



Sociocultural and Religious Perspectives Toward the COVID-19 Pandemic in the Haredi Jewish Community

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Abstract

The Haredi Jewish community is centered around its religious life and commitment to Jewish law. Understanding aspects of the community's faith, as well as Jewish history and culture, are essential in examining the social determinants of health that affected the community's perspective in its response to the COVID-19 pandemic. The American Haredi community's trajectory throughout the pandemic was marked by high caseloads early on and throughout the pandemic, and a deep yearning to return to religious life. Some community members' non-adherence to public health guidelines led to public attention and scrutiny, which led many community members to feel unfairly targeted. This exacerbated feelings of dissonance toward the medical community, which to date has led to low communal vaccination rates. We examined religious texts, along with cultural factors and historical precedencies that contributed to the Haredi response to the COVID-19 pandemic. We offer guidance as to how understanding the religious and sociocultural makeup of the Haredi community could have resulted in a more effective and engaged pandemic response and provide a framework for creating a more beneficial alliance with the community in the future.

Keywords Haredi Jewish community · COVID-19 · Halacha · Jewish law · Social determinants of health

Introduction

The Haredi (ultra-Orthodox) Jewish community was hit hard and early in the COVID-19 pandemic. On March 2, 2020, the first community-acquired COVID-19 diagnosis was made in New York, with 'patient-zero' being an Orthodox Jew (Gold & Ferre-Sadurni, 2020). This index case foretold an early rapid spread

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that disproportionately affected the Haredi community (Zyskind et al., 2021). The community experienced many painful losses, including some of its most prominent leaders (Stack, 2020). When serum antibody testing became available between May and July 2020, the Haredi community (a more favorable categorization of the Ultra-Orthodox community which includes Hassidic, Yeshivish/Lithuanian, and other Jews) (Gabbay et al., 2017) showed high levels of positive seroprevalence. In the New York state region, these factors led many community members to believe (not unreasonably according to some experts) that the community had achieved “herd immunity” (Hanau, 2020). As the pandemic progressed, the community came under unprecedented scrutiny due to some members’ lack of adherence to COVID-19 guidelines. Additional restrictions were imposed on Haredi communities in response to local caseload upticks, and media outlets scrupulously underscored some community members’ defiance of guidelines. Tensions continued to develop between public health enforcement and the community (The Yeshiva World, 2020).

Understanding the Haredi community’s religious and sociocultural characteristics is integral to investigating its response to the pandemic. Notably, the American Jewish Orthodox community includes both Haredi and Modern Orthodox Jews, who comprise 62% and 31%, respectively, according to a 2015 Pew Center survey (Pew Research Center, 2015). Modern Orthodox Jews closely adhere to the central tenets of religious law (Halacha) but are culturally and socially integrated into modern life. Haredi Judaism, however, is a way of life dominated by religion in all aspects, and eschews many of the values of modern Western cultures (Gabbay et al., 2017). Our focus in this article is on the Haredi community, who was at the center of conflicts around public health measures, and whose specific cultural, social, and religious characteristics are crucial to understand in this context. At the same time, given significant interaction between Modern Orthodox and Haredi communities, we do refer to a larger Orthodox context wherever it is relevant.

Many aspects of the Haredi and larger Orthodox community’s experience during the COVID-19 pandemic have been studied, including its impact on mental health, virus proliferation in geographically separated Jewish communities, perceived risk of the pandemic, community vaccine sentiment, and vaccination rates, and how the pandemic impacted religious life in the Orthodox community (Carmody et al., 2021; Trencher, 2021; Weinberger-Litman et al., 2020; Zyskind et al., 2021). However, no study to date has specifically focused on the intricate inter-relationship of social realities in the Haredi community, complex religious legal and philosophical attitudes toward risk, and the effect of antisemitism as factors that shaped the pandemic’s effect on the community and its response to it.

In this study, we evaluate the social and religious factors that molded the community’s pandemic response. To do that, we delineate (1) the initial timeline of the virus spread in the community in relation to religious and social events and public health measures; (2) the major tensions that formed between community members, public health officials and mainstream society; (3) social considerations, including socioeconomic factors, education level and health literacy; (4) the history of antisemitic scapegoating of Jews during pandemics, and (5) an analysis of religious attitudes toward safety, plague and prayer. Our aim was to go beyond the current

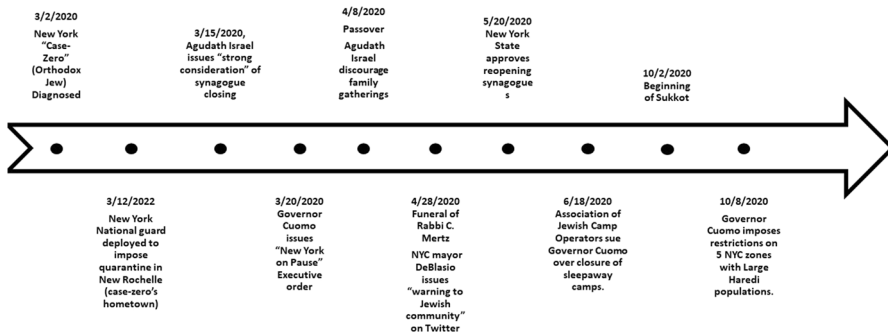


Fig. 1 Major events in the COVID pandemic for the New York Haredi community

journalistic account of events and to understand them in a broad and deep context. We conclude with a set of proposals for culturally informed engagement with the Haredi community to promote constructive dialogue and public health.

Timeline

On February 23, over a week before his official diagnosis, ‘case-zero’, a Modern Orthodox Jew, had attended both a Bat Mitzva and a funeral (Fig. 1). Attendees of these two events participated in the American Israel Political Action Committee conference in Washington, (March 1 through 3). The timing of these two events and his subsequent diagnosis on March 2 sent over one thousand people from his synagogue and greater community into quarantine (Gold & Ferre-Sadurni, 2020). While these were not necessarily predominantly Haredi, these events did draw attention to the Orthodox community as connected to the beginning of COVID-19 spread in New York State (Weinberger-Litman et al., 2020).

On March 12, then New York Governor Andrew Cuomo deployed the national guard to New Rochelle, case-zero’s hometown, to enforce a containment zone. Additionally, he restricted all events in New York that were greater than 500 people. Between March 13 and March 16, rabbinic leaders took drastic measures to limit communal transmission. Notably, as of March 16, 2020, there were a total of 1384 cumulative cases out of 10,262 tests administered (HealthDataNY.Gov 2022). Rabbis reflected upon community daily prayer, recognizing it as a dangerous opportunity for virus spread, and consulted with infectious disease experts for guidance on appropriate safety measures. On March 13, Agudath Israel of America, the leading rabbinic council in the Haredi community, sent out recommendations to the greater community, including a mandate for social distancing (Agudath Israel of America, 2020a). At that point, they decided to keep synagogues open. However, on March 15, they received recommendations from infectious disease specialists and reversed their initial decision, calling for “strong consideration” of closure of all synagogues (Agudath Israel of America, 2020b). The Agudah emphasized the importance of listening to CDC and local guidance, and the advice of infectious disease experts. Their actions were swift and lifesaving, closing

the community almost a week before the government issued its official ‘Pause order’, which called for the closure of all nonessential business, cancellation of group events of any size, and mandatory social distancing measures (New York State, 2020). On March 20, leaders of various rabbinic groups issued a joint statement, underscoring that the situation was one of “*sakanat nefashot*”, a threat to human life, and urged community members to take even more precautions than those mandated by state and government law (Agudath Israel of America, 2020d).

In anticipation of the Jewish holiday of Passover, which was set to begin on April 8, rabbinic leaders sent out letters to the community reinforcing the necessity to socially distance, as well as severely limiting having any guests for the holiday that is usually marked by multi-generational familial seder celebrations (Agudath Israel of America, 2020e). On April 6, rabbinic leaders publicized guidelines for funerals and burials, limiting participation to only immediate family members, all of whom are required to wear PPE (personal protective equipment) and retain social distancing (Zohn, 2020).

In the early pandemic (March 29 through April 22), a study in the Jewish community, with over 50% of the participants identifying as Haredi, showed that higher exposure levels were correlated with higher levels of religiosity. Furthermore, it reported high levels of compliance with medical guidance, including social distancing (Pirutinsky et al., 2020).

By mid-May 2020, the caseload in New York had plummeted to a daily average of less than 1500 daily cases, compared to 7500 at the pandemic’s peak. As case-loads began to diminish, reopening the synagogue for daily prayer became a priority. Rabbinic leaders prepared guidelines to safely facilitate the return to daily prayer and began to advocate that the government prioritize the reopening of synagogues. On May 20, the government gave the green light to do so.

Between June 3 and September 1, there were less than 1000 new COVID-19 diagnoses daily (Johns Hopkins University & Medicine, 2022). Antibody testing became more widespread, and the Orthodox community had high rates of positive results (New York City Health, 2022). In one study conducted in May and June 2020, 70.1% of survey participants tested positive for IgG antibodies. Notably, the majority (77.1%) reported having had COVID-19 symptoms between March 9 and April 1, 2020, (Zyskind et al, 2021). New York data show antibody test positivity rates in Midwood (11,230) and Borough Park (11,219), two regions in Brooklyn in which the Jewish population is predominantly Orthodox, produced antibody positivity rate of 42.7 and 50.7, respectively (NYC Health). The high antibody positivity rate, coupled with the strength at which the community was affected in the early pandemic, led many community members to assume that the community had acquired collective immunity to the virus. On June 26, one Hassidic paper went as far as to quote a verse from Numbers 26:1 on its front page, reading “And so it was after the plague” (Hanau, 2020).

Tensions

While the vast majority of the Haredi population followed health guidelines scrupulously at the outset of the pandemic, some community members publicly defied public health rules. As the pandemic progressed, more instances of ‘non-compliance’ were reported, and caseloads grew in predominantly Orthodox areas (Stack & Goldstein, 2020). Media and government responded to and publicized these instances, and while their goals may have been to promote public health, they were often perceived as targeted and antagonistic (Bella, 2020; De Blasio, 2020).

On April 28, 2020, one Hassidic community held a funeral for a religious leader with more than twenty-five hundred attendants without social distancing or mask wearing. Then New York City Mayor Bill De Blasio responded by calling in the police to break up the crowd, as well as posting a tweet with a warning ‘to the Jewish community’ (De Blasio, 2020). While he ultimately apologized for his sweeping attack on the Jewish community as a whole, the community felt slighted and betrayed (Agudath Israel of America, 2020a, 2020b, 2020c, 2020d, 2020e; Bella, 2020).

In June, the community looked to reopen parks and summer camps, two requests which would be a respite for the community’s large families who had now spent months quarantining in small homes. Both were denied by the government. These requests coincided with Black Lives Matter protests which were deemed legal. While some Haredi community members were inspired by the protests and a few expressed support, the perceived compromise of the enforcement of COVID-19 guidelines in one case, yet strict enforcement in another, left a strong sense of discrimination among Haredim. (Helfand, 2020; Pulliam Bailey, 2020; Wax-Thibodeaux, 2022; Ziri, 2020).

Community members took to the streets in protest, and two community leaders illegally cut open the locks to a local park (McArdle, 2020). The Association of Jewish Camp Operators filed a lawsuit against Governor Cuomo, with its central claim being that the decision to close sleepaway camps had violated the constitutional right to religious freedom. The lawsuit, while ultimately unsuccessful, aimed to highlight incongruities between how the government dealt with decisions bearing social and religious ramifications for the Haredi community and its response toward the needs of other communities.

In late September 2020, COVID-19 positivity rates began to climb in NYC once again, but were largely localized to zip codes with large Haredi communities (Stack & Goldstein, 2020). Again, the Haredi community was publicly singled out by government officials, who enacted a targeted lockdown in those zip codes, with severe restrictions on religious services. This lockdown corresponded with the Jewish holiday of Sukkot, a time for gathering and receiving guests, causing further resentment toward the restrictions.

The communal outrage sparked a variety of reactions. The Agudah initially sued Governor Cuomo to try to delay the decree (Agudath Israel of America, 2020f). Later, recognizing that communal anger may lead to further defiance of health guidelines, it produced a video to reinforce safety guidelines within religious institutions,

and to highlight that many institutions were following health regulations all along (Agudath Israel of America, 2020g). Other community members responded with public protests, some of which included mask burnings. The intense media coverage of the community left community members feeling unfairly targeted and stigmatized (The Yeshiva World, 2020).

Social Considerations

The Haredi community is led by rabbis whose guidance is sought in practically all areas of life, including health (Gabbay et al., 2017). While some rabbinic leaders may have expertise on certain medicinal topics, many rabbis rely on community physicians and Jewish Orthodox medical organizations to whom they have access to provide them the requisite knowledge to make Halachic decisions (Breuer et al., 2011). Many community members have limited exposure to the internet and secular world, and as such, their major sources of medical information are community based, whether that be word of mouth, community announcements, newspapers, or other publications. A study looking at primary sources of COVID-19 information in the Haredi Community found community members to trust community physicians and medical organizations as well as religious leaders, while distrusting government health information (Carmody et al., 2021).

Low socioeconomic status is a well-documented social determinant of health and is associated worse health outcomes (Evans & Kim, 2010). In the COVID-19 pandemic, it was speculated that families overcrowding in small living spaces likely contributed to the spread of the virus in low-income neighborhoods (Little et al., 2021). The average Haredi family has 4.1 children. Poverty is common with 43% of Haredim making an annual income of less than \$50,000. In terms of formal secular education, 38% of adults in the community reported their highest level of secular education as high school or less, and only 15% complete a bachelor's degree (Pew Research Center, 2015). Low levels of college attendance are not a reflection on the communities' knowledge base, rather, Haredim are continuously engaged in study of religious texts and Jewish law. Large family size compounded by low socioeconomic status created an extra hurdle for families as they were asked to quarantine and social distance from one another and was used by the community as its rationale for demanding that parks and camps be opened (McArdle, 2020).

The community's commitment to its faith and its prioritization of religious practices was another major factor that impacted its response to the pandemic. Specifically, its commitment to return to daily communal prayer became the primary priority of the community, as it pushed for synagogues to reopen and planned how to do so safely as caseloads began to drop.

Visiting the sick is an important mitzva in Jewish law, categorized as one of the ways in which humans can emulate God (Babylonian Talmud, Sota 14a, Semak Mitzvat Aseh 47; Bahag Mitzvat Aseh 47, Yereim 220, Smag Mitzvat aseh 7). The rationale for this is to take care of the needs of the sick, pray for their wellbeing, as well a metaphysical phenomenon that the act of visitation aids the healing

process (Nedarim 39a). In addition to being an important virtue, certain Haredi communities have made this mitzva a community priority (Satmar Bikur Cholim, 2022). The COVID-19 pandemic made direct acts of caring for the community's sick impossible, impinging on yet another pillar of the community's core identity.

Death in Jewish circles is marked by communal funerals and *shiva*, that provide comfort for mourners and respect for the deceased. Jewish law puts great emphasis on the respect toward religious leaders, marking the death of one's personal rabbi with the same mourning rituals that would be performed upon the death of an immediate family member (Babylonian Talmud, Moed Katan 25b, Tur Yoreh Deah 242). The inability to properly mourn for deaths within the community, especially community leaders was therefore particularly difficult.

The lack of sensitivity toward the community-specific social determinants of health during the COVID-19 pandemic spurred tensions between some community members and government officials. One particular concern is these conflicts' effect on vaccination rates going forward. A communal performed after vaccines were readily available to all adult community members shows low vaccination rates in the Haredi community, with just 22% of the Hassidic community, and 55% of the Yeshivish community vaccinated (Trencher, 2021). Moreover, while the decision to decline COVID vaccination has been strongly associated with the belief that prior infection offers protective immunity, the loss of trust in US physicians resulting from the pandemic has strongly predicted vaccine opposition as well. In addition, the majority of Haredim in the above survey expressed distrust of government institutions (Carmody et al., 2021).

Plagues, Bias, and Antisemitism

Throughout Jewish history, Jews have been framed as perpetrators of various evils, including spreading plagues. This perpetuated the antisemitic trope that Jews control the world, economically and otherwise (Ludwig, 2016). Perhaps the most significant incident of pandemic scapegoating was in the mid-fourteenth century, when were accused the Jews of poisoning wells and causing the Black Plague. This caused systematic persecution, with Jews facing expulsion, pogroms, and mass burnings (Cohn, 2007). The Nazi party utilized this trope in their propaganda as well, comparing Jews to unclean rats who are perpetrators of plague and disease (Martin, 2020).

Before the COVID-19 pandemic, antisemitism in the USA was already on the rise. On October 27, 2018, a massacre on the Tree of Life synagogue in Pittsburgh left 11 Jewish service attendees dead (Anti-Defamation League, 2018). On April 27, 2019, a gunman opened fire in a Chabad House in Poway, California, killing one (Cowan, 2019). In December 2019, a targeted attack on a Jewish supermarket in Jersey City killed four (Dwyer, 2019). New York and New Jersey saw a marked increase in antisemitic incidents in 2019, New York with a 23 percent increase from the previous year, and New Jersey with a 73% increase. In 2019, the Anti-Defamation League reported its highest ever number of antisemitic incidents in the USA (Anti-Defamation League, 2020b).

In a study in March 2020 examining perspectives of the first Jewish community quarantined in the pandemic, 50.3% reported concern of stigma, of which 63.2% were related to the association of plague and antisemitism (Weinberger-Litman et al., 2020). Indeed, antisemitic conspiracy theories blaming Jews for the pandemic abounded on social media including rhetoric that rejoiced regarding virus deaths in the Jewish community, and a movement called ‘Holo-cough, which encouraged people to intentionally infect Jews (Ehsan, 2020). Jews were blamed for starting the pandemic to ‘expand their global influence’, utilizing the age-old antisemitic trope that Jews aim to control the world (Anti-Defamation League, 2020a).

A subset of the Haredi community had recently experienced a measles outbreak which caused frictions between the Haredi community and public health officials. In Fall 2019, there was an uptick of measles cases in New York associated with a Hassidic community in Rockland County and Brooklyn, in which a significant many were unvaccinated. Although the decision to not vaccinate was not a religious one, (in fact, a recent study illustrated Jewish law supports vaccination) the resolution to the measles outbreak targeted the Hassidic Haredi community by name (Maslin Nir & Gold, 2019; Muravsky et al., 2021). Media sources drastically overstated the percentage of unvaccinated children (Blas, 2019). At that time, the government declared a state of emergency, and barred unvaccinated children under 18 from entering schools, houses of worship, stores, and restaurants. The singling out of this community further ostracized and villainized them in the eyes of others, sparking fear of an increase in antisemitism (Blas, 2019; Maslin Nir & Gold, 2019). This history allowed for a heightened feeling of victimization throughout the COVID-19 pandemic.

Halachic Considerations

In addition to social, historical, and community-related factors, one must also look to Halacha, a corpus of law pertaining to virtually all facets of life, to explain the Haredi community’s response to the COVID-19 pandemic. We analyzed Halachic works, including Talmudic passages, and other rabbinic scholarship to understand the Haredi community’s response to COVID-19. To properly expound on these ideas and included a brief glossary of Halachic concepts which are heavily utilized in our analysis.

- (1) *V'chai Bahem*—and you should live by them”, referring to the mitzvot (Leviticus 18:5). Early sages understood this verse as intended to uphold human life, and never to endanger it (Sifra Leviticus 18:5, Yalkut Shimoni, Babylonian Talmud Yuma 84b, Sanhedrin, Avodah Zara). This halachic principle allows for violating Jewish commandments in most instances when these commandments pose a threat to Jewish life (Babylonian, Yuma 84b–85b).
- (2) *Safek Nefashot Lehakel*—This Talmudic concept states that when there is uncertainty about whether there is a danger in a particular situation, one may violate Jewish law so long as there is even a minute possibility of danger (Babylonian, Yuma 84b–85b).

- (3) *Shmirat Hanefesh*- Protecting one’s life. This rabbinic law requires Jews to act in a safe manner. Performing dangerous activities would be a violation of this Halacha.
- (4) *Shomer Petaim Hashem*—God watches over the unquestioning believers. This Talmudic concept is used in situations where a danger cannot simply be averted, or someone inadvertently or unknowingly put themselves in harm’s way. In such instances, the Talmud, quoting this phrase from Psalm 116 verse 6, states that one need not be worried, as God watches over those of simple and unquestioning faith.
- (5) *Rodef*—Someone who is endangering one’s life. Rabbinic literature includes (albeit very rarely) discussions of whether efforts stop a highly dangerous person from taking others’ lives might theoretically even include killing that person. This, in the vast majority of cases is a highly theoretical discussion and the extremely problematic nature of applying this concept in real-life situations is widely recognized.¹

Safety in Jewish Law

The primacy of life is one of Judaism’s basic tenets, illustrated by the biblical verse “V’chai Bahem—and you shall live by them” (Leviticus 18:5). Rabbinic teaching instructs human life takes precedence over religious observance in all but the most extreme circumstances (Rambam Mishna Torah, Shabbat 2:18, Tur Orach Chaim 329, Shulchan Aruch 329:3).

This vital theme is further responsible for halacha’s general prohibition of martyrdom. Martyrdom is required when asked to perform extreme violations of the Torah’s laws: forbidden sexual acts, murder, or idol worship (the cardinal sins), but generally does not apply to lesser offenses. The Talmud makes a critical distinction, however, when pressure to violate Torah’s laws is the result of a decree by the state (*gzeirat malchut*) to persecute and punish Torah observance per se. In these circumstances some rabbis maintain that one must sacrifice one’s life rather than violate an otherwise minor custom such as the traditional way of fastening the straps of a sandal (Tractate Sanhedrin 74a,b).

These lines of religious thought are fundamental to understanding the perspectives held by some Haredim in the COVID-19 pandemic. Targeted closures of Jewish communities, laws limiting Jewish prayer and collective Torah study were perceived by some as a state-sponsored campaign uniquely aimed at restricting the practice of Jewish faith. This perspective of oppression created a window of opportunity in which, according to many halachic authorities, it would be permissible to risk one’s life in defiance of these measures.

¹ This concept came into public awareness after the 1995 assassination of Israeli Prime Minister Yitzhak Rabin. Prime Minister Rabin was murdered by a Jewish extremist who believed that Mr. Rabin’s engagement in peace negotiations with Palestinian leaders endangered the lives of Jews in Israel and rendered him a *rodef*.

Jewish law highlights another concept essential to safety—namely, that one must make an active effort to avoid danger and protect one's life (*Shmirat Hanefesh*). This commandment prohibits one from intentionally placing him or herself in harm's way, and one who does so is thought to have performed a sin (Smag Mitzvat Aseh 79, Rambam Mishna Torah Hilchot Rotzeach Ushmirat Hanefesh, 11:5, Levush, Shulchan Aruch Choshen Mishpat 427). The Be'er Hagolah, a commentator on the Shulchan Aruch (a comprehensive corpus of halacha written in the sixteenth century) explains that putting oneself in danger is antithetical to God's intention in creating of the world, namely, to provide goodness to his creations. To put one's life in danger is to act flippantly and with 'disgust' toward the good that God has done for him, and is thus a grave sin. It is important to note in this context that by the time targeted closure of Jewish communities was happening in New York, the majority of Haredim may have already had COVID and may not have felt like they were risking their lives to uphold their religion.

Furthermore, Halacha recognizes a special obligation to elude avoidable danger (Babylonian Talmud, Baba Batra 144b). The Talmud expounds on this concept, stating that all is controlled by God, except for '*tzinim u'pachim*' (Proverbs, 25, 5). Sages differ on the exact translation of the phrase, but generally it is understood as dangers that one could circumvent, such as getting sick due to staying in temperature extremes for too long (Tosfot, Babylonian Talmud Ketubot 30a). Where it is possible to avoid dangers, it is obligatory to do so (Tosfos, Rosh). Failure to do so, whether through intentionally doing a dangerous action or through sheer negligence, runs contrary to Halacha (Shulchan Aruch, Yoreh Deah 116:5).

The laws prohibiting placing oneself in a dangerous predicament or being negligent with one's health explain the Haredi community's initial reactions to the pandemic, which was marked by strict adherence to safety guidelines. However, the religious obligation to remain healthy and safe seems to be antithetical to some member's disregard of health policy later in the pandemic. The disregard can partially be explained by a different concept in Jewish religious thought, namely that of '*Shomer Petaim Hashem*' (see glossary above).

This concept helps make sense of the phenomenon that an individual might inadvertently put themselves in harm's way, but that God's protection will keep them safe. The Talmud suggests that under such circumstances, one need not worry about the danger that may have ensued (Babylonian Talmud, Shabbat 129, Niddah 31a). Scholars debate whether the concept is applicable a-priori or ipso facto and whether it is applicable only in cases of rare, minute danger. (Responsa of Achiezer, 1:23) (Responsa of Tziz Eliezer, 15:39:20) (Or Zaruah), but generally it is sometimes invoked to allow observant Jews to take certain risks despite the general obligation to uphold safety and preserve life.

This interpretation of *Shomer Pesaim Hashem*, in confluence with another religious concept that those performing mitzvot are not subject to harm (*shluhei mitzva einam nizokim*) formed a religious basis for some Haredi communities to be lenient about some pandemic rules. Rabbi Moshe Shaul Klein, a leader of the Haredi community in Benei Brak, Israel, and a world-renowned religious authority specifically in relation to medical questions, published that these rationales should be applied to allow the return of religious services, such as schools, yeshivas, and shuls

in a pre-pandemic fashion. He therefore states that if an individual tests positive for COVID, they should be quiet and just stay home until they are better, to avoid causing an entire group of people to stop what they are doing for 14 days to quarantine. Furthermore, masks should not be worn in schools or yeshivas during services, as they are a great bother and of uncertain benefit. Finally, Rabbi Klein also based his opinion on the risks of suspending communal Torah *learning and prayer* per se, including the mental and physical risks of isolation (Miller, 2020). Notably, his application of *shomer pesaim hashem* in this instance relies on his assertion that some doctors believe that wearing masks is not helpful and may even be dangerous. Importantly, Rabbi Klein's position was refuted by many Rabbis (Bechhofer, 2020; Slifkin, 2020). Finally, dereliction in communal Torah study and prayer was considered by some leaders, such as the late Rabbi Hayim Kanyevski as gravely dangerous. The Rabbi's interlocutors, speaking to the New York Times, said he believes that "The pandemic made prayer and study more important, not less" (Kingsley, 2021).

Public vs Private Safety

While individual safety is protected by Jewish law, halacha takes additional matters into consideration with regard to public safety. This is predicated on the concept in Talmud (Babylonian, Sanhedrin 74a) that one cannot assume that his or her life is more valuable than anyone else's. In a similar fashion, the Talmud rules unequivocally that if twins are born on Shabbat and are connected by an umbilical cord, it must be cut out of fear that the twins will be endangering one another (Shabbat 129a). This phenomenon is referred to throughout halachic texts as 'rodef', someone who is endangering your life. With regard to a rodef, halachic thought considers that if someone is endangering your life, there might be permission to take decisive, even aggressive action against that person. At the outset of the pandemic, rabbinic leaders used this label to categorize those who defied public health guidelines, and therefore instructed those who witnessed the transgression to reprimand the wrongdoer, as well as report to the authorities (Steinberg, 2020).

Religious Handlings of Plague Throughout Jewish History

Plagues were understood to be an imminent threat to human life throughout Jewish history and are addressed in halachic Texts in two manners: (1) strict guidelines intended to protect human life; (2) religious rituals instituted to serve as spiritual or metaphysical protection.

Halachic Guidelines During a Plague

Halacha defines plague based on the size of a city's population, measured in proportion to its number of eligible soldiers. In a city with 500 infantry troopers, one death in the community on three consecutive days would constitute a plague, while in a

larger city, more deaths would be required. This qualification is rather stringent; if three people die on one day, or alternatively over the course of four days in a requisitely sized city, it would not qualify as a plague (Babylonian Talmud, Taanit 21a).

Despite the high death rate necessary to qualify as a plague in Jewish law, the Babylonian Talmud recounts stories of sages who established plague protocol despite not meeting the halachic threshold. One sage did when there was a pandemic among the pigs in the city. Under the presumption that pigs have similar intestines to humans, he reasoned that its spread to humans was imminent. Commentators (Tosafists) extrapolate that the threat of a pandemic spreading must be taken seriously, as if we are even concerned about illness vectors from animals, we should certainly be concerned about human spread. This concern is codified in Halacha, where we institute a fast (plague protocol) when there is a pandemic among animals, or other nearby nations (Shulchan Aruch, Orach Chaim 576:3). Similarly, Sages recognized the threat of contagion, establishing plague protocol in one Babylonian city when there was an outbreak in a distant city with whom the former engaged in commerce (Babylonian Talmud, Taanit 21b).

Furthermore, the Talmud (Babylonian, Baba Batra 60b) discusses various safety practices that should be upheld during a time of plague. Firstly, there is a strong recommendation to stay at home. One scholar (Rava) went as far as closing his windows during a pandemic, out of fear that the illness would enter his home through the outdoor air. Next, sages warn against walking in middle of the road, which the Rosh, a medieval commentator on the Talmud, explains is a euphemism for how to act during a period of illness, or a pandemic. In times of health uncertainty, one must go to the extremes of being healthy, including physical and emotional health. While these recommendations are not codified in Jewish law, the requisition of safety during a pandemic is. The Shulchan Aruch (Yoreh Deah, 116:5) lists various practices that must be avoided to ensure personal safety. The Rama explains that we treat a potential threat to danger much more seriously than a potential threat to violating Jewish law. Further, it is forbidden by Jewish law to rely on miraculous protection, and as such one must make sufficient efforts to remain out of harm's way. As a stipulation, he states, that requires one to abandon dangerous situations, such as leaving a city at the outset of a pandemic.

Rabbinic revisions of religious practices during a public health crisis have precedent in Jewish law. During the Cholera epidemic, Rabbi Akiva Eiger, a prominent rabbinic leader at the turn of the nineteenth century, recognized that large communal prayer in small spaces would amplify the spread of the disease, and therefore instructed his community to break off into small groups of fifteen people and stagger start times to prayer to ensure everyone's safety. Additionally, he encouraged the community to stay warm, eat healthy foods, and stay clean to decrease their susceptibility to Cholera (Iggrot Rabbi Akiva Eiger 71).

Religious Practices During Plague

Reaching the threshold of plague according to Halacha is marked by various religious customs. The Mishnah (Taanit 3:4) states that when plague hits a city, a fast

day is established, during which the community joins together in the street in both fasting and prayer. This practice is recorded in halacha (Shulchan Aruch 576:2), although later scholars warned against fasting during plague, especially when physicians warn against it, out of concern that nutritional deprivation would cause further susceptibility to contracting illness (Eliyah Rabbah, Mishnah Berurah). Notably, on March 19 rabbinic leaders encouraged all healthy individuals to fast for a half day due to the impending danger of the pandemic. The fast was limited to those able-bodied symptom free individuals to ensure safety of the endeavor. Leaders urged the community to mark the occasion through prayers and plead for mercy of the entire global community to be spared the harsh nature of the pandemic (Agudath Israel of America, 2020c).

Even when fasting and large public gatherings are not possibilities, Jewish religion emphasizes the necessity of prayer during times of crisis. On the high holidays, the statement ‘repentance, charity, and prayer remove the evil decree’ is recited at pivotal points in prayer. It underscores that God controls the world and could bring about a myriad of disasters, natural and otherwise, from which the only means of salvation is God himself. Prayer in times of plague is marked by the recitation of Tehillim, as well as prayer called Pitom Hakitores, which according to the Talmud (Tractate Shabbat 99a) can stop the angel of death. The centrality of communal prayer in times of crisis in Judaism made the desire for its return one of the community’s upmost priorities. Rabbi Yoseph Hayim ben Eliyahu of Baghdad (‘Ben Ish Hai’), a leading rabbinic figure, composed a special prayer to stop a bubonic plague outbreak that occurred in 1897 in Mumbai, India, where many Baghdadi Jews had resettled (Kikar HaShabat, 2020).

Discussion

Our review of the Haredi experience during the COVID-19 pandemic and their communities’ responses to it illustrates several powerful connections between current events and the deep-rooted historical and religious structures that inform and undergird Haredi Judaism. The first step to address the epidemiological, social, and political complications of the story of Haredim during the COVID-19 crisis, therefore, is to offer a preliminary examination of the Haredi world view. That is, to tell their story of the COVID-19 crisis in terms of religious philosophy and law, intense historical memory of persecution and an inherent, self-imposed distance from secular culture. These historical experiences and realities shape the distinctive lens through which many Haredi Jews interpret contemporary events, including medical ones.

The centrality of religion in the community created intense motivation to return to daily prayer services, collaborative Torah study, and other religious practices. As we have highlighted in our analysis, from a purely religious perspective, Halacha prioritizes health and safety over any religious practices. Public health measures and statements by officials that to the Haredi community resonated historical state-sanctioned campaigns against Torah study and observance may have provided a perceived religious justification for non-adherence to guidelines and created a resistant, at times confrontational milieu.

As we have underscored, the history of antisemitism and plague, heightened by antisemitic conspiracy theories about the virus's origin, made the community sensitive to being targeted from the outset. The handling of the 2019 measles pandemic may have already influenced the community's trust in public health guidelines. Overgeneralizations by government officials and media coverage put community members in defense mode, as well as allowed them to question the motives of health guidelines in the first place. Decisions to keep parks and camps closed further intensified feelings of distrust toward government officials, whom they felt were no longer recognizing the needs of their community. Finally, the surprise closure of predominantly Haredi zip codes during the holidays after cases had been on the rise for a while further fueled the flames of distrust. While community members did conform to the guidelines at this point, they did so out of fear of retaliation more than out of protection for public safety.

We further found that an important religious rationale for relaxing guidelines was based on the concept of 'shomer pesaim hashem', that God watches over believers, which diminished concerns about the threat of COVID-19. However, application of this principle is also contingent on the perceived probability and degree of danger. The virus's early and intense impact on the Jewish community influenced many to believe that the community had already achieved herd immunity, and therefore at very low risk of virus spread.

Social factors such as limited access to health information (in large part due to religious objection to the use of the internet) might increase reliance on information disseminated within the community (Carmody et al., 2021) than in public health officials. This makes the community more prone to medical misinformation and mistrust. Other socioeconomic factors, such as large family sizes in small living spaces, further amplified both the virus spread, as well as the difficulties imposed by quarantining in place.

Importantly, the religious framework of Haredi Judaism also presents several opportunities for positive engagement with public health bodies and improved outcomes. These include religious imperatives for caution such as protecting one's life "shemirat hanefesh" and the specific obligation to eschew avoidable risks (tzinim ufahim"), Additionally, the close-knit and isolated nature of the community also makes influential forces rabbis and community organizations powerful potential allies for public health campaigns as was observed in the early phases of the pandemic.

Models of Engagement

Considering this, we propose three models of engagement with the community that would foster a positive, culturally sensitive public health response. These three models include a list of "dos and don'ts" based on religious imperatives for cautions and lessons learned from early successes in adherence (for the "dos") as well as later breakdowns in communication and adherence (for the "don'ts").

Firstly, it is imperative to avoid any behaviors may be perceived as stigmatizing or targeting the community in any way. Bias and prejudice, whether implicit or explicit, alienates an already vulnerable population, and garners mistrust that is difficult to rebuild. The epidemiologic benefits of shutdowns, keeping parks and camps closed, shutting synagogues must be carefully evaluated in the light of the sociocultural factors that pertain to the Haredi community. If a shutting down certain community institutions proves to be necessary, it is imperative to do so in conjunction with community leaders, and in a non-targeted fashion, so as not to exacerbate feelings of antagonism and distrust toward the medical community.

Next, the medical community should take initiative to recognize the social determinants of health in the Haredi community, and provide alternative ways to disseminate information. Firstly, the community's average education level, compounded by lower access to the internet should serve as an impetus to providing health information in alternative ways. Possible initiatives may include health pamphlets distributed in places such as supermarkets, and health classes offered to men and women separately, and a hotline to access imperative health information over the phone. Resources should be available in both English and Yiddish and should be continuously updated throughout the pandemic. Receiving a stamp of approval from community rabbinic leaders would further the success of such initiatives.

Finally, we encourage consistent collaboration with rabbinic figures and community leaders throughout the pandemic or other health crisis. As we have illustrated, the community's initial response to the pandemic was rapid and strict and likely saved many lives. As the pandemic progressed, the severity of the threat seemed minimal, after which tensions began to arise between the Jewish community and public health enforcement. Had there been continuous communication, joint decision making that was reflective of the communities' sociocultural makeup, perhaps the distrust that followed could have been avoided. Additionally, it would have allowed the medical community to understand and address the misconceptions regarding herd immunity early on, as the heavy blow that the community experienced in COVID-19 pandemic in March 2020 led many community members to presume natural immunity. That, in turn, would garner public trust in both the efficacy and necessity of vaccination, which continues to be underutilized among community members (Trencher, 2021). There are many positive lessons to be learned from efforts of medical organizations from within the Orthodox Jewish community to promote adherence to public health measures, COVID-19 vaccinations, and constructive dialogue about medical care. These include the Jewish Orthodox Women's Medical Association, OrthoDocs and the NYC Department of Health liaison to the Haredi community (Hanau, 2022; Offenhardt, 2020; UJA Federation of New York, 2021). These efforts need to be encouraged, deepened, and broadened to better confront future public health challenges, COVID-19 related or otherwise.

Limitations

Our study has certain limitations. First, it relies on secondary data including academic publications, journalistic accounts, and rabbinic sources rather than direct accounts by various stakeholders. To address this lacuna, we plan a follow-up study that will include direct interviews with healthcare providers in the Haredi community to illicit their perspective on the lessons that the COVID-19 pandemic has offered and how those can be applied to improve future adherence and public health outcomes. Second, the inter-relationship of religious law, social factors, individual and communal behaviors, and health outcomes are highly complex and tend to elude a definitive comprehensive analysis.

Conclusion

We have highlighted that the social and religious factors central to the Haredi community are integral to their pandemic response. If understood, the communal structure can be utilized to further health guidelines adherence, by consistent and transparent communication between health officials and community leaders. As we have illustrated, the community is prone to medical misinformation, and it is therefore necessary to maintain close connections to ensure that public safety is upheld and that the community feels both valued and respected. When not taken into consideration, the community is more prone to feel as though they are being unfairly targeted, furthering feelings of distrust, and sometimes defiance to the medical information being provided. Recognizing the religious and social factors impacting the community is necessary to repair the relationship between the Haredi and medical communities. It can also serve as a potential opportunity to join with religious communities at large to improve health outcomes in the future.

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Declarations

Conflict of interest Neither author has any financial interest to declare.

References

- Agudath Israel of America. (2020a). *Updated Coronavirus guidance to communities* (March 13). <https://agudah.org/agudath-israel-of-america-updated-coronavirus-guidance-to-communities-march-13th/>.
- Agudath Israel of America. (2020b). *Coronavirus: Urgent update* (March 15). <https://agudah.org/coronavirus-urgent-update/>.

- Agudath Israel of America. (2020c). *Moetzes Gedolei HaTorah issues proclamation in response to COVID-19 pandemic*. <https://agudah.org/moetzes-gedolei-hatorah-issues-proclamation-in-response-to-covid-19-pandemic/>.
- Agudath Israel of America. (2020d). *Joint Statement to the Orthodox community*. <https://agudah.org/joint-statement-to-the-orthodox-community/>.
- Agudath Israel of America. (2020e). *Joint statement to the Orthodox community Regarding Pesach*. <https://agudah.org/joint-statement-to-the-orthodox-community-regarding-pesach/>.
- Agudath Israel of America. (2020f). *Agudath Israel sues to stop unconstitutional restrictions on shul attendance in New York State*. <https://agudah.org/agudath-israel-sues-to-stop-unconstitutional-restrictions-on-shul-attendance-in-new-york-state/>.
- Agudath Israel of America. (2020g). *An important message about COVID-19 and testing in our community*. <https://agudah.org/an-important-message-about-covid-19-and-testing-in-our-community/>.
- Anti-Defamation League. (2020a). *Coronavirus: Antisemitism*. <https://www.adl.org/resources/blog/coronavirus-antisemitism>.
- Anti-Defamation League. (2018). *Deadly shooting at Pittsburgh Synagogue*. <https://www.adl.org/blog/deadly-shooting-at-pittsburgh-synagogue>.
- Anti-Defamation League. (2020b). *Antisemitic incidents hit all-time high in 2019*. <https://www.adl.org/resources/press-release/antisemitic-incidents-hit-all-time-high-2019>.
- Bechhofer, Y. G. (2020). Shomer Pesa'im Hashem ("God watches the fools") and the novel Coronavirus. *The Journal of Halacha and Contemporary Society*, (LXXV), 97–127. https://www.academia.edu/44825931/Shomer_Pesaim_Hashem_God_Watches_the_Fools_and_the_Novel_Coronavirus.
- Bella, T. (2020). De Blasio breaks up a rabbi's crowded funeral, gets slammed by critics for singling out Jews. *The Washington Post*. <https://www.washingtonpost.com/nation/2020/04/29/rabbi-funeral-coronavirus-deblasio-jews/>.
- Blas, E. (2019). *One measly change: An unorthodox approach to addressing Ultra-Orthodox measles outbreak*. Penn State Masters of Behavioral and Decision Sciences Capstones.
- Breuer, B., Rosner, F., & Glatt, A. E. (2011). A proposal to improve rabbinic decision-making for serious medical problems. *Hakirah: The Flatbush Journal of Jewish Law and Thought*, 11. <https://hakirah.org/Vol%2011%20Breuer.pdf>.
- Carmody, E. R., Zander, D., Klein, E. J., Mulligan, M. J., & Caplan, A. L. (2021). Knowledge and attitudes toward Covid-19 and vaccines among a New York Haredi-Orthodox Jewish community. *Journal of Community Health*, 46(6), 1161–1169. <https://doi.org/10.1007/s10900-021-00995-0>
- Cohn, S. K. (2007). The Black Death and the burning of Jews. *Past & Present*, 196(1), 3–36. <https://doi.org/10.1093/pastj/gtm005>
- Cowan, J. (2019). What to know about the Poway Synagogue shooting. *The New York Times*. <https://www.nytimes.com/2019/04/29/us/synagogue-shooting.html>.
- De Blasio, M. B. (2020). My message to the Jewish community, and all communities, is this simple: the time for warnings has passed. I have instructed the NYPD to proceed immediately to summons or even arrest those who gather in large groups. This is about stopping this disease and saving lives. Period. *Twitter*. <https://twitter.com/nycmayor/status/1255309615883063297?lang=en>.
- Dwyer, C. (2019). Jersey City Shooting was 'a targeted attack on the Jewish Kosher deli'. *National Public Radio*. <https://www.npr.org/2019/12/11/787029133/jersey-city-shooting-was-a-targeted-attack-on-the-jewish-kosher-deli>.
- Ehsan, R. (2020). Weaponizing COVID-19: Far-right Antisemitism in the United Kingdom and United States. *The Henry Jackson Society*. <https://henryjacksonsociety.org/publications/covid19farright/>.
- Evans, G. W., & Kim, P. (2010). Multiple risk exposure as a potential explanatory mechanism for the socioeconomic status-health gradient. *Annals of the New York Academy of Sciences*, 1186(1), 174–189. <https://doi.org/10.1111/j.1749-6632.2009.05336.x>
- Gabbay, E., McCarthy, M. W., & Fins, J. J. (2017). The care of the Ultra-Orthodox Jewish patient. *Journal of Religion and Health*, 56(2), 545–560. <https://doi.org/10.1007/s10943-017-0356-6>
- Gold, M., & Ferre-Sadurni, L. (2020). 9 new cases of Coronavirus in N.Y., all connected to Westchester man. *New York Times*. <https://www.nytimes.com/2020/03/04/nyregion/coronavirus-nyc-yeshiva-university.html>.
- Hanau, S. (2020). Brooklyn's Hasidic Jews are acting like they have herd immunity. Could they be right? *Jewish Telegraphic Agency*. <https://www.jta.org/2020/07/08/health/brooklyns-hasidic-jews-are-acting-like-they-have-herd-immunity-could-they-be-right>.

- Hanau, S. (2022). A cure for ignorance? US Orthodox doctors battle both COVID and disinformation. *The Times of Israel*. <https://www.timesofisrael.com/a-cure-for-ignorance-us-orthodox-doctors-battle-both-covid-and-disinformation/>.
- Health.Data.NY.Gov. *New York State Statewide COVID-19 Testing*. Retrieved September 5, 2022, from <https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Testing/xdss-u53e/data>.
- Helfand, Z. (2020). “We don’t protest”: Borough Park’s mask-burning Orthodox Jewish demonstrators. *The New Yorker*. <https://www.haaretz.com/us-news/2020-06-04/ty-article/premium/for-orthodox-jews-protests-inspire-solidarity-but-also-raise-1st-amendment-issues/0000017f-e10f-d38f-a57f-e75f97c80000>.
- Johns Hopkins University & Medicine. Impact of opening and closing decisions by State. A look at how social distancing measures may have influenced trends in COVID-19 cases and deaths. Retrieved September 5, 2022, from <https://coronavirus.jhu.edu/data/state-timeline/new-confirmed-cases/new-york/27>.
- Kikar H. (2020). A prayer to stop the plague from the "Ben Ish Hai": A wondrous manuscript published for the first time (Tikun lamegeifah meha"Ben Ish Hai"-Ktav yad pil'ee befirsum rishon.) *Kikar HaShabat*. <https://www.kikar.co.il/351471.html>.
- Kingsley, P. (2021). He is Israel’s ‘prince of Torah,’ but to some, he is the king of Covid. *The New York Times*. <https://www.nytimes.com/2021/01/29/world/israel-virus-rabbi-orthodox.html>.
- Little, C., Alsen, M., Barlow, J., Naymagon, L., Tremblay, D., Genden, E., Trosman, S., Iavicoli, L., & Van Gerwen, M. (2021). The impact of socioeconomic status on the clinical outcomes of COVID-19: a retrospective cohort study. *Journal of Community Health*, 46(4), 794–802. <https://doi.org/10.1007/s10900-020-00944-3>
- Ludwig, K. (2016). *The Scapegoat*. Augustana Digital Commons.
- Martin, T. (2020). Propaganda: How Germany convinced the masses. *History in the making*, Vol. 13, Article 8. <https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1138&context=history-in-the-making>.
- Maslin Nir, S., & Gold, M. (2019). An outbreak spreads fear: Of measles, of Ultra-Orthodox Jews, of Anti-Semitism. *The New York Times*. <https://www.nytimes.com/2019/03/29/nyregion/measles-jewish-community.html>.
- McArdle, M. (2020). Brooklyn Jewish leaders use bolt cutters to reopen park closed by city. *National Review*. <https://www.nationalreview.com/news/brooklyn-jewish-leaders-use-bolt-cutters-to-reopen-park-closed-by-city/>.
- Miller, A. (2020). The Hassidic posek: A sick child should not get tested (Haposek HaHasidi: Yeled She-Hala Lo Yelech Lehibadek). *Behadrei Haredim; Behadrei Haredim*. <https://www.bhol.co.il/news/1137737>.
- Muravsky, N. L., Betesh, G. M., & McCoy, R. G. (2021). Religious doctrine and attitudes toward vaccination in Jewish law. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-021-01447-8>
- New York State. (2020). Governor Cuomo signs the ‘New York State on PAUSE’ executive order. *New York State*. <https://www.governor.ny.gov/news/governor-cuomo-signs-new-york-state-pause-executive-order>.
- New York City Health. (2022). *COVID-19: Data*. Retrieved September 5, 2022, from <https://www1.nyc.gov/site/doh/covid/covid-19-data-totals.page#antibody>.
- Offenhartz, J. (2020). City health officials issue "all hands on deck" plea to crown heights hasidic community. *Gothamist*. <https://gothamist.com/news/city-health-officials-issue-all-hands-deck-plea-crown-heights-hasidic-community>.
- Pew Research Center. (2015). A portrait of American Orthodox Jews, a further analysis of the 2013 survey of U.S. Jews. *Pew Research Center*. <https://www.pewresearch.org/religion/2015/08/26/a-portrait-of-american-orthodox-jews/>.
- Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. *Journal of Religion and Health*, 59(5), 2288–2301. <https://doi.org/10.1007/s10943-020-01070-z>
- Pulliam Bailey, S. (2020). Orthodox Jewish leaders sue to block New York restrictions where covid-19 cases are rising. *Washington Post*. <https://www.washingtonpost.com/religion/2020/10/08/orthodox-jewish-leaders-sue-block-new-york-restrictions-where-covid-19-cases-are-rising/>.
- Satmar Bikur Cholim. *Satmar Bikur Cholim the kitchen for the Jewish patients*. Retrieved September 5, 2022, from <https://satmarbc.org>.
- Slifkin, N. (2020). A serious Charedi halachic responsum on Covid and Torah? *Rationalist Judaism*. <http://www.rationalistjudaism.com/2020/10/a-serious-charedi-halachic-responsum-on.html>.

- Stack, L. (2020). Plague on a Biblical scale: Hasidic families hit hard by virus. *New York Times*. <https://www.nytimes.com/2020/04/21/nyregion/coronavirus-jews-hasidic-ny.html>.
- Stack, L., & Goldstein, J. (2020). New York threatens Orthodox Jewish areas with lockdown over virus. *New York Times*. <https://www.nytimes.com/2020/09/25/nyregion/coronavirus-orthodox-jewish-communities.html>.
- Steinberg, A. (2020). *The Coronavirus pandemic 2019–2020: Historic and halachik perspectives*. web.colby.edu. <https://web.colby.edu/coronaguidance/files/2020/04/Steinberg-Coronavirus-pandemic-historical-medical-and-halachic-perspectives.pdf>.
- The Yeshiva World. (2020). Thank you, responsible media. <https://www.theyeshivaworld.com/news/headlines-breaking-stories/1851828/thank-you-responsible-media.html>.
- Trencher, M. L. (2021). The Orthodox Jewish community and the coronavirus: Halacha grapples with the pandemic. *Contemporary Jewry*, 41(1), 123–139. <https://doi.org/10.1007/s12397-021-09390-2>
- UJA Federation of New York. (2021). *Spreading the word about vaccine safety to Orthodox Jewish Communities*. ujafedny.org. <https://www.ujafedny.org/news/spreading-the-word-about-vaccine-safety-to-orthodox-jewish-communities>.
- Wax-Thibodeaux, E. (2022). Young Hasidic Jews protest in support of black neighbors, challenging history of racial tensions. *Washington Post*. https://www.washingtonpost.com/national/young-hasidic-jews-challenge-history-of-community-tensions-with-protest-in-support-of-black-neighbors/2020/06/19/e16aea56-abdf-11ea-a9d9-a81c1a491c52_story.html.
- Weinberger-Litman, S. L., Litman, L., Rosen, Z., Rosmarin, D. H., & Rosenzweig, C. (2020). A look at the first quarantined community in the USA: Response of religious communal organizations and implications for public health during the COVID-19 pandemic. *Journal of Religion and Health*, 59(5), 2269–2282. <https://doi.org/10.1007/s10943-020-01064-x>
- Ziri, D. (2020). For New York City’s Orthodox Jews, protests inspire solidarity – but also raise first amendment concerns. *Haaretz*. <https://www.haaretz.com/us-news/2020-06-04/ty-article/premium/for-orthodox-jews-protests-inspire-solidarity-but-also-raise-1st-amendment-issues/0000017f-e10f-d38f-a57f-e75f97c80000>.
- Zohn, E. (2020, April 8). Statement on burial guidelines: Honor the dead: Stay home. *Agudath Israel of America*. <https://agudah.org/statement-on-burial-guidelines-honor-the-dead-stay-home/#iLightbox%5Bgallery27296%5D/0>.
- Zyskind, I., Rosenberg, A. Z., Zimmerman, J., Naiditch, H., Glatt, A. E., Pinter, A., Theel, E. S., Joyner, M. J., Hill, D. A., Lieberman, M. R., Bigajer, E., Stok, D., Frank, E., & Silverberg, J. I. (2021). SARS-CoV-2 seroprevalence and symptom onset in culturally linked Orthodox Jewish Communities across multiple regions in the United States. *JAMA Network Open*, 4(3), e212816–e212816. <https://doi.org/10.1001/jamanetworkopen.2021.2816>

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