuperscript{146}Reishit Bikkurim pg. 33, quoted in \textit{Ha’moadim Ba’Halachah}, pg. 84. Responsa \textit{Mitzapeh Aryeh} there quotes that the rabbis of Vilna disagreed with R. Yisrael Salanter. See \textit{Mateh Efraim} #618. \textit{Elef Hamagen}, Intro. See \textit{Biur Halacha} 618:1 end of s.v. “cholehh.” \textit{Sedei Chemed, Yom Hakippurim}, 3(4), in the name of R. D. C. Chazzan, who was the Chief Rabbi of Jerusalem, regarding Cholera epidemic of 1865, when he did not allow the community to eat, but instructed them to reduce the \textit{piyyutim}.

\textsuperscript{147}\textit{Kuntres Minchat Asher – Betekufat Corona}, #3.

\textsuperscript{148}Responsa \textit{Ginat Veradim} 1 #36; \textit{Hagahot R Akiva Eiger OH} 685:1; \textit{Shaarei Efraim} 8:95; \textit{Mishnah Berurah} 685:2. See also \textit{Piskei Teshuvot} 685:1.

\textsuperscript{149}See the introduction of \textit{Rema} to his book \textit{“Mechir Yayin”} on \textit{Megillat Esther}, who was forced to leave his city of Krakow because of “polluted air” and he wrote: “We were not able to fulfill the days of Purim with celebration to remove the grief.”

\textsuperscript{150}As ruled by the \textit{Rema} OH 606:4, concerning 9 kabin as a substitute to immersion in mikvah on the eve of Yom Kippur.
b. Regarding women: Immersing at the appropriate time is a *mitzvah* and can thus be done, as long as the *mikvah* adheres to hygienic guidelines. The building and all of the surfaces must be constantly cleaned with appropriate disinfectant for the virus. The water must be chlorinated at a concentration established by experts to kill viruses (even though there is no proof that coronavirus is transmitted in water), and the water must be supervised to have the proper chlorine and pH level. The water must be changed daily. Women must be alone in this area, and all preparations should be done at home prior to arrival. A woman should remain in the *mikvah* only as long as absolutely necessary. Women must provide their own towels and washing supplies. The attendant should remain at least 2 meters away from her.

If there is a need for space between the women immersing, some permit immersing during the day of the eighth day, and she can tell her husband, though they may not have relations until the night.\(^{151}\)

Some rabbis did not permit women who are in quarantine to immerse until their quarantine is completed, though others allow her to go last and then disinfect the *mikvah* very well and change the water.

A woman with symptomatic or asymptomatic coronavirus, or even if she merely displays symptoms of coronavirus, should not immerse until she has completely recovered.

She can immerse in the sea in an isolated place, if possible.

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\(^{151}\) *Kuntres Minchat Asher – Betekufat Corona*, #7. Even though it says in *Nidah* 67b, and is codified in *Shulchan* Aruch YD 197:3, that it is forbidden for a woman to immerse during the day, even of the eighth day, but the *Shulchan* Aruch in YD 197:4 says that if one has no control it is allowed, and certainly the coronavirus pandemic falls into that category of having no control. The Rema there #5 says she should hide this until the night, and may not have relations until the night, but the Chochmat Adam 118:6 says that it a stringency only for when she did have control, but in a case of no control that need not be followed.

\(^{152}\) *Shulchan* Aruch OH 323:7 & YD 120:16.

\(^{153}\) Responsa *Minchat Shlomo* 2 #66(16); *Orchot Rabbeinu* 4, pg. 54, regarding the Steipele; Responsa *Minchat Asher* 3 #57. However, see response Maharil Diskin, *Kuntres Acharon* #5(136) that declaring ownerless doesn’t work for this.
p. Visiting the Sick

a. The primary fulfillment of bikur cholim is actually going to the house of the patient and fulfilling all of the purposes of the mitzvah, including nursing and environmental support.\(^{154}\)

b. However, due to the severity of the contagiousness of the coronavirus it is forbidden to visit a patient in quarantine, or in hospital.\(^{155}\) Therefore, this situation must be seen as not ideal, and one can fulfill the mitzvah, or at least part of it, by phone.\(^{156}\) At the very least one fulfills the mitzvah of chessed in this way.\(^{157}\) It is better to fulfill the mitzvah of visiting the sick via electronic devices that enable one to see the patient while they speak, since that fulfills the mitzvah of bikur cholim according to all opinions.\(^{158}\)

c. It is uncertain whether one fulfills the mitzvah of visiting the sick through a messenger.\(^{159}\)

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\(^{154}\) See the acts of Rabbi Akiva in Nedarim 40a.

\(^{155}\) See however the Reshimot Shiurim of R. Y.D. Soloveitchik Bava Metzia 30b (pg. 147), who testifies that his grandfather, R. Chaim of Brisk, visited the sick during cholera epidemic, even though it was contagious, though he distinguished between when there was only a possible danger, when it may be done to do a mitzvah, and when there is a certain danger, one need not put themselves into such a danger. This is also quoted in responsa Teshuvot Vehanhagot 6(6). The doubt is that on the one hand, the mitzvah of bikur cholim is part of chessed, which can certainly be done by a messenger. On the other hand, one purpose of the mitzvah is to actually help the patient, which is like a mitzvah done with the body, and also one is required to pray for the patient which is more obvious if one goes in person and sees their pain. However, it is quoted that R. Akiva Eiger would hire messengers who would visit patients in his name (see Maskil el dal [R. Hillel of Kolomei] 4 klal 2, prat 1:1; Chut Ha'meshulash, pg. 208; Karnei Re'em (Rabinovitch) pg. 201; Chiddashei R. Akiva Eiger, Nedarim 39b). The Aderet discusses this issue (See R. Danderovitch, Ha'maayan, #200, 5772, pg. 147ff.  

\(^{156}\) Some write that in this way one fulfills part of the mitzvah of bikur cholim after the fact: See R. Henkin, Ha'pardes, year 48 #1; Responsa Iggrot Moshe YD 1 #223; Responsa Minchat Yitzchak 2 #84; Responsa Minchat Shlomo 2 #82(9); Responsa Beer Moshe 2 #104; Responsa Chelkat Yaakov YD #188; Responsa Tzitz Eleizer 5 Kuntres Ramat Rachal #8(6); Yechave Daat 3, #83 & Chazon Ovadia 1, pg. 12. See also responsa Teshuvot Vehanhagot 6(6). The doubt is that on the one hand, the mitzvah of bikur cholim at all in this manner: Responsa Mahari Shteif #294; R. Eliyashiv quoted in responsa Yisa Yosef 2 #71(1) and also in his name in Mishnat Ish #163. See also regarding R. Eliyashiv’s view in Tzionei Halakhah, pg. 313, and his letter published in Kitunei Le’edorot, letter 402. However, see Kav Ve’naki 2 #349; Yalkut Yosef, Aveilut 26:9; Ratz Ke’tzvi, Inyanei Aveilut #8(11). Pachad Yitzchak (Hutner), Iggerot U’ketavim, #33 writes that one completely fulfills the mitzvah of bikur cholim by phone because the idea of “bikur” is not to go to a person, but “bikoret tihiyeh” (lev. 19:20) which means to look into the situation of a sacrifice, and so bikur cholim is to look into the situation of the patient, which can also be done completely by phone (see more on his position in Ratz Ke’tzvi, Inyanei Aveilut #8(13). See further Rashi and Metzudat Dovid, Ezekiel 34:11. See also Responsa Ratz Ke’tzvi 2 #10(4) & Ratz Ke’tzvi, Inyanei Aveilut #3 & Assia 81-82, 5768, pgs. 125ff.

\(^{157}\) Kol Bo, Aveilut, 2, responsa #1:1(1); Minchat Asher on Bereishit, #20(4). See also Reposnsa Chelkat Yoav 2 #128; Shearim Ha’Metzuyanim Be’halakhah 193:1.

\(^{158}\) See Responsa Minchat Yitzchak #284. See R. Weisinger, Assia 103-104, 5777, pg. 35ff.

\(^{159}\) See Responsa Iggrot Moshe YD 1 #223; Responsa Beer Moshe 2 #104-105; Responsa Tzitz Eliezer 17 #6(6). The doubt is that on the one hand, the mitzvah of bikur cholim is part of chessed, which can certainly be done by a messenger. On the other hand, one purpose of the mitzvah is to actually help the patient, which is like a mitzvah done with the body, and also one is required to pray for the patient which is more obvious if one goes in person and sees their pain. However, it is quoted that R. Akiva Eiger would hire messengers who would visit patients in his name (see Maskil el dal [R. Hillel of Kolomei] 4 klal 2, prat 1:1; Chut Ha’meshulash, pg. 208; Karnei Re'em (Rabinovitch) pg. 201; Chiddashei R. Akiva Eiger, Nedarim 39b). The Aderet discusses this issue (See R. Danderovitch, Ha'maayan, #200, 5772, pg. 147ff.  

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q. Circumcision

On the 7th of Nissan 5880 a publication was released by the author of this essay, serving as the chairman of the Inter-ministerial Committee to Approve and Oversee mohalim with the following guidelines:

i. When a baby, one of its parents, the sandek, or anyone else participating in a brit milah are healthy, and are asymptomatic and have not been in contact with an infected individual, then it is required to have the brit milah on the eighth day as it is supposed to be.

ii. The mohel is required to observe all of the regulations of the ministry of health and to be careful to properly fulfill all of their guidelines exactly. The mohel must be especially careful about general cleanliness, particularly washing his hands with soap and hand sanitizer, as well as the sterilization of his utensils. He must rinse his mouth with Listerine, wear a mask over his face, and ideally wear a disposable apron and replace it for every brit.

iii. The mohel must ensure that the minimal possible attendees take part in the brit, and it should never be more than 10 people. He must also ensure that each person maintain a distance of at least 2 meters between them. He must also ensure that the sandek and anyone who comes near the baby and the mohel, such as the parents, the kvatter, those who recite the blessings, etc. wear a mask, and wash their hands with soap and hand sanitizer.

iv. The mohel must ensure that all who he comes into contact with remain at least 2 meters away from him before and after the brit, including when he gives instruction to the parents and answers any questions, while maintain distance.

v. Meztitza should only be done with a tube. This instruction only applies during the pandemic. When the metzitzah is done with a tube the mask can be lifted and then immediately put back into place.

vi. In a country where everyone is required to wear a mask over their mouth and nose whenever they interact with others and at all times, and the government therefore forbids metzitzah (whether by mouth or tube), there is room to permit in such a difficult circumstance performing the metzitzah with a sponge that has water or wine in and is pressed against the wound, rather than delaying the brit at the proper time.\(^\text{160}\)

\(^\text{160}\) However, some forbid this form of metzitzah: Responsa Da’at Kohen #141-142; Ot Chaim Ve’Shalom 264:12; Responsa Levush Mordechai #30; Aruch Ha’shulchan YD 264:19. See the article of Y. Levi, Ha’mayan, Nissan 5725, pg. 8ff & Noam 9, 5736, pg. 290ff, Responsa Minchat Yitzchak 9 #97, Responsa Beer Moshe 2 #74-75, #80, that the sponge is not strong enough to collect the blood from the distant parts. However, some permit this in a difficult time: See Chatam Sofer’s letter to his student in Responsa Yad Elazar #55, and in the periodical Kochvei Yitzchak 1, pg. 40, 1847, quoted in Responsa Maharatz Chayot #60; Aruch Ha’shalem (Kohot), vol. 1 pg. 120; Dam Brit, pgs. 27-28; Sefer Ha’brit 264, biur halachah 7:3; Responsa Mateh Levi 2 end of #60; Responsa Yad Elazar #55 (quoted in Biur Halakah 331:1 that this is even permitted on Shabbat. See what is written on that in Tzitz Eleizer 18 #24). See at length Responsa Minchat Shlomo 1 #32, and what is written about that in Response Beer Moshe 2 #75.
vii. A mohel who has been infected with coronavirus, or who has possibly been infected, is forbidden to perform a brit until he receives certified permission from the ministry of health that he is healthy. A mohel who has been quarantined due to contact with someone who has the coronavirus, but who has not contracted the illness himself, and has no symptoms implying he has the coronavirus, may return to performing circumcisions once he completes his 14-day quarantine.

viii. If a mother of the baby to be circumcised is diagnosed with coronavirus, or is suspected of being infected, whether she became ill before giving birth, during the process, or right afterwards before the brit, and she nurses the baby, or is in close contact with him, the brit should be postponed until the mother and the baby are determined to be healthy with confirmation of the ministry of health. If a mother was in contact with someone who has the coronavirus, whether before giving birth, during the process, or right afterwards before the brit, and she nurses the baby, or is in close contact with him, and she is in quarantine – the brit must be postponed until the mother completes the 14 days of quarantine, and neither she nor the baby have any symptoms of the coronavirus, then there is no need to wait 7 more days.

ix. This is true for anyone who looks after the baby from the time of the birth until the brit, if they have the coronavirus, or were in contact with an infected individual in quarantine. The Rambam already wrote in Milah 1:18: “We should not circumcise a child who is afflicted with any sickness at all, since the danger to life takes precedence over everything. Circumcision can be performed at a later date, while it is impossible to bring a single Jewish soul back to life.”

r. Marriage

a. Marriage essentially requires a groom and a bride, two witnesses and an officiating rabbi. However, the birkhot ha’erusin ideally require a minyan, and the birkhot ha’nisuin absolutely need a minyan, which the groom is counted in. What the poskim disagree about is if the rule that a bride is forbidden to her husband without brakhah simply refers to a situation in which there was no birkhat chattanim the bride is forbidden to the groom, of if an engaged woman is forbidden to her groom-to-be until they stand under the chupah together, but the blessings are not essential. Amongst the greatest of the acharonim some rule in accordance with the second opinion.

b. Therefore, some write that if there is danger of contracting a contagious illness during a pandemic, and there thus is a need to gather as few people as possible together, the chupah and yichud should be done with two witnesses, but no minyan.

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161 All of these guidelines were authorized by both Chief Rabbis of Israel, R. David Lau and R. Yitzchak Yosef.
162 Shulchan Aruch EH 34:4.
164 See Beit Shmuel there, 4.
165 Responsa Noda’ah Be’eyudah 1st edition EH #56.
166 Responsa Emek Halakah (Goldstein)1 #67; Hilkhot corona by R. Hershel Schachter.
s. Burial

a. Since there is a concern about spreading the disease or becoming infected, the poskim permit numerous changes to the rules of burial for people who died from infections or plagues, such as pouring lime onto the deceased in order to disinfect the body with chemicals, and to use machines to assist the burial, etc.\(^{167}\)

b. During the coronavirus pandemic the committee for the honor of the deceased of the Chief Rabbinate of Israel decided that people who died from the coronavirus should not have a taharah or be dressed in shrouds, but should be covered in two sacks of polyethylene to be hermetically sealed, and to be buried that way. And that those involved in the burial must protect themselves well in accordance with the medical principles of preventing being infected by an infectious disease.\(^{168}\) The Israeli Ministry of Health issued detailed regulations on the burial procedures during the pandemic, demanding that the dead be buried without taharah and shrouds. However, subsequently the Ministry of Health established 4 designated locations for coronavirus victims where external taharah is permitted as well as shrouds. Some write that the sacks must be carefully torn at the time the body is lowered into the grave, since it is prohibited to prevent the decay of the flesh of the corpse.\(^{169}\)

c. The funeral should be carried out by a very minimal number of immediate relatives, even if the deceased is a gadol b’yisrael.

d. In the guidelines to chevra kaddishas worldwide it is pointed out that if a person dies from a known reason that is unrelated to this virus, a tahara may be done, as well as dressing the dead in shrouds, but those engaged with the body must protect themselves well in every case, in accordance with the medical principles of preventing being infected by an infectious disease.\(^{170}\)

e. In places where the number of deceased is unfortunately very high, and there is a concern that the bodies will be cremated, one may allow a non-Jew to bury the Jewish body on Shabbat. On festivals, even though we no longer bury on the first day,\(^{171}\) some say that during this difficult pandemic one may bury a body on the first day of a festival

\(^{167}\) See Responsa Shvut Yaakov 2 #97; Responsa Arugat Habosem (Greenwald) 2 YD #251; Pitchei Teshuvah YD 363:5; R. Goren, Techumin 23, pg. 93ff. See Repsosna Chatam Sofer YD #334 on whether one may transfer bodies that were buried in a temporary cemetery for those who died due to cholera. See Responsa Ruach Chaim (Palagi) OH #325:4 regarding whether or not to allow a rushed burial on Shabbat by a non-Jew during the cholera epidemic. In general, see R. Weisinger, Techumin 36, pg. 234ff.

\(^{168}\) The author of the Chochmat Adam wrote in his introduction to practices of the chevra kaddisha that no source can be found in the Talmud for all of the practices of taharah. See also Gesher Ha’chaim #9:3(4) that during a contagious outbreak the internal tahara is not done.

\(^{169}\) Hilkhhot corona of R. Hershel Schachter. See also Responsa Iggrot Moshe 3 YD, #143.

\(^{170}\) The head of the public health services of the ministry of health of Israel released specific guidance for dealing with a corpse suspected or verified to carry coronavirus on 3/17/20.

\(^{171}\) See Responsa Iggrot Moshe OH 1 #122(4) & OH 3 #76. See Nefesh Harav, pg. 189.
as ruled in the Talmud, within the techum, and on the second day of a festival it may even be outside of the techum as long as they go by foot and not by car, except for the grave diggers and the family members who are strict about burying the deceased themselves, in which case they may even ride in a car, and on the second day of a festival they may also return home in a car.

f. If one purchased a burial plot in Israel, but because of the coronavirus pandemic he could not be transferred to Israel after he died, it is permissible to bury him temporarily abroad with the condition that when it will be possible, he will be moved to Israel.

t. Mourning
a. It is customary not to observe the laws of mourning during a plague because of fear, but private practices of mourning are observed. One may also not be involved in business. Similarly, we do not comfort the mourner, particularly during the coronavirus pandemic, since one must observe the rules of isolation and social distancing. The acharonim debate if one must engage in mourning practices if the plague ends within the first 30 days after burial.

b. One who is in mourning or has yahrtzeit for a parent, but is in quarantine, should ask someone else to recite kaddish for him.

c. During the coronavirus pandemic the primary restriction on mourning stems from the need for social distancing.

d. During such difficult circumstances one can fulfill the obligation to comfort mourners by telephone, email, zoom and the like.

e. In places where there are many deaths at once, such that they cannot all be buried for many days or even weeks, and when they die it is unknown when the funeral will take place, the relatives begin the mourning period immediately after the body is turned.

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174 Shulchan Aruch 363:1 that it is permissible to transfer a buried person to Israel, and it is certainly permissible if he was buried in the Diaspora on condition to be moved to Israel.
175 Responsa Mahari #41 (see also Responsa Divrei Malkiel 2 #90); Rema YD 374:11; Responsa Rav Poalim 3 YD #28; Responsa Divrei Malkiel there.
176 Responsa Divrei Malkiel there.
177 See Reposnsa Chatam Sofer YD #342 – that one must do so, and Responsa Sho’el U’mashiv 1st edition I #371, that one does not have to. See Responsa Yabia Omer 10 YD #58(23) who concludes that one need not mourn in this case.
178 See Responsa Zecher Simcha #8 who quotes R. Akiva Eiger who ruled during the cholera epidemic that there were many orphans who couldn’t even recite kaddish once a month (based on the custom that only one mourner recites kaddish, unlike today when all mourners recite kaddish together), and he established that for that year all of the mourners should recite kaddish together after “aleinu.”
over to the mortuary and the shrouds have been ordered, even though the deceased has not yet been buried.\textsuperscript{179}

5. Triage in treating coronavirus patients during severe shortage

a. Introduction

The most serious and difficult issue arising during pandemics involves hierarchy in medical triage, when there is a severe shortage of intensive care beds, ventilators, Personal Protective Equipment (PPE), tests, medications and skilled medical personnel – including physicians, nurses and technicians etc. In such tragic situations, difficult decisions must be made regarding preference of certain patients over others because of lack of essential resources to treat all of them.

The coronavirus causes respiratory problems of varying degrees of severity. Critically ill patients require hospitalization in intensive care units, and often require placement on a ventilator. Due to the exceedingly high volume of critically ill patients requiring ventilatory support, healthcare systems in many countries became overwhelmed and were forced to establish triage criteria to provide complex respiratory treatments. In Israel, at the time of writing this essay, there is no such dilemma, because the number of patients requiring mechanical ventilatory support is low, and precautions were made to create many temporary intensive care units, as well as the purchase and manufacture of ventilators. In addition, there has been ongoing training of physicians and nurses in respiratory therapy. However, there is a concern that, God forbid, the situation could come to resemble that of Italy, Spain, France, or the United States, and there may be a need for triage decisions for coronavirus patients who will require ventilatory support.

b. Situations requiring triage

The topic of triage determinations in situations of supply shortages has come up in various forms throughout history, for many reasons:

Some situations are categorized as mass casualty events, such as car accidents with many simultaneous victims; natural disasters, such as earthquakes, floods, tornadoes or tsunamis etc.; wars with people wounded from conventional or non-conventional warfare; industrial disasters, such as fires, explosions, leakage of toxic substances, etc.; and to our current concern, epidemics such as pestilence, cholera, influenza, Ebola, AIDS, etc.

Usually this issue deals with sudden tragedies that were unanticipated, with mass casualties of varying physical and emotional trauma within a very short time, and the healthcare system has

\textsuperscript{179} R. Hershel Schacter on the Yeshiva University website. His proof is based on Shulchan Aruch YD 375:4, regarding a body in a besieged city; and YD 375:2, regarding a body that is sent to another country; and Dagul Me'revavah YD beginning of 375 about one who dies right before a festival, and is given over to non-Jews to be buried on the festival. See also Responsa Zekan Aharon 2 end of #88.
limited ability to fully treat all of them, either because of limited personnel or equipment, or the rapid intervention necessary.

All of these require specific triage guidance, and there are thus various approaches to handling these difficult and tragic scenarios. There are numerous strategies to determining priority, such as drawing a lottery, or first come first served, such that whoever the doctor encounters first receive treatment first. There is justice in both of these approaches since it is random and seems to give equal chance to everyone, but it is less ethical in that such approaches do not take into account various degrees of injury, overall saving of life, or saving the many for the few.

The coronavirus pandemic has given rise to the most serious, difficult and tragic halakhic dilemmas of determining appropriate triage with severely ill patients in need of critical care services. The significance of these tragic questions is particularly in situations in which there are insufficient equipment and medical personnel to simultaneously care for all the patients in need of life saving care. Some of the patients will not receive sufficient lifesaving support. This is thus a concrete question of immediate life and death.

c. Halakhic sources regarding priorities in life saving

Although there are many relevant halakhic sources to deal with the question of life saving triage in situations of insufficient equipment and medical personnel, the contemporary complexities in these situations make it difficult to find simple solutions in halakhah. R. Shlomo Zalman Auerbach wrote, “I can assure you that I am not setting firm guidelines regarding triage since the questions are very severe and I don’t know of clear proofs for them.”

The primary sources relevant for dealing with questions of life saving triage, or prioritizing patients when there are insufficient resources, are as follows:

1. If two people were walking on a desolate path and there was a jug of water in the possession of one of them, and if both drink from the jug, both will die, but if only one of them drinks, he will reach a settled area. Ben Petora taught: It is preferable that both of them drink and die and let neither one of them see the death of the other. This was accepted until Rabbi Akiva came and taught that the verse: “And your brother shall live with you,” indicates that your life takes precedence over the life of the other.

This source is not relevant to our current concern since it relates to a situation with limited resources which belong to one of the people who is himself in danger, whereas the triage situation we are discussing refers to insufficient lifesaving resources that belong to the entire community.

2. Mishnah: A priest precedes a Levite. A Levite precedes an Israelite. An Israelite precedes a son born from an incestuous or adulterous relationship [mamzer], and a mamzer precedes

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180 Responsa Minchat Shlomo 2-3 #86(1), publicized in Assia 59-60, Iyar 5757, pg. 48.
181 Bava Metzia 62a. See on this in my book Ha’refuah Ke’halakhah vol. 5, pg. 77. See also R. Deichovsky’s article, Dinei Yisrael 7, 5737, pgs. 45ff.
a Gibeonite, and a Gibeonite precedes a convert, and a convert precedes an emancipated slave. When? In circumstances when they are all equal. But if there were a mamzer who is a Torah scholar and a High Priest who is an ignoramus, a mamzer who is a Torah scholar precedes a High Priest who is an ignoramus.  

As a practical ruling, the greatest of the poskim in our generation have written that we are not accustomed to following this mishnah.  

3. A number of sugyot establish the fundamental principle that we may never give one life for another life, whether it is related to not giving one person up to be killed, or for sexual abuse, in order to save others, or if it is related to not prioritizing an elderly person for a baby.  

4. Several sugyot help establish the value between the good of individuals versus the good of the community in instances of limited resources. 

Regarding the coronavirus pandemic, there is an anticipation of a shortage of medical personnel and lifesaving equipment, including ICU beds, ventilators, Personal Protective Equipment (PPE) for all healthcare providers.

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182 Horayot 13a, codified by Rambam, Matnot Aniyim 8:17-18, Shulchan Aruch YD 251:8-9. See the previous Mishna there in Horayot, that a man comes before a woman to rescue or return a lost object. See the extended treatment of this topic in my book Ha’refuah Ke’halakhah vol. 5 pgs. 86-88.

183 See Responsa Iggrot Moshe CH”M 2 #74(1), that even if they all arrived together, and there is no medical preference, it would be difficult to follow this Mishnah without looking into it greatly (see also Masoret Moshe 1 CH”M #62), and Responsa Minchat Shlomo 2 #82(2) (Tanya #86:1), that in our times it is very difficult to follow these rules of precedence in this Mishnah. See however Responsa Shevet Halevi 10 #167(1) that even today this order of precedent should be followed.


185 Mishnah Terumot 8:12; Rambam Yesodei Ha’torah 5:5; Shulchan Aruch YD 157:1.

186 Mishnah Ohalot, 7:6; Sanhedrin 72b.

187 Mishnah: Captives are not redeemed for more than their monetary value, for the betterment of the world (Gittin 45a; Rambam Matnot Aniyim 8:12; Shulchan Aruch YD 252:4). See Tosafot there s.v. “D’lo,” Ramban, Rashba and Meiri there, if this disagreement is the same as the one between the first opinion and R Shimon B Gamliel in Ketubot 52a, regarding redeeming one’s wife. Incidentally, see the Responsa Radvaz 3 #40 which implies that “their monetary value” is not one’s value in the marketplace of slaves, but the amount that it is accepted to pay in the world to redeem captives; “A spring belonging to the residents of a city, if the water was needed for their own lives, and it was also needed for the lives of others, their own lives take precedence over the lives of others. Likewise, if the water was needed for their own animals and for the animals of others, their own animals take precedence over the animals of others. And if their own laundry and the laundry of others, their own laundry takes precedence over the laundry of others. However, if for the lives of others and their own laundry, the lives of others take precedence over their own laundry. Rabbi Yosei disagrees and says: Even their own laundry takes precedence over the lives of others” (Nedarim 80b. See Tosefta Bava Metzia 11:33-35; Yerushalmi Shvi’it 8:5, and Nedarim 11:1. See Responsa Lev Shomea Le’Shlomo (Deichovsky) 2 #39. See also Deichovsky, Torah She’beal Peh 31, 5750, pg. 40ff & Techumin 32, pg. 153ff. See the extended treatment of this topic in my book Ha’refuah Ke’halakhah vol. 5 pg. 107ff.
d. Halakhic rulings in determining life-saving priorities

1. It is incumbent upon the Government to ensure that all supplies and equipment required during the pandemic is available, in order to avoid the potentially tragic dilemmas involved in medical triage. Along with that, the health authorities must balance the needs to save life with the other essential needs.188

2. “Therefore, Adam was created alone, to teach you that anyone who destroys one soul, the verse ascribes him blame as if he destroyed an entire world. And anyone who sustains one soul, the verse ascribes him credit as if he sustained an entire world.”189 The value of life of each person is of the highest value, and there is generally an ethical and halakhic obligation to do everything possible to save each person’s life.

3. As long as a country does not have a shortage in its healthcare system, and has the personnel and equipment to treat seriously ill patients, all individuals should receive maximal care, irrespective of whether they are ill due to coronavirus or any other medical disease.

4. All citizens are required to be especially careful to observe all of the government guidelines to prevent the spread of infection and severe morbidity which could lead to a situation of shortages in the healthcare system.

5. Everyone who is able to save another person is required to do so based on “do not stand idly by.”190 However, most poskim have ruled that a person is not required to put his life in possible danger in order to save someone else form certain danger.191 However, when it comes to healthcare professionals, the matter is different, for physicians and essential healthcare workers are permitted to treat patients even when there is danger to their lives, and they are certainly, according to all opinions, not forbidden from entering a doubtful danger.192 Therefore, it is permissible for a medical team to care for a patient with the contagious coronavirus, provided they use the proper precautions and have appropriate PPE to prevent contracting the disease.

It is proper to listen to the words of the poskim: “We cannot give general, clear rules regarding exactly how much danger a person may engage in to save lives. Rather, it all depends on each situation, and it must be weighed carefully, and one should not guard themselves excessively, and not be overly cautious.”193 As it says, anyone who is overly

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188 It should be pointed out that the government authorities in the state of Israel have utilized the time in which there was no shortage in order to set up special corona units in all hospitals with isolation compounds, purchasing and even manufacturing a large number of respirators, preparing doctors and nurses who were not specialists in intensive care in order to increase the skilled staff, and purchased proper protective gear. 
189 Sanhedrin 37a.
190 Leviticus 19:16. See Sanhedrin 73a; Rambam Hilchot Rotzeach 1:14; Shulchan Aruch CH”M 426:1.
191 See the extended discussion in my book Ha’refuah Ke’halakhah vol. 5 pgs. 53ff.
192 Iggeret R. Akiva Eiger, in Iggerot Sofrim, Letter 30; Responsa Tzitz Eliezer 8 #15(10:13) & 9 #17(5); Responsa Shevet Halevi 8 #251(7); R. Neuvirt, quoted in Nishmat Avraham (2nd ed.) CH”M 426:2(4); Shiurei Torah Le’rofim 1 #46; Responsa Minchat Asher 3 #122. See also Nishmat Kol Chai 2 CH”M #49; Responsa of the Rema #19 (#20 in some editions); Responsa Divrei Yatziv CH”M #79.
193 Pitchei Teshuvah CH”M 426:2; Aruch Ha’shulchan CH”M 426:4; Mishnah Berurah 329:19.
careful for themselves at the expense of others will ultimately come to experience that fate, and not every distant concern is called doubtful danger to life, and if it is not potentially life threatening there is an obligation to save life, and this determination is given to the wise and the experts.

6. Indeed, the halakhah changes in situations in which many people are in need of life saving interventions, but only a fraction of them can be treated due to lack of intensive care beds, ventilators, or medical personnel. In such circumstances priorities in life saving must be established, even at the painful loss of lives.

This is based on the fundamental perception that the broader community is not just a collection of individuals, but an independent unit with its own identity and rules, and with public needs, sometimes on the account of individuals, even though the individual is not nullified amongst the community, the community has unique weight on its own in various situations.

We must therefore balance the needs of the community as an independent entity, and the needs of each individual who makes up the community.

7. These triage priorities are especially relevant in relation to a patient who was dying with an illness even before being infected with coronavirus, or one who suffers from severe pre-existing conditions, who statistically would have a very low survival rate if placed on a ventilator because of coronavirus.

8. The primary halakhic principle in triage is to consider how severely ill the patient is, and how likely medical interventions are to be beneficial. Therefore, if there are patients who are in a medically compromised state and the likelihood of benefit from medical intervention is anticipated to be low, then priority for medical care would favor the individual with a less compromised medical state.

9. These principles are based on the following general halakhic rules: a healthy person and one in danger – the healthy comes first, where “healthy” is defined as one who needs medical intervention, and has good chances of benefiting from those interventions as compared to one who is “in danger” defined as being one who is ill with serious pre-existing conditions, and has low likelihood of recovery; “treifa” and one who is not a

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194 See Bava Metzia 33a; Shulchan Aruch CH”M 264:1.
195 Pitchei Teshuvah there.
196 Responsa Chatam Sofer CH”M #177; R. Y.D. Soloveitchik, Al Ha’Teshuvah, “Bein Hayachid ve’haatzibbur”; Aderet Emunah (Kalecheim), pg. 189 regarding the Maharal’s perspective on this. See also Kuzari 3:19.
197 Responsa Minchat Shlomo 2 #82(2) (Tanyana #86(1). R. Auerbach’s response was also published in Assia 59-60, Iyar 5757, pg. 48; R. Asher Weiss in a letter to me.
198 Responsa Igrot Moshe CH”M 2 #73(2); Responsa Minchat Shlomo there; Responsa Tzitz Eliezer 9 #28(3) & 17:72(14 and on); Responsa Shevet Halevi 10 #167; Responsa Kovetz Teshuvot 3 #159, that one in danger comes even before a Torah scholar; Responsa Teshuvot Ve’Hanhangot 1 #858; Responsa Minchat Asher 1 #115 & 2 #126. See also Cheker Halakah 8 “inyanei choleh”; Shiurei Torah Le’eroftim 3 #161.
199 Pri Megadim OH 328, Mishbetzot Zahav 1; Shulchan Atzei Shitim (By the author of the Mirkevet Ha’mishneh) 1:6; Beer Heiteiv OH 334:22; Chiddushei R. Akiva Eiger YD 339:1. See Responsa Tzitz Eliezer 9 #17(10) & 17 #72(17).
“treifa” – the one who is not a “treifa” comes first; Term 200 and non-terminal – non-terminal comes first,201 even if there is a doubt about being non-terminal comes before someone who is terminal.202  

10. The physicians are the ones who halakhah appoints to determine the level of danger for each patient, as well as the chance of survival for each patient.  

11. Determinations based on gender, race, religion, nationality, economic status, communal status, vocation, and the like, are not factors in determining precedence.  

12. Age, in and of itself, is not a factor in determining precedence of a young person over one who is elderly,203 but rather it can be one of the factors related to danger.  

13. If a critically ill patient in the process of dying is already on a ventilator, and it is apparent that the chance of survival is very low,204 then no new medical interventions should be initiated to support or prolong the patient’s life. Blood pressure medications should not be refilled, and the various medical examinations should cease. The patient should no longer be kept on a monitor to check blood pressure, heart rate, oxygen saturation. Finally, the parameters of the ventilator should no longer be adjusted, and no resuscitative measures should be done.205 It is also permissible to reduce the rate and the oxygenation of the respirator to the lowest level at which no harm will be done to the patients respiratory status at the immediate stage,206 and if the patient’s condition stabilizes on the reduced parameters of the respirator, the levels should not be returned to their previous level if the patient’s condition worsens.207  

200 Sefer Chassidim #724; Responsa Tzitz Eliezer 17 #10 & #72; R. Weinberger, Emek Halakhah – Assia, 1, 5746, pgs. 109ff.  

201 Tiferet Yisrael, Yoma 8:3; Yaavetz, Migdal Oz, perek Even Ha'bochen Pinah 1 #92; Responsa Igrot Moshe CH”M 2 #73(2); Responsa Tzitz Eliezer 17 #72(15 and on); Shiurei Torah Le’rofim 2 #123; Responsa Minchat Asher 2 #126.  

202 R. Z.N. Goldberg, quoted in A. Sadan, Assia #81-82, 5768 pg. 42 & Techumin 36, pg. 209ff. Regarding the Chazon Ish on this there seems to be a contradiction in his explanation of the disagreement between R. Akiyvah and Ben Patura (Bava Metzia 62a), regarding what he wrote in his Likkutim on Bava Metzia #20, and what he wrote on R. Chaim of Brisk’s novellae on Hilchot Yesodei Ha’torah. See also Minchat Asher on Vayikra #59(3).  

203 Responsa Igrot Moshe CH”M 2 #75(7); Responsa Minchat Shlomo 2 #82(2) & R. S.Z. Auerbach in a responsum published in Assia 59-60, Iyar 5757, pg. 48, that age cannot be part of the considerations. However, see Yaavetz, Migdal Oz, perek Even Ha'bochen, Pinah 1 that young people take precedence over elderly. See, too, the opinion of R. Hershel Schachter which was published in the Yeshivah-University website, to choose someone younger over one who is very elderly. See also the essay of R. S. Deichovsky, Dinei Yisrael 7, 5736, pgs. 45ff.  

204 This is also true if the patient is totally comatose, and it is unclear if he is in pain, it is still permissible not to prolong his life (Responsa Igrot Moshe YD 2 #174(3) & CH”M 2 #74(1); R. S.Z. Auerbach, quoted in Nishmat Avraham (2nd ed.) YD 339:4(2a4).  

205 On all of this see my book Ha'refuah Ke’halacha, vol. 6, pgs. 369-370.  

206 A. Steinberg, Assia, #63-64, 5759, pgs. 18-19, in the name of R. S.Z. Auerbach and R. S. Wosner.  

207 Some say that if the respirator is stopped in order to treat the patient or the respirator, such as to switch the endotracheal tube (R. Z.N. Goldberg, Moriah 88-89, pgs. 55ff & Emek Halakhah-Assia, pg. 64ff), or if the respirator is connected to an oxygen tank that becomes empty, there is no obligation to reconnect the patient if they are not breathing anymore (Igrot Moshe YD 3 #132; R. Z.N. Goldberg there).
14. It is permitted to transfer a ventilated coronavirus patient determined to have very low chances of survival, from the intensive care unit to a regular floor, in order to make space for patients requiring critical care with better chances of survival, since a patient with a chance for full life span has priority over a terminal patient. The regular floor must continue to provide all necessary treatments to such a patient as much as possible. A patient may even be moved from intensive care to a regular floor if they are determined to be a goses from a halakhic perspective.

15. It is permissible to connect two patients to one ventilator, even if that reduces the effectiveness for each one, but in state of scarcity, it is permissible to do so.

16. In emergency situations when there is a lack of supplies, when a patient is determined to be unfit for intensive care or for a ventilator, or to be removed from the intensive care unit, the patient must still receive proper palliative care, and it is forbidden to physically or emotionally neglect him.

17. A patient with minimal chances of survival who is already connected to a ventilator, should not have the ventilator removed and given to another patient who has better chances, even if he is a treifa or terminal, and it is being done for someone who is in better health with a more likely chance of survival. Others say that in any case the treatment for a terminal patient can be stopped, and the ventilator may even be removed, in order to save someone who can live a full lifespan, as long as the patient is not expected to die right away when they are taken off the respirator and they can breathe on their own for at least a few hours. However, if prolonging treatment for a patient on a ventilator is serving no purpose according to the physicians, and all of the actions above have been taken, and there is still an insufficient supply of ventilators, and there are patients deemed likely to survive

208 Shiurei Torah Le’Rofim 2 #85 & 3 #164 (and R. Zilberstein, Shoshanat Ha’amakim, Ve’rapo Yerape #34).

209 Responsa Minchat Asher 1 #115. See however Responsa Iggrot Moshe CH”M 2 #73(2) that even one who is terminal should not lose their bed in that unit since they have acquired their space and he is not required to give up his life in order to save someone else. Perhaps in a situation so serious of lack of supplies for the masses, even R. Feinstein would agree.

210 R. S.Z. Auerbach, R. S. Woosner, R. S.B. Leizerson, Assia #55, 5754, pgs. 43-45; Sefer Assia #11(5769), 9-11.


212 Responsa Minchat Shlomo 2 #82(2) (Tanyana #86(1)); Responsa Iggrot Moshe there; Responsa Tzitz Eliezer there; R. M. Hersher there.

213 R. Y.L. Halperin, Emek Halakhah-Assia 1, pg. 67 & 2, pg. 183, and Responsa Ma’aseh Choshev 3 #4-5. I also heard from R. S.Z. Auerbach. The reason is that some say the terminal patient has already gotten that spot and the time necessary to be in intensive care, and the hospital and doctors are obligated to care for them (Iggrot Moshe there); Some say the reason is we don’t give one life for another life, so if we have already begun to treat a terminal patient we can’t push them aside for the sake of the other, even if they can have a full life (R. S.Z. Auerbach there). R. A. Weiss wrote the same thing to me in a letter.

214 R. Z.N. Goldberg, Halakhah Urefuah 2, pgs. 191ff; Emek Halakhah-Assia, 1, pgs. 64ff & 2 pgs. 183ff; R. M. Klein, Be’shvilei Ha’refuah 8, 5747, pg. 16 ff.

215 R. Z.N. Goldberg there. I also heard this from R. S.Z. Auerbach, and – may he live long – R. A. Weiss.
in need of a ventilator, some say it is better to transfer the ventilator to the patient who has better chances of survival.\textsuperscript{216}

18. Since the coronavirus is so contagious the healthcare system is forced to prevent contact between patients and their family. But in each situation the health-care providers should try to find ways to enable people to visit the sick, which is especially crucial during the coronavirus pandemic because people are isolated, and particularly those who are dying who really need direct human contact with their family, at least when they are receiving only palliative care, when the isolation and this final situation increases emotional suffering. In such situations there is room to allow one member of the family to sit beside the patient for short periods of time, as long as they are warned about the dangers of contagion and are well protected against it, and then quarantined after the visit. If there is a family member who has already had the coronavirus and recovered, especially if they did the serology testing to determine that they have antibodies, then it is certainly better for them to be the ones to visit.

19. When patients in need of life saving treatment arrive at the hospital, but only some of them can be treated, and all of them have equal chances of survival, some say the doctors can then treat whoever they want;\textsuperscript{217} And some say that when they don’t know who is more important than whom, or who is in more danger than whom, the ideal method is to choose by doing a lottery.\textsuperscript{218}

20. There is a preference for healthcare providers who are providing care to coronavirus patients to get preference to receive respiratory support if they have chances to be saved.\textsuperscript{219}

21. In \textit{halakhah} there are differences in determining who gets saved first between patients who arrive all at once, and if they arrive one after the other. In a situation such as the coronavirus pandemic, even if there are available beds and ventilators, it is certain that even more seriously ill patients will arrive in need of ventilators, and they will have a chance of having their lives saved. Therefore, all of the rules of precedence that are used for cases of patients arriving at the same time also apply when there are extra intensive care beds and

\textsuperscript{216} Responsa \textit{Minchat Shlomo} 2 #82(2) (for some reason that paragraph is removed from the taniana edition in #86:1). R. A. Weiss also wrote this to me.
\textsuperscript{217} Chazon Ish \textit{YD} #69:2 & \textit{Bava Metzia}, likkutim 62a, #20; Shevet MiYehudah, Shaar 1:8; R. M. Hershler, \textit{Halakhah U’refuah}, 4, 5745, pgs. 82ff.
\textsuperscript{218} Responsa Iggrot Moshe \textit{CH”M} 2 #75(2); \textit{Be’mareh Ha’bazak}, 1 #89 n/ 2 in the name of R. S. Yisraeli. Regarding using a lottery in general situations of doubt, see what I wrote in my book \textit{Ha’refuah Ke’halakhah} vol. 5, pgs. 89-90, n. 18.
\textsuperscript{219} See Response \textit{Nes Le’hitmoseh}, #67 (See also the essay of R. Y. Zilberstein, \textit{Techumin} 37, 5777, pgs. 85ff); \textit{Shiurei Torah Le’rofim} 3 #161. This is the result of the principle of being needed by the masses. This is also implied by Rashi, \textit{Horiyot} 13a s.v. \textit{Le’hachioto}, that the kohen anointed for battle comes first since the masses need him more; quoted in \textit{Sefer Chassidim}, #1675.
respirators. In any event, in situations of extreme excess of patients in need of respirators and lack of intensive care beds, the situation will actually be that many will come all at once, and priorities must be established between them.

6. Miscellaneous
1. If there is a plague in the world and a woman says that her husband died in the plague, some say that she is believed, and some say that she is not.
2. There is an ancient custom to make a chuppah for orphans or poor people in a cemetery as a charm to stop a plague.
3. It is permitted to give immunity injections to healthy people who were in contact with coronavirus patients.

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220 See Response Tzitz Eliezer 17 #72(20) & #10. R. S.Z. Auerbach agrees with this ruling, as quoted in the essay by R. M. Klein, Be'Shilei Ha'refuah, 8, 5747, pgs. 16ff. See Responsa Minchat Shlomo 2 #82(2); Responsa Teshuvot Ve'hanhagot 1 #858. Similarly, in the Rulings of R. Hershel Schachter. See: https://www.kolcorona.com/rav-schachter-official-pesakim. However, Shevet Halevi 10 #167(1) he rules that when patients arrive one after the other the one who arrives first should be treated first, but this is not the opinion of most poskim. In reality, even in normal situations not every patient in need of a respirator is accepted to the intensive care unit, based on these considerations, and so certainly during a worldwide pandemic.

221 This is similar to the principle that the Nodah Be'yehudah YD #210, established when he allowed autopsy only when there is another patient in front of us (See Responsa Chatam Sofer YD #336; Responsa Maharam Shik YD #347-348; Nachal Eshkol on Sefer Eshkol 2, pg. 117ff; Responsa Melumed Le'hoiil YD #108, Responsa Dudai Ha'sadeh #76; end of the book Shevet Mi'yehudah. R. Y. Arieli, Torah Sh'ebeal Peh, 6, 5724, pgs. 40ff & Noam, 6, 5723 pgs. 82ff; Shevet Halevi 8 #260(1)). However, the Chazon Ish YD #208:7 & Ohalot #22:32 has established that because of the rapid communication in our days that connects the entire world, that counts as “before us” (See also R. Y.D. Soloveitchik, quoted in Zinger, Turei Yeshurun, 5, Tishrei 5727, pg. 33; R. Libes, Noam, 14, 5731, pg. 28; R. Y. Arieli, Noam 6, 5723, pg. 82ff & Torah She'ebeal Peh, 6, 5724, pgs. 40ff; R. C.D. Regensburg, Halakhah U'refuah, 2, 5741, pgs. 9ff; Torat Ha'refuah pgs. 209ff).

222 Yevamot 114b, disagreement if she is believed or not; Rambam, Gerushin 13:7. See the different versions of Rambam’s opinion in Otzar Ha'poskim 17:416; Shulchan Aruch EH 17:55

223 Tur & Rema, EH 17:55; Responsa of the Ran, #3; Yam Shel Shlomo, Yevamot #15:3. See Otzar ha'poskim there regarding the acharonim on this. See also when the woman says that she buried him, as well as other details of the laws regarding one witness who says her husband died in a plague.

224 See Responsa Maharsham 1 #40; Mishmeret Shalom, Dinim, Hilkhot Smachot 8:39; Shulchan Ha’ezer 2 #7. See Shaarei Yerushalayim 7, Keter Shem Tov 2, pg. 684, about the plague in Jerusalem in 5726 in which many people died, including great rabbis, and they made a chupah for orphans in the cemetery. See also the beginning of Ohel Yohoshua at length. See Ha'shoah Be'mekorot Rabaniit, pgs. 358ff, on this custom in the various ghettos during the Holocaust. Some call these weddings, “black weddings” or “orphan weddings.” See also HJ Zimmels: Magicians, Theologians and Doctors. E Goldston & Son, 1952, pg. 233 n.141.

225 Responsa Teshuvah Me'ahavah, 1 #135.
7. CONCLUSION

We all pray to the Creator of the World that our suffering will come to an end, and that the horrible pandemic will come to an end: “our father our king, withhold the plague from your heritage.”

The coronavirus pandemic has taught humanity, including scientists and doctors, an important lesson about modesty and humility. We thought that advanced science and medicine gave humanity the ability to control the entire world. We have been shown that there are so many things in our world that we don’t understand, and we must contend with them in new and creative ways.

This pandemic, like those before it in human history, has taught us to fulfill the mitzvot of guarding our souls, do not stand idly by, danger is worse than a prohibition – all of which come to teach us precedence in how to fulfill the commandments of The Blessed Creator.

Nothing compares to prayer and begging the Creator of the World to remove the evil decree, though we must also do everything that we can by natural means. We are obligated in every place to meticulously follow the guidelines of the medical and governmental authorities, as part of the requirements of “pikuach nefesh” and “rodef.”

The coronavirus pandemic has taught the believing Jew the greatness of the Creator of the World, that through a tiny virus we see His presence and strength. King David said: “How great are Your works, Lord! How very profound are Your plans! (Psalms 92:6)” and “How manifold are Your works, Lord! You made them all with wisdom; the earth is full of Your creations. (Psalms 104:24)” And to paraphrase that we can say, “How small are Your actions, Lord!”

The extraordinary events of the coronavirus pandemic obligate mankind and particularly those of us in the religiously observant community, to engage in serious introspection. This virus has caused higher percentages of illness and death in the chareidi communities in Israel and around the world. Furthermore, this may be the first time in the history of the Jewish people that a plague has closed every synagogue, beit midrash, talmud Torah and yeshivah in the entire world. There has never been anything like this before for whatever tragedies we have befell previously, there have been other parts of the world where Jews continued to pray and study Torah. Therefore, there is a holy obligation upon anyone connected to the Torah world to introspect, individually and collectively. King Solomon stated: "For there is no man so wholly righteous on earth that he [always] does good and never sin." Note: man – every man, from the greatest to the lowest, and everyone according to his grade.

One of the most painful things, which clearly stands out, has been the arguments and disagreements within the observant Jewish community, and hatred directed at each other and towards others.

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226 See Orot Ha'Torah 3:8; Ein Ayah, Shabbat 5:12.
227 Ecclesiastes 7:20.
May it all turn out sweet, and may the horrible pandemic bring us to individual and communal introspection and repentance.

ותשובה, והפילה, והדקה – מעבריי אל רוח הנדרה