

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

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1. Introduction

In the modern era, the coronavirus¹ pandemic² has been the most shocking pandemic to the entire world, including experts and scientists, since the Spanish influenza pandemic \pm 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.

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,”⁵ the fifth of the ten plagues, which only impacted the Egyptians animals, and not people;⁶ 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;⁷ The plague in the story of Korach in which 14,700 people died in addition to the 250 people directly connected to Korach;⁸ 24,000 people died in the plague of Baal Peor;⁹ The plague in the days of King David, as a result of the sin of counting the nation, 70,000 people died;¹⁰ Many of the Philistines who took the Ark of God were stricken with hemorrhoids.¹¹ Some say they were stricken with Dysentery, which is an infectious illness of the digestive system that causes diarrhea,¹² and some say it was the Bubonic plague;¹³ 50,070 people of Beit Shemesh who died because they saw the Ark of God;¹⁴ 185,000 soldiers of Ashur led by Sancheriv, were killed at night.¹⁵ The rabbis dealt with this plague,¹⁶ as did Josephus Flavius,¹⁷ and other scholars,¹⁸ 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'yehudim* 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*.

¹³ *Encyclopedia Ha'Ivrit* 11, “*Dever*,” 871; S.H. Blodheim, *Korot* 1:265, 1955.

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'yehudim* 2, 10 (1:21). Based on his description it seems that the plague was caused by drinking contaminated water.

¹⁸ See S.Y. Feigen, *Mystarei Haavar: Mechkarim Ba'Mikra U'bHistoria Atika*, 5703, pg. 88ff; Z. Yavetz, *Toldot Yisrael* 2, pg. 140ff; M. Wholman, *Tekufat Yishayahu Ve'Chezyonotav*, pg. 267ff; D. Yalin, *Chikrei Mikra: Beurim Chadashim Be'mikraot* (Yishayahu), pg. 91ff; N. Rogen-Meor, *Ha'refuah*, 1999, 136:650; Y. Margolin, *Ha'refuah*, 2000, 138:171. These scholars describe sudden fevers, earthquakes, fires, or strong blasts of wind.

The expression “*dever*” in the Bible and Rabbinic literature certainly includes the medical ailment of that name,¹⁹ though in general the intention in the Bible and Rabbinic literature is not about a specific ailment, but a general title for any contagious illness²⁰, 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 say²¹ that the source of the name is “*devar Hashem*,” which is fulfilled in the sudden death of the victim.²²

During the time of the *Mishnah* there is a description of a plague in which 24,000 of Rabbi Akiva’s students were struck.²³

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.²⁴

In the modern era there have been several serious pandemics.²⁵ For example, the seven cholera epidemics,²⁶ with brief intervals between them, from 1816 until 1966. These epidemics occurred

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.”

²⁰ See *Targum Onkelos*, Deuteronomy 28:21. And see *Mishnah Taanit* 3:4.

²¹ R. Samson Raphael Hirsch, Exodus 9:3

²² See further discussion of “*dever*” in the Bible and Rabbinic literature in my *Encyclopedia Hilkhatit Refuit*, new edition, Vol. 4, pg 403-412.

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;^{27 28} The Spanish flu,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;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 27th, 2020.

3. Medical Background

The coronavirus³¹ - COVID-19³²— is a contagious harmful illness that is caused by the SARS-CoV-2 virus³³ 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

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.

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.

²⁹ Caused by a virulent strain of the H1N1 Influenza A virus.

³⁰ See the detailed description in Brown J: *Influenza - The Hundred Year Hunt to Cure the Deadliest Disease in History*. Simon & Schuster, 2020

³¹ It is called coronavirus because it looks like a crown when viewed in a microscope.

³² It is called Corona Virus Disease-19 because it began to spread at the end of 2019.

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.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.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.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.

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.

³⁵ Responsa *Maharil* #41; *Yam Shel Shlomo Bava Kama* 6:26; *Rema YD* 116:5. See also Responsa *Divrei Moshe* (Mizrachi) *CH" M* #81.

³⁶ *Yam Shel Shlomo 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 bear³⁷.

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'achrinei*", 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'mitzar 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.

³⁹ Letter of the rabbis of "*Peleg Yerushalayim*" signed on the 4th of Nissan, 5780, by R. Friedman, R. Deutch, R. Auerbach, R. Markovitch, R. Deutch, R. Ehrenberg.

- “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.”⁴⁰
 - 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.⁴¹
 - “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.”⁴²
 - “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.”⁴³
- 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*.⁴⁴ 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.”⁴⁵ And it says: “Come, my people, enter into your chambers, and shut your doors behind you.”⁴⁶ And it says: “Outside the sword will bereave, and in the chambers terror.”⁴⁷ 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”.⁴⁸

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.⁴⁹

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.”⁵⁰

- 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.”⁵¹

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, Taanot* 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

c. **Prayers, fasts, charity, *yeshivot***

- i. In addition to disciplined behavior in accordance with all medical guidelines and accepted medical treatments – whatever exist – one should pray with special intensity,⁵³ and prayer during great tragedies are a biblical obligation according to all *poskim*.⁵⁴ In particular one should recite, with heart and soul, the section from the Torah about “*ketoret ha'samim*,” which is a charm to remove plagues.⁵⁵
- ii. Some advice adding prayers, such as “*avinu malkeinu*,” particularly, “withhold plague from Your heritage”; And saying the “*E-l rachum shimcha, aneinu Hashem aneinu, mi she'ana...*”⁵⁶ And reciting the sacrifices, even for one who normally doesn’t say them;⁵⁷ Saying the “*yom kippur katan*” prayers on *erev rosh chodesh*; Saying chapters of psalms;⁵⁸ Reciting “*v'hu rachum*” on Mondays and Thursdays after the *shemone esrei* prayer out loud in tears, and reciting every day before “*shomer yisrael*” the “*yehi ratzon*” before “*avinu shebashamayim*” that is said at the Torah reading.⁵⁹

Some have composed special prayers for the situation.

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 shlosa 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

⁶⁰ *Taanit* 19a; *Rambam Taanot* 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>. 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%a2-%d7%94%d7%aa%d7%a4%d7%a9%d7%98%d7%95%d7%aa-%d7%a0%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.⁶⁷ 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.”⁶⁸ As it says, anyone who is overly careful for themselves at the expense of others will ultimately come to experience that fate.⁶⁹ 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.⁷⁰

- 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*.⁷¹

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’s hulchan* 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; *Ta’amei 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.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*.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.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.

⁷² See at length on what is permitted and forbidden in terms of endangering oneself in seeking medical treatment in my book *Ha'refuah Ka'halakhah*, vol. 5, pgs. 65ff.

⁷³ See at length in my *Ha'refuah Ka'halakhah* vol. 5, pgs 53ff.

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.⁷⁵ 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.⁷⁶
- 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:⁷⁷

“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:⁷⁸

“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

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. *Iggrot 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 Ghetto 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,⁷⁹ nevertheless in a time of great need such as a plague the rabbis allowed prayer in an open place within the above parameters.⁸⁰ If there are trees it is ideal to stand between them and pray.⁸¹
- 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.⁸² 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*.⁸³ In any case, this is only when there is no public area, or even a private walkway, separating between those praying.⁸⁴
- 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.⁸⁵

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 Le'Tzion*, 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*, *Teffilah* 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,⁸⁶ and it is so ruled in Shulchan Aruch,⁸⁷ and Levi'im should not degrade this custom.⁸⁸ Some *poskim* ruled that only one Levi should wash the hands of one Kohen,⁸⁹ whereas other *poskim* justified the Ashkenazi custom that several Levi'im wash the hands of one Kohen.⁹⁰ 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.⁹¹ 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.⁹² 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 *minyán* 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.⁹³
- viii. One who needs to say *kaddish* for one who is deceased should learn *mishna* for the elevation of their memory.⁹⁴
- 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.⁹⁵ However, it is preferable that the one who gets an *aliyah* should read himself his portion, even if he is not precise with the tropes, 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'rav* there #10, and *Aruch Ha'shulchan* there #15.

⁸⁸ *Responsa Iggerot 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 *minyán*, 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 congregation⁹⁶, 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.⁹⁷
- 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,⁹⁸ or all the *parshiyot* that were missed.⁹⁹ In such a circumstance a Kohen is called for the first *aliyah* which consists of the entire previous weeks *parsha* and the first *aliyah* of that week's *parsha*, and then everyone else will get the normal *aliyot* of that week.¹⁰⁰ However, if the Torah was not read on a week that included two *parshiyot*, it is not made up on the next week,¹⁰¹ 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.¹⁰² One *posek* ruled that during the coronavirus pandemic, when we stopped attending synagogue ~~all~~ together 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.¹⁰³ 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,¹⁰⁴ and the world is only sustained by the Torah learning of children,¹⁰⁵ and the Torah protects and

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 Zaruah* 2, *Hilchot Shabbat* #45, as ruled by *Elyah Rabbah* 135:2; *Resposna 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 hilchot 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,¹⁰⁶ but when damage is likely it is different,¹⁰⁷ 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.¹⁰⁸

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*.”¹⁰⁹
- 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.¹¹⁰

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*.¹¹¹
- 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.¹¹² 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

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.¹¹³

- iv. One may travel on Shabbat to the hospital with his wife who is going to give birth,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.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.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.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.¹¹⁸ Nevertheless, one who is unable to smell can answer “amen” to the *besamim* blessing during *Havdalah*, and

¹¹³ Rulings of R. Hershel Schachter. See: <https://www.kolcorona.com/rav-schachter-official-pesakim>

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.

¹¹⁵ *Kuntres Minchat Asher – Betekufat Corona*, #15.

¹¹⁶ Rulings of R. Hershel Schachter. See: <https://www.kolcorona.com/rav-schachter-official-pesakim>

¹¹⁷ *Shulchan Aruch OH 297:5*; Responsa *Terumat Ha'deshen, Pesakim U'ktavim* #204.

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 *Halachot 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](#) 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*,¹²⁶ since that was established only for communal prayer,¹²⁷ and some say even an individual can recite *hallel* during the *maariv* prayers on the night of the *seder*.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.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.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 *maror* just by swallowing it without tasting the bitterness, one must eat it without saying the blessing.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.¹³² If one can be satisfied

¹²⁶ For those accustomed to say *hallel*, as explained in *Shulchan Aruch* 487:4.

¹²⁷ *Biur Hagra* OH 487:4. See *Nefesh Harav* (R. Y.D. Soloveitchik), pg. 222.

¹²⁸ *Birchei Yosef* 487(8); *Kaf Ha'chaim* 487:39-42.

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).

¹³⁰ *Piksei corona* of R. Hershel Schachter.

¹³¹ *Kuntres Minchat Asher – Betekufat Corona*, #30, who is in doubt if the *mitzvah* of *maror* 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.

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.¹³³ 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;¹³⁴ another *posek* ruled that the mourning practices during *sefirat ha'omer* are the same as those during the year of mourning for a parent,¹³⁵ and in such a situation one can get a haircut as soon as others would make negative comments about their hair.¹³⁶

k. Rosh Hashanah

- i. Regarding prayers on Rosh Hashanah, R. Akiva Eiger¹³⁷ 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 wrote¹³⁸ 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.

¹³³ *Halichot Shlomo Moadim* 1 #11:14 n. 22.

¹³⁴ *Iggrot 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 *Iggrot moshe* YD 3 #156 that nowadays since we get haircuts more frequently the amount of time is two months.

¹³⁷ *Pesakim Ve'takanot* R. Akiva Eiger, *Hanhagot Ve'takanot*, #20.

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,¹³⁹ and this must be announced to inform the public not to fast. There is also no need to make up the fast later.¹⁴⁰

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.^{141 142}

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.¹⁴³

It is written that the author of the *Sho'el U'mashiv* 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*.”¹⁴⁴

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.¹⁴⁵

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

¹³⁹ *Divrei Nechemia 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 Responsa *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'shlosa 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.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.¹⁴⁷

m. Purim

- a. One who missed the Torah reading of *parshat shekalim*, *parah* or *ha'chodesh* cannot make it up later.¹⁴⁸
- b. It is forbidden for someone who is quarantined or isolated and cannot attend synagogue or a *minyan* to leave their house to hear the Torah reading of *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 *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 *parshat ki tetze*.
- d. Similarly, they should read the *megillah* on Purim alone in their house.¹⁴⁹

n. Immersion in the *Mivkah*

- a. Regarding Men: It is strictly prohibited to immerse in the *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.¹⁵⁰

¹⁴⁶ *Reishit Bikkurim* pg. 33, quoted in *Ha'moadim Ba'Halachah*, pg. 84. Responsa *Mitzapeh Aryeh* there quotes that the rabbis of Vilna disagreed with R. Yisrael Salanter. See *Mateh Efraim* #618, *Elef Hamagen*, Intro. See *Biur Halacha* 618:1 end of s.v. “*choleh*.” *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 *piyyutim*.

¹⁴⁷ *Kuntres Minchat Asher – Betekufat Corona*, #3.

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

¹⁴⁹ See the introduction of the *Rema* to his book “*Mechir Yayin*” on *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.”

¹⁵⁰ As ruled by the *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.

o. Immersing utensils

When it is not permitted to leave the house, and the *mikvaot* for men and immersing utensils are closed, new utensils must be given to a non-Jew as a gift, and then borrowed from them, and then when possible immerse them in the *mikvah* without a blessing.¹⁵²

Another option is to declare the utensil ownerless in front of 3 people, provided one does not intend to reacquire the utensil.¹⁵³

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 is 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 Steipeler; 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

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 Vehanagot* 5 #390, where he also quotes that the Rav of Lodz, R. Meizels, had the same practice.

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 Eliezer* 5 *Kuntres Ramat Rachal* #8(6); *Yechave Daat* 3, #83 & *Chazon Ovadia* 1, pg. 12. Some write that one does not fulfill 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 *Kitvunei Le'dorot*, 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 tihyeh" (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 Responsa *Chelkat Yoav* 2 #128; *Shearim Ha'Metzuyanim Be'halakhah* 193:1.

¹⁵⁸ See Responsa *Minchat Yitzchak* 2 #84. 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; *Chiddushei R. Akiva Eiger*, *Nedarim* 39b. The *Aderet* discusses this issue (See R. Danderovitch, *Ha'maayan*, #200, 5772, pg. 147ff.

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.¹⁶⁰

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'maayan*, 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 Elazer* #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 Halakhah* 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.”¹⁶¹

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*,¹⁶² and the *birkhot ha'nisuin* absolutely need a *minyan*, which the groom is counted in.¹⁶³ 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, or if an engaged woman is forbidden to her groom-to-be until they stand under the *chupah* together, but the blessings are not essential.¹⁶⁴ Amongst the greatest of the *acharonim* some rule in accordance with the second opinion.¹⁶⁵
- 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*.¹⁶⁶

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.

¹⁶³ *Ibid.* 62:4.

¹⁶⁴ See *Beit Shmuel* there, 4.

¹⁶⁵ Responsa *Notata Be'yehudah* 1st edition EH #56.

¹⁶⁶ Responsa *Emek Halakhah* (Goldstein)1 #67; *Hilkhos 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 Responsa *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,¹⁷² 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.¹⁷³

- 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.¹⁷⁴

t. Mourning

- a. It is customary not to observe the laws of mourning during a plague because of fear,¹⁷⁵ but private practices of mourning are observed. One may also not be involved in business.¹⁷⁶ 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.¹⁷⁷
- 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.¹⁷⁸
- 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

¹⁷² *Shulchan Aruch*, OH 526:6.

¹⁷³ Rulings of R. Hershel Schachter. See: <https://www.kolcorona.com/rav-schachter-official-pesakim>

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 *Maharil* #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 Responsa *Chatam Sofer* YD #342 – that one must do so, and Responsa *Sho'el U'mashiv* 1st edition 1 #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.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

¹⁷⁹ R. Hershel Schachter 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.”¹⁸⁰

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.¹⁸¹

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

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.¹⁸²

As a practical ruling, the greatest of the *poskim* in our generation have written that we are not accustomed to following this *mishnah*.¹⁸³

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,¹⁸⁴ or for sexual abuse,¹⁸⁵ in order to save others, or if it is related to not prioritizing an elderly person for a baby.¹⁸⁶
4. Several *sugyot* help establish the value between the good of individuals versus the good of the community in instances of limited resources.¹⁸⁷

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.

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) (*Tanyana* #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.

¹⁸⁴ *Tosefta Terumot*, 7:23; *Yerushalmi Terumot* 8:4, *Bereishit Rabbah* 94:9.

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 from 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

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 *Iggrot 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,¹⁹⁴ 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.¹⁹⁵

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.¹⁹⁶ 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.¹⁹⁷ 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.¹⁹⁸
9. These principles are based on the following general *halakhic* rules: a healthy person and one in danger – the healthy comes first,¹⁹⁹ where “healthy” is defined as one who needs medical intervention, and has good chances of benefitting 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

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'hatzibbur*”; *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 *Iggrot 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'Hanhagot* 1 #858; Responsa *Minchat Asher* 1 #115 & 2 #126. See also *Cheker Halakhah* 8 “*inyanei choleh*”; *Shiurei Torah Le'rofim* 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;²⁰⁰ Terminal 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 *Iggrot 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. Akivah 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 *Iggrot 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 *Iggrot 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 (*Iggrot 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.²⁰⁸ The regular floor must continue to provide all necessary treatments to such a patient as much as possible.²⁰⁹ 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.²¹⁰
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.²¹¹
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,²¹² 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.²¹³ 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,²¹⁴ 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;²¹⁵ 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. Wosner, R. S.B. Leizeron, *Assia* #55, 5754, pgs. 43-45; *Sefer Assia* #11(5769), 9-11.

²¹¹ Rulings of R. Hershel Schachter. See: <https://www.kolcorona.com/rav-schachter-official-pesakim>

²¹² Responsa *Minchat Shlomo* 2 #82(2) (*Tanyana* #86(1)); Responsa *Iggrot Moshe* there; Responsa *Tzitz Eliezer* there; R. M. Hershler 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.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;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.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.²¹⁹
21. In *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

²¹⁶ Responsa *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.

²¹⁷ *Chazon Ish* YD #69:2 & *Bava Metzia*, *likkutim* 62a, #20; *Shevet MiYehudah*, *Shaar* 1:8; R. M. Hershler, *Halakhah U'refuah*, 4, 5745, pgs. 82ff.

²¹⁸ Responsa *Iggrot Moshe* CH"M 2 #75(2); *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 *Ha'refuah Ke'halakhah* vol. 5, pgs. 89-90, n. 18.

²¹⁹ See Response *Nes Le'hitnoses*, #67 (See also the essay of R. Y. Zilberstein, *Techumin* 37, 5777, pgs. 85ff); *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*, *Horiyot* 13a s.v. *Le'hachimoto*, that the kohen anointed for battle comes first since the masses need him more; quoted in *Sefer Chassidim*, #1675.

respirators.²²⁰ ²²¹In 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,²²² and some say that she is not.²²³
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.²²⁴
3. It is permitted to give immunity injections to healthy people who were in contact with coronavirus patients.²²⁵



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'Shvilei 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 *Melamed Le'hoil* YD #108, Responsa *Dudaei 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'beal 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*, *Hilkhos 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 Yehoshua* at length. See *Ha'shoah Be'mekorot Rabaniim*, 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!”²²⁶

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 befallen 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."²²⁷ 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.

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, ותפילה, וצדקה – מעבירין את רוע הגזרה