

Judeo-Christian Analysis of the COVID-19 Crisis and Its Management

Análisis judeo-cristiano de la crisis de COVID-19 y su gestión

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Abstract: The present coronavirus crisis caused major worldwide disruption. Numerous experts admit now that the crisis management was far from optimal from the very beginning. In the paper, we first digest the available information on the crisis and its management. We then list factors that led to the chosen way of crisis management. Afterwards, we question whether religious leaders could have gained enough information for them not to have supported lockdowns etc. back in March, 2020. In our opinion, they could have if they would have addressed trustworthy experts with a list of reasonable professional questions. We then analyze the question if hypothetical coercive measures are justified in the case when they are effective in decreasing the overall mortality but cause the death of several people. Our conclusion is that such measures are not justified ethically, and implementing emergency powers is justified only in the case of war. Finally, we formulate several important problems highlighted by COVID-19 to be discussed in the future.

Keywords: public health; atheism; priesthood responsibility; decision making; public choice; disaster response.

Resumen: La actual crisis del coronavirus ha causado una gran perturbación a nivel mundial. Numerosos expertos admiten ahora que la gestión de crisis estuvo lejos de ser óptima desde el principio. En el documento, primero resumimos la información disponible sobre la crisis y su gestión. A continuación, enumeramos los factores que llevaron a la forma elegida de gestión de crisis. Posteriormente, cuestionamos si los líderes religiosos podrían haber obtenido suficiente información para no haber apoyado los bloqueos, etc. en marzo de 2020. En nuestra opinión, podrían haberlo hecho si se hubieran dirigido a expertos confiables con una lista de preguntas profesionales razonables. Luego analizamos la cuestión de si las medidas coercitivas hipotéticas están justificadas en el caso de que sean efectivas para disminuir la mortalidad general pero causen la muerte de varias personas. Nuestra conclusión es que tales medidas no están justificadas éticamente, y la implementación de poderes de emergencia solo está justificada en caso de guerra. Finalmente, formulamos varios problemas importantes destacados por COVID-19 para ser discutidos en el futuro.

Palabras clave: salud pública; ateísmo; responsabilidad del sacerdocio; Toma de decisiones; elección pública; respuesta al desastre para reducir la mortalidad, ¿se habrían justificado religiosamente?

1. INTRODUCTION

The present coronavirus crisis created a major worldwide disruption on a magnitude the World has not experienced in decades. At the beginning of this crisis, the overall attitude towards COVID-19 was probably best formulated by the Israeli Prime Minister Binyamin Netanyahu on March 20th, 2020: “This is a scale the world has never known, the biggest crisis since the Middle Ages” (Shnaider, 2020; Schrauger, 2020)¹.

The above attitude failed to assess the already available data from the quarantined cruise boat *Diamond Princess*, “an ideal—if unfortunate—natural laboratory to study a virus” (Faust 2020). According to this data, the COVID-19 case fatality rate (CFR) was below 0.4% in most healthy non-geriatric adults and about 1% in the elderly aged 70 and above. For comparison, the CFR of the Spanish Flu in 1918-1919 (the real biggest medical crisis since the Middle Ages) was above 2% in young adults and children. In the UK alone, the Spanish Flu caused approximately 200,000 young-age deaths (DHSC, 2020) when the median age of the casualties was 28 years (Erkoreka, 2010).

From the very beginning, the pandemic response could have hardly been considered rational. After 9/11, many governments prepared plans for

¹ Video – PM Netanyahu’s statement (Hebrew):

<https://www.youtube.com/watch?v=oSUxTk7Ltmw>. See at 4’26”. (30-11-2022)

dealing with exactly this kind of a pandemic. We should mention the national preparedness plans of Italy in 2006 (Italy, 2006), Israel in 2007 (MoHoI, 2007; Kohn et al, 2010), US in 2009 (OSHA, 2009), Spain 2010 (Sánchez-Bayón et al, 2022) and UK in 2011 (DoH, 2011). Ultimately, the World Health Organization published its plan in 2019 (WHO, 2019). All these plans were shelved overnight (Yanovski & Socol, 2022). Contrary to what was written in these plans, governments imposed lockdowns. According to Webster's dictionary the original meaning of the word "lockdown" was "the confinement of prisoners to their cells for all or most of the day as a temporary security measure."² With the emergence of coronavirus, this word surfaced with a new meaning: closing schools and workplaces, closure or restrictions on dining, sports, and cultural events, extraordinary travel restrictions, canceling medical and dental visits, curfews, quarantine regulations and more. Face masks whose effectiveness has been studied and not proven for decades (PECC, 2022) became obligatory; in many countries – even outdoors. Law-abiding citizens of democratic countries were supposed to be subjected to surveillance (contacts' tracing) that had previously only been carried out by a court order and only for the worst of criminals. For technical reasons, probably only Korea and Israel actually imposed such surveillance. Simple medicines like Hydroxychloroquine and Ivermectin that were considered safe for years and that were apparently effective against the disease (McCulough et al, 2020) were banned as if they were deadly poisons. On the other hand, principally novel state-of-the-art inoculations were enforced by draconian laws immediately after the Emergency Use Authorization (Huerta de Soto et al, 2021). The information regarding the impact of these inoculations was classified and partly released only following a court order (Greene, 2022; Pittman, 2022).

It should be mentioned that the laws of vaccination passports bear, very regrettably, some resemblance to the restrictions imposed on non-Aryans in Germany since 1933 (Beck, 2022): non-Aryans could not be employed in civil service ("Law on the Restoration of the Professional Civil Service", 7 April 1933) and healthcare (Decree on the Admission of Physicians to the National Health Insurance Service, 22 April 1933; see also Kater (1989)), teach and study in universities (Law Against the Overcrowding of German Schools and Universities, 25 April 1933). Surely, we must stress at least two major differences between the vaccination passports and the "race purity"

² <https://www.merriam-webster.com/dictionary/lockdown> (13 – 11- 2022).

policies. First, the unvaccinated, unlike non-Aryans, were free – actually, urged – to change their status. Second, the vaccination passports’ policy was not the beginning of the path leading to physical extermination. This difference being stressed and constantly kept in mind, the very fact of the above resemblance should hardly be dismissed as pointless *reductio ad Hitlerum* (Schwartzman, 2021; Sagiv & Kasher, 2021).

Not everybody shared the extreme approach based on the fear of a seemingly impending apocalypse. As early as the 26th of February 2020, two weeks before the lockdown in Italy, Prof. Bentwich of the Ben-Gurion University (Israel) wrote:

“While it is too soon to sum up the story of the new coronavirus, this outbreak will surely be studied in the future as an example of the extensive implementation of a drastic world health policy. In my estimation, the main lesson that will be drawn from this episode is that drastic measures should be employed in a much more cautious and measured manner, and only after evidence has accumulated of significant danger on a greater scale. Until then, the standard measures for preventing the spread of infectious diseases should be used. Just as important is the message that people should no longer fear the coronavirus.”(Bentwich 2020).

An anonymous blogger in Belarus who probably had no medical background and certainly had not read the article of Prof. Bentwich, wrote on April 1st, 2020 that:

“the present mass madness will be included in all textbooks on the psychiatry and psychology of the masses.” (Minskblog, 2020).

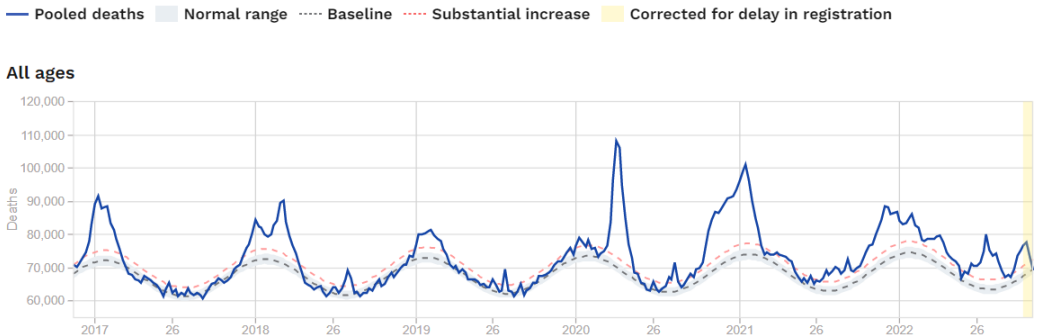


Figure 1. All-cause weekly mortality in the Western Europe 2017-2022. The ‘baseline’ does not signify the average mortality rate but just a sinusoidal form, used in order to facilitate comparison. The ‘normal range’ and ‘substantial increase’ are chosen rather arbitrarily. Source: EuroMOMO (euromomo.eu) 2022.

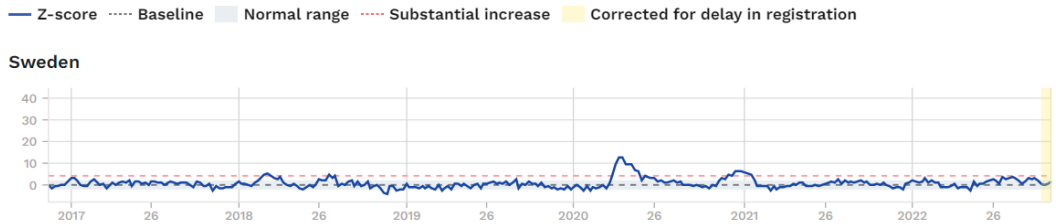


Figure 2. All-cause weekly mortality (Z-score) in Sweden 2017-2022. One can readily see that the second-wave mortality is considerably lower than that of the first wave. Source: EuroMOMO (euromomo.eu) 2022.

Reality seems to have confirmed that the apocalyptic fear had little in common with the facts. The current corona outbreak is less severe than at least two post World War influenza outbreaks – the Asian Flu of 1957–1958 and the Hong Kong Flu of 1968–1969, not to mention the 1918–1919 Spanish Flu. The COVID-19 pre-vaccination fatality rate has been recently estimated by the Stanford University team led by Prof. Ioannidis (Pezzullo et al, 2022) as being 0.07% for 0-69 year old people, to be compared with 0.1–0.2% in children with the Asian Flu and 0.2–0.4% in all age groups for the Hong Kong Flu (DHSC, 2020). The ages of the deceased were not different from those who died of other natural causes: in this sense the corona is even “better” than the regular flu because it did not harm children.

It may be interesting to note that in the Jewish tradition there is a quantitative definition of “a plague” – a situation in which a disease spreads to such an extent that normal life is interrupted and a public fast is declared. This definition can be translated to modern terms as at least a three-fold mortality rate for three consequent days (see Appendix). It can be safely said that even in the most affected areas – northern Italy and the State of New York in the US – mortality has never reached the above extent.

During the first wave of the coronavirus (that occurred in March–April of 2020), overall mortality in Europe did not exceed that of the winter of 2017/18 as seen in Fig. 1 (the peak is higher but also narrower). The second

wave (that occurred in September 2020–Feb 2021) was actually stronger, with the overall season-averaged mortality in Europe being about 15% higher. However, it is important to note that in Sweden – the only Western country not to impose lockdowns – the second wave was much weaker than the first (Fig. 2). The extremely regrettable contribution of lockdowns and face masks to the mortality of the second wave (see 3.14 below) cannot be excluded as an explanation for these statistics.

In general, it is very likely that lockdowns, face masks and mandatory inoculations considerably worsened the situation worldwide. It is not a mere coincidence that more and more public figures admit that the crisis management was, to put it mildly, far from optimal. For example, a New York court ordered retroactive payments for people fired because of their refusal to get inoculated (Hagstrom, 2022), and the Alberta (Canada) government launched a series of actions to prohibit mask mandates in schools and to forgive COVID fines (Farooqui, 2022). The Italian Deputy Health Minister admitted that “there is no proof” that without vaccinations the situation would have been worse (ANSA, 2022). As a side note, in September 2021, the Israeli Minister of Health was recorded confessing in a conversation with the Minister of Interior that vaccination passports had no epidemiological justification.³

The rest of this paper is organized as follows. In section 2 we list spiritual, cultural and technological factors that in our opinion influenced the way governments chose their crisis management method. In section 3 we question whether religious leaders, specifically, rabbis and priests, could have gained enough information not to have supported lockdowns etc. back in March 2020. In section 4, we perform an ethical analysis based on Judeo-Christian values in order to answer the question: would coercive measures be valid even if they were effective in decreasing the overall mortality? Finally, the last section formulates our recommendations and remaining questions to be studied in the future.

2. WHY DID THE WORLD TURN IRRATIONAL?

Mankind has known epidemics, including several during the last hundred years. As mentioned above, in addition to the 1918-1919 Spanish Flu epidemic, already after World War II there were at least two severe influenza outbreaks, both more severe than COVID-19. Below we try to sort

³ Video – (Hebrew) <https://www.youtube.com/watch?v=Is2hYvm6CC8> (13 – 11 - 2022).

out the reasons why in the case of coronavirus specifically, hysteria overcame rationality (Bagus et al, 2021 & 2022). However, due to the large number of factors (fourteen!) one gets the impression that the real answer is "the finger of God" (Exodus 8:16–20). But this statement does not exempt us from an obligation to analyze, understand what can be understood, and draw lessons.

We can formulate the following reasons for the present worldwide hysteria:

1. The loss of the meaning of life in Western society has caused the loss of the meaning of individual life as well. The distorted understanding has spread that the meaning of life is the metabolism itself.
2. A distorted understanding of the sanctity of life is the driving force behind the hysteria. The real meaning of life according to the Judeo-Christian approach is the attempt to "fix the world", to leave it in a better condition than it was when we came into it. Rescuing terminally-ill or insane patients (for example, from a fire) are necessary extreme cases that exist so that we do not lose our humanity, to avoid a slippery slope. However, prolonging life should not be made a goal that sanctifies the dissolving of the meaning of life.
3. Secularization, the "death of God" as F. Nietzsche put it. People who do not feel Divine protection tend to be more nervous and fearful. And fear is contagious. If there is no "herd immunity", even people of great faith may be "infected". Jewish sages said: "Once the destroyer is given permission to destroy, he does not discriminate between the righteous and the wicked" (Rashi n.d.). The philosopher Karl Jaspers wrote soon after World War II: "Where nothing is really believed any more, the most absurd beliefs gain the upper hand." (Jaspers, 1953) In the case of coronavirus, the "most absurd beliefs" are the beliefs in an Omnipotent Science and its prophets.
4. Adapting a lifestyle in accordance with the developments in technology and society. For example, many people have been working from home for years, and many more would have liked to do so but were unable to due to over-rigidity of the system. Another example: a typical doctor has long treated not the patient but the results of his tests; the deployment of telemedicine during the corona crisis can be viewed as a *de facto* admission of the above reality by the medical establishment. Moreover, the underload of the healthcare system during the first wave in Israel, while mortality did not increase, proved in retrospect the huge extent of routine over-provision of medical services.

5. From a welfare state to the corona panic: Socialist ideas spread, and bureaucracy grew stronger in all the developed countries over the last century (Sánchez-Bayón, 2022). It was not by chance that bureaucracy was the main beneficiary of the draconian measures. In addition, over the years bureaucracy has subordinated most of the media (including social networks that apply explicit and implicit censorship) pumping up every panic. Moreover, via generous government funding the bureaucracy has subordinated most science, especially health-related science.
6. Progress in medicine: Advances in medicine in recent decades have created a situation in which every death is seen as a failure to be avoided at all costs, not as the natural order of things.
7. Turning Man into a deity because of two of the above factors: socialist ideas and progress in medicine. Man has become omnipotent in his own eyes and has developed a tendency to act whenever it seems to him that something is wrong, without thinking that the results of treating the problem may be worse than the results of the problem itself. As a side note, as early as 1850, the French publicist Frederic Bastiat defined the socialists' way of thinking as an attempt to play god by perceiving humankind as raw material for social experiments (Bastiat, 2007[1850]). This comes in contrast with the Judeo-Christian tradition in which God does not experiment with people. His relations with humankind are based on a kind of treaty. The spread of the socialist idea of fixing the world in the kingdom of Marx–Engels–Lenin–Stalin prepared the ground for a sense of the omnipotence of Man, even over natural processes like life and death (Sánchez-Bayón, 2017). Without this philosophy, the mass hysteria during Covid would not have developed.
8. Loss of distinction between injury by act (such as stabbing) and injury in the absence of an act (infection) as discussed below. This lack of distinction may be directly related to the deification of Man.
9. Misunderstanding of the relationship between wealth and life. Wealth causes health and prolongs life – both through happiness, and also because wealthy people have more resources to maintain their health. Therefore, significant harm to wealth is harm to life (Yanovskiy et al., 2022). The reduction of the healthcare budget is not the only (and not even the primary) reason for the shortening of lifespan. As a personal example: Two acquaintances of one of the authors (YS) perished in two unrelated road accidents. Both drove low-priced cars: they could not

afford more expensive ones due to their financial situation. The results of the accidents' analysis suggested that both would most probably have survived the accident without permanent damage had the cars they drove been worth \$8,000 more.

10. A desirable break from an exhaustive routine: We should not underestimate the fact that many were really happy about a forced break from the everyday race in their lives – without thinking too much about the price they (and others) actually paid. The authors have heard from many people during the lockdown sentences such as: you can finally work from home without standing in traffic jams for an hour; you finally have time to read books, listen to opera, etc.

All the above-mentioned factors have existed for many decades – however, we should suppose that there is an effect of accumulation of consequences. The factors listed below are relatively new: they emerged during the last three decades, literally in front of the authors' eyes.

11. Ignorance. Education has been deteriorating during the last decades; to a large extent teachers have become babysitters rather than educators. The reasons for this phenomenon deserve a separate study but they probably include: the postmodern approach which denies absolute truth (as well as the learning process); overall prosperity enables people not to work hard and therefore not to study hard; the information revolution that seemingly excluded the need to learn both poetry and facts by heart; over-use of novel education technologies which are often excellent auxiliary tools but inflict extensive damage if misused (i.e., when pupils cannot perform even the simplest mathematical calculations without a calculator); bureaucratic demands for formal education to a large extent replaced the pursuit of knowledge with the pursuit of a diploma; the bureaucratization of the education system promoted incentives for innovation for the sake of innovation *per se*, rather than for the sake of improving the system. As a result, generations have been raised that are unable to analyze reality independently.
12. Loneliness. As early as 1970 the writer Andrey Amalrik wrote about the danger of the tendency to loneliness in Western society (Amalrik, 1981). Loneliness facilitates acceptance of isolation. Until about three decades ago, this tendency was balanced by fear of a nuclear war during

the Cold War: That fear worked in the opposite direction all together, “the whole country is the frontline, the entire people is the army.” In the present corona related upheaval, a situation has arisen in which “a man’s enemies are the members of his own household” (Micah, 7:6).

13. Computerization – sophistication of the human environment. Amalrik (1981) warned about the danger of an increasing gap between the minority who understands technology and the majority who do not. During the last decades in particular, our environment has become computerized and mostly indecipherable by a lay person. In 1986, one of the authors (YS) was able to disassemble and repair his wristwatch, and in 1992 he adjusted his car's ignition system. Today all this is impossible: with any problem you must turn to experts. This causes over-professionalization and blind faith in experts in all areas of life.
14. Means of communication
 - A. Social networks (which did not exist 20 years ago) allowed a panic pump. Official information (via explicit and implicit censorship) comes as if from friends.
 - B. The media (including *Skype*, *Zoom*, *MS Teams* and more) facilitated the imposition of the lockdown by easing the situation for people under lockdown in various ways. For example, the media allowed work from home for many people (programmers, accountants, etc. as mentioned in par. 4 above) and a temporary replacement (or illusion of a replacement) for many others (teachers, lecturers). In addition, the media enabled interpersonal communication at a minimal level.

It is extremely interesting to look at the ultra-orthodox public in Israel (Keinon, 2020), and Amish communities in the USA (Salo, 2021). Both did not cooperate with the hype of lockdowns and inoculations (even though many actually got inoculated). This ‘observational study’ provides evidence that a public that seems irrational by denying many achievements of the modern society, is counter-intuitively more likely to behave in a rational way in some circumstances. We connect the latter rationality with less attention to the media, less reliance on scientific achievements and less faith in experts, more communalism and less loneliness. It should also be noted that while numerous sources report high COVID-19 morbidity in the above populations, we failed to find a reliable source on increased mortality.

3. UNASKED QUESTIONS: THE RESPONSIBILITY OF RELIGIOUS AUTHORITIES

The religious authorities throughout the World, including rabbis and priests, nearly unanimously supported lockdowns and later coercive measures (mask mandates, vaccination passports). As mentioned above, there were people (i.e. Prof. Bentwich) who warned back in late-February 2020 that these measures would yield more harm than good. However, religious leaders are not and should not be medical professors. So, we have a legitimate question: could rabbis and priests have obtained a-priori professional information that would have led them not to support the suggested measures?

Our answer is positive. Below we list a number of important questions about the draconian measures taken – to the point of all residents of the country being put under house arrest. These questions could have been asked before the measures were adopted in most countries. The unasked questions are accompanied by the experts' answers that would have been of March 23rd. The latter date has been chosen relatively arbitrarily – this is the day lockdown was imposed in the UK.

We assume that although religious authorities are not obliged to possess up-to-date professional information (at least in the beginning of an emergency), they are obliged to be able to choose honest experts in relevant fields of knowledge to whom they could pose relevant questions; in case of COVID-19, such questions would have been the following.

1. Are there some documents analyzing similar situations? Preparedness plans?
 - A. Yes. Such plans were prepared by many countries, such as Italy (2006), Israel (2007), US (2009), UK (2011), and the World Health Organization (2019).
2. Does the crisis management in these documents suggest imposing lockdowns?
 - A. No
3. So why do you think it is necessary to impose lockdowns?
 - A. Because they proved extremely effective in China.
4. Can Chinese data be trusted?
 - A. Frankly, no. The country is not transparent; data cannot be verified.
5. What does past experience show regarding the effectiveness of lockdown?

- A. There is no such experience. Lockdowns have never been used as a preventative measure. The quarantine was activated to isolate an entire area from its surroundings, but not a lockdown that is in fact a curfew or mass house arrest. We believe that social distancing works. During the Spanish Flu, in New York, for example, which imposed no lockdowns and all public places were open, mortality was 8% higher than in Los Angeles where schools and churches were closed for a month, pubs and cinemas for two months. The 8% difference should be considered very small taking into account the major confounding factor: New York was a huge hub (seaport!) for troops returning from Europe hit by the flu.
6. So why are you confident that the lockdown will work now?
- A. According to what we know about the mechanism of the contagion, it should work.
7. Does the current development of the disease in other countries confirm this mechanism?
- A. Definitely not. The number of patients increases linearly rather than exponentially. We do not understand why.
8. On what basis do you estimate that 510,000 people will now die in the UK and 2,200,000 in the USA? (Biggs et al. 2021).
- A. On the assessment that, roughly, everyone will be infected and 2.5% of those aged 50+ will die.
9. What do you base your assessment on when you say that everyone will be infected?
- A. We took a safety factor of 4. Based on data from the Diamond Princess, the percentage of infection is about 25% (Faust 2020).
10. What do you base yourself on when you estimate that 2.5% of those aged 50+ will die (1% of those aged 50—69 and 5% of those aged 70+)?
- A. We took another 5-fold safety factor. Based on data from the Diamond Princess, mortality rate is below 0.4% in aged below 70 and about 1% in aged 70 and above.
11. What is happening in Italy? How many people died? How many die usually?
- A. In Italy, a country with over 60 million inhabitants, an average of approximately 2,000 people die every day; in the winter – up to about 3,000 people a day. As a result of the corona, up to 900 people were dying per day, with the number still rising two weeks after the lockdown. The horrors of high morbidity rate were reported in the media when there were merely 500 dead per day.

12. Why did a mere 25% increase above the average (500/2000), an increase which was less than peaks recorded in certain previous winters, collapse the health care system and the burial process?
- A. The health care system did not collapse. There was a significant overload, due to a logistical inability to isolate infected people. Regarding burial: Because Italy is a Catholic country, most of the deceased are buried in the ground and not cremated (unlike Germany and France, for example). The demand for cremations rose to about 50% and the crematoria were unable to withstand this load.
13. Why is the morbidity rate in northern Italy so much higher than in the rest of Italy?
- A. We do not understand the reasons for this phenomenon.
14. *What adverse effects of lockdowns on public health are anticipated?*
- A. There are several:
- 1) Reducing the health budget, with all the resulting implications on healthcare.
 - 2) Increased mortality due to postponement of diagnoses and routine treatments.
 - 3) Increased mortality due to avoidance of hospitals in emergency cases due to fear.
 - 4) Increased mortality due to a decrease in the level of income that results in the use of less safe cars and other products, reduction in the scope of physical activity, etc.
 - 5) Increase in suicides and mental illness due to loss of livelihood.
 - 6) Increased levels of stress leading to violence (including domestic violence) and dismantling of families.
 - 7) Severe health damage to the elderly in particular – physical and mental deterioration (usually irreversible) due to loneliness, lack of movement and lack of routine supportive care.
15. *Have you assessed these consequences?*
- A. *No.*

4. AND IF THE COERCIVE MEASURES WERE INDEED EFFECTIVE IN LOWERING THE MORTALITY – WOULD THEY HAVE BEEN RELIGIOUSLY JUSTIFIED?

In modern Judaism and Christianity, the vast majority of religious scholars would probably answer this question in the affirmative. We suggest the opposite opinion.

4.1. Cheapening of human life and loss of meaning in life

Lockdown and other coercive measures cause the cheapening of human life (Bagus et al, 2020): Restriction of individual liberty (to the point of mass house arrest), even temporarily, creates a trend and a basis – logistical and conscious – for the denial of liberty. The denial of liberty makes life meaningless. Yes, there is a well-known exegesis composed by Jewish sages: "...by the pursuit of which (i.e. laws and rules) man shall live' (Levit. 18:5) – The Bible says 'live' so that you will not die: there is nothing that stands in the way of saving a life other than idolatry and incest and bloodshed" (Tosefta n.d.-a). This interpretation does not come to uproot the meaning of the verse, but to add to it. The verse is: "You shall keep My laws and My rules, by the pursuit of which man shall live (Levit. 18:5)," meaning that the laws of God and His rules are the real life. The sages' exegesis points out exceptions to the basic rule, the circumstances in which a man should trespass a law in order to stay alive. However, over time things turned around until the rule itself became the exception ...

With this in mind, long-term coercive measures cause a loss of meaning of life since only a free person created "in His image" (Genesis 1:27) can keep His laws and His rules. Moreover, life expectancy also shortens when the regime becomes totalitarian and uses people as raw material.

Even the obligation to wear masks should not be underestimated though many view it as a minor issue. Mask wearing damages the social fabric and creates a feeling of "a man's enemies are the members of his own household" (Micah 7:6) or *homo homini lupus est* (a man is a wolf to another man) instead of "thou shalt love thy neighbour as thyself" (Levit. 19:18). Dr. Marilyn Singleton (USA) crisply formulated:

"Those hiding behind masks (including our precious children) no longer see people as people, but as 170-pound nests of germs and certain death." (Singleton 2021).

4.2. Thou shalt not kill (*Exodus 20:13*)

We would like to make an additional point, of no less significance than everything stated above. An innocent person should not be killed – even in order to save many people and even in the case that he will die anyway. In the Jewish tradition, this rule is based on the Tosefta (n.d.-b): “A faction of people who were told [by gangsters]: ‘Give us one of you and we will kill him, and if not – then we will kill all of you’ – They all should be killed and not give them one soul.” Moreover, another somewhat similar issue was discussed in the 16th century by Radbaz (n.d.): “The sultan said to a Jew: ‘Let me cut off one of your limbs, or I’ll kill your friend.’ Is there a moral duty to save the life of a person at the cost of your limb?” Radbaz says clearly: “No”.

In our case: lockdowns cause a tremendous amount of damage, and indirectly facilitate the death of some people (see par. 3.14 above). While this causation is indirect, reducing the overall mortality rate (under the assumptions of this section) is indirect as well. As mentioned above, it is forbidden to kill by action, including killing a few to save many others.

4.3. “Thou shalt not kill” cannot be applied to normative behavior

There are many people who claim that the above considerations are not valid in the case of a contagious disease because a person who behaves normally during a plague is a ‘pursuer’ endangering others – like one who stabs passers-by, or at least like someone who walks around with a grenade without a safety latch. Indeed, the latter's liberty should be restricted, including the provision of coercive medical care, if necessary. However, we suggest that the resemblance between the case of a ‘pursuer’ and the laws of public health is an illusion. Our opinion is based on the following ruling, formulated by Maimonides (n.d.-a):

“If one scares his neighbour, he is exempt by the law of man, yet liable by the law of Heaven, in case that he did not touch [the one who fell ill] – like shouted behind him, or appeared before him in the darkness and so on.”

Let us look at the words of Maimonides (as it is common in Jewish religious literature, we use the names Reuben and Simon – the two eldest sons of Jacob – just to indicate two sides involved in an argument). Reuben (the insulter) is exempt from the Law of Man despite the following important circumstances:

A) Reuben performed an actual act;

B) his act was likely to be harmful and indeed caused harm.

Why is Reuben exempt from being liable by the Law of Man? Because Simon's sickness was "in the Hands of Heaven" despite being instigated by Reuben. In the case of a contagious disease, we suggest the following.

1. If Reuben knows that he is contagious with a dangerous disease, surely, he should be cautious and limit his contacts with people.
2. If, in retrospect, Simon contracted the disease from Reuben when Reuben knew he was contagious – we can discuss if Reuben is liable by the Laws of Heaven. The latter question is not clear since, unlike in the case of shouting from behind or grabbing a grenade, Reuben did not perform any act – breathing and walking in the same way as everyone else is not considered an 'act'.
3. In any case, Reuben (knowing about his disease) is exempt by the Law of Man, therefore the law cannot restrict his movement (quarantine, social distancing etc.).
4. If Reuben does not even know that he is contagious – even in retrospect, he is not liable according to the Law of Heaven. His liberty should not be restricted, and his physical state should not be 'corrected' by this or that intervention, pharmacological (inoculation) or non-pharmacological (mask).

Of course, when Reuben steps into Simon's private property, Simon, as a private person, is allowed to pile upon Reuben any demands he likes. He may request Reuben to get inoculated and even to dye his skin or walk on his hands. However, in the public domain there is no room for coercion. Even in retrospect, a person is not punishable for the damage inflicted upon others as a result of his illness because he did not take any action that caused that damage.

5. SUMMARY AND OUTLOOK

It is vital to draw lessons from the discussion above – both so as not to fall into the same trap in the next outbreak of a mild-to-moderate influenza-like disease, and also to prepare as best as possible for a possible outbreak of a real pandemic, such as the Spanish Flu which raged in 1918. Moreover, lessons that will be learned (or will not be learned) are crucial for any future emergency, not necessarily medical.

We can formulate four main questions that should be considered, and suggest partial answers. We should stress that the questions below should be

discussed in a societal-cultural-religious context, though they certainly contain an important scientific-professional component.

1. How does a democratic society move from a routine mode to an emergency mode and back? A state of emergency is characterized by a drastic reduction of individual freedom. In the current crisis, this reduction was not accompanied at all by a change in the way the authorities conducted themselves – on the contrary, every relevant ministry enjoyed a drastic increase in its budget and powers. The authorities should not have such an incentive. It should be noted that although implementing conclusions is crucial, it will not prevent authorities from making these or other mistakes in any future situation. It is important to emphasize that the freer are the hands of the authorities, the greater the number of such mistakes, and the more serious their consequences (Yanovskiy et al., 2019). It seems therefore that COVID-19 has illustrated that a medical crisis (or even a natural disaster) should not be managed by means of emergency powers, i.e., by reducing individuals' liberties. Emergency powers should be activated only in a state of war.

2. Government expansion ultimately results in a 'single payer' system, i.e., the establishment of full government control over medical services. This forces doctors to be *de facto* parts of a bureaucratic machinery. They become both authorized and obliged to represent the government in their interaction with the patients. In this case, neither particular patients nor the civil society in general can still control the doctors. The capability of state-run medicine to provide effective solutions in some cases should not mask potential dangers of power abuse and service quality degradation as a result of the state's domination of healthcare. These dangers should be taken into account when determining medical policy.

3. What are the priorities in a case of severe resource scarcity, which is often the case in any large-scale disaster? Disasters' first responders formulate this question concisely: "Whom should we give up on?" The lack of an answer to this latter question has caused many health professionals to lose sleep and rationality, and for this they deserve our pity and compassion.

4. How many resources (in one form or another) should be invested in order to extend individual or statistical life? We suggest that the upper boundary of investment in the target population must not reach the point when the loss of life of the general population exceeds the life extension of the target population.

The answers to the above questions will be of paramount importance in dealing with any major disaster in the future.

Appendix

According to Maimonides (n.d.-b), a fast is proclaimed when three people die in three days – one per consecutive day in a town that can mobilize 500 soldiers. The number of mobilizable people is usually estimated as 10% of the entire mixed-aged population. (It is likely that in the past this proportion was even higher due to shorter life expectancy and reduced need for men in the army logistics). Therefore, we speak about a town with a population of 5000 people. Assuming that the Talmudic-time life expectancy was 50 years, we have about 100 deaths per year. Three people dying in 3 days constitute the rate of 365 deaths per year, which is 3-4 times higher than normal.

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REFERENCES

- Aimone, Francesco. 2010. "The 1918 Influenza Epidemic in New York City: A Review of the Public Health Response". *Public Health Reports Supplement* 3: The 1918-1919 Influenza Pandemic in the United States. 125(3): 71-79.

- Amalrik, Andrei. 1981. *Will the Soviet Union Survive Until 1984?* NY: HarperCollins
- ANSA (ANSA Editorial Staff). 2022. Gemmato's doubts about vaccines. 16 November 2022. https://www.ansa.it/canale_salutebenessere/notizie/sanita/2022/11/15/i-dubbi-di-gemmato-sui-vaccini.-pd-e-terzo-polo-si-dimetta_7bfc8884-e3fd-4353-909a-4670655c6444.html (12-12-2022)
- Bagus, Philipp, Peña-Ramos, Jose Antonio, Sánchez-Bayón, Antonio (2021). COVID-19 and the Political Economy of Mass Hysteria. *Int. J. Environ. Res. Public Health*, 18, 1376. <https://doi.org/10.3390/ijerph18041376>
- Bagus, Philipp, Peña-Ramos, Jose Antonio, Sánchez-Bayón, Antonio (2022). Capitalism, COVID-19 and lockdowns. *Business Ethics, the Environment & Responsibility-BEER*, 31(SI), 1–11. <https://doi.org/10.1111/beer.12431>
- Bastiat, Frédéric. 2007. *The Law*. Auburn, Alabama: Ludwig von Mises Institute. 1st published in 1850.
- Beck, Hermann. 2022. *Before the Holocaust: Antisemitic Violence and the Reaction of German Elites and Institutions during the Nazi Takeover*. Oxford University Press. <https://doi.org/10.1093/oso/9780192865076.003.0009>
- Bentwich, Zvi. 2020. “Time to Quit Fearing Coronavirus”. *Haaretz*, February 27. <https://www.haaretz.com/opinion/2020-02-27/ty-article-opinion/.premium/time-to-quit-fearing-coronavirus/0000017f-e6d1-df5f-a17f-ffd33e80000> (12-12-2022).
- Biggs, Adam T., Littlejohn, Lanny F. 2021. “Revisiting the initial COVID-19 pandemic projections”. *Lancet Microbe*. Mar;2(3):e91-e92. [https://doi.org/10.1016/S2666-5247\(21\)00029-X](https://doi.org/10.1016/S2666-5247(21)00029-X)
- DoH (Department of Health, Pandemic Influenza Preparedness Team). 2011. *UK Influenza Pandemic Preparedness Strategy*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf (12-12-2022).
- DHSC (UK Department of Health and Social Care) 2020. Policy paper: *Coronavirus action plan: a guide to what you can expect across the UK*. 3 March 2020. <https://www.gov.uk/government/publications/coronavirus->

action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk (12-12-2022).

Erkoreka, Anton. 2010. "The Spanish influenza pandemic in occidental Europe (1918–1920) and victim age". *Influenza and Other Respiratory Viruses* 4 (2), 81–89. <https://doi.org/10.1111/j.1750-2659.2009.00125.x>

Farooqui Salmaan. 2022. "Alberta moving to prevent return of mask mandates in K-12 schools". October 29. *The Globe and Mail*. <https://www.theglobeandmail.com/canada/article-alberta-school-mask-mandate> (12-12-2022).

Faust, Jeremy S. 2020. "COVID-19's Mortality Rate Isn't As High As We Think." *Slate* March 04. <https://slate.com/technology/2020/03/coronavirus-mortality-rate-lower-than-we-think.html> (12-12-2022).

Greene, Jenna. 2022. "'Paramount importance': Judge orders FDA to hasten release of Pfizer vaccine docs". *Reuters*. January, 7. <https://www.reuters.com/legal/government/paramount-importance-judge-orders-fda-hasten-release-pfizer-vaccine-docs-2022-01-07> (12-12-2022).

Huerta de Soto, J., Sánchez-Bayón, A., Bagus, P. (2021). Principles of Monetary & Financial Sustainability and Wellbeing in a Post-COVID-19 World: The Crisis and Its Management. *Sustainability*, 13(9): 4655 (1-11). <https://doi.org/10.3390/su13094655>

Italy (Italian Republic) 2006. "National Plan for Preparedness and response to an Influenza Pandemic". Ministry of Health, http://www.salute.gov.it/imgs/C_17_publicazioni_511_allegato.pdf (12-12-2022).

Jaspers, Karl. 1953. *The Origin and Goal of History*. Translated by Michael Bullock. New Haven, CT: Yale University Press, p. 216.

Hagstrom, Anders. 2022. "New York Supreme Court reinstates all employees fired for being unvaccinated, orders backpay". *Fox*, October 25. <https://www.foxnews.com/us/new-york-supreme-court-reinstates-all-employees-fired-being-unvaccinated-orders-backpay> (12-12-2022).

Kater, Michael H. *Doctors Under Hitler*. The University of North Carolina Press, 1989. Pages 237–272.

- Keinon, Herb. 2020. Understanding the haredi perspective on the coronavirus – analysis. *Jerusalem Post* 13 October 2020. <https://www.jpost.com/israel-news/understanding-the-haredi-perspective-on-the-coronavirus-analysis-645596> (12-12-2022).
- Kohn, Sivan, Barnetta Daniel J., Leventhal Alex, Reznikovich Shmuel, Meir Oren, Laor Danny, Grotto Itamar, Balicer Ran D. “Pandemic influenza preparedness and response in Israel: A unique model of civilian-defense collaboration”. *Journal of Public Health Policy* Vol. 31/2 (2010), 256–269 <https://doi.org/10.1057/jphp.2010.17>
- Maimonides n.d.-a. Mishne Tora, Laws of Injury and Damages 2:7 www.chabad.org/library/article_cdo/aid/1088909/jewish/Chovel-uMazzik-Chapter-Two.htm (12-12-2022).
- Maimonides n.d.-b. Mishne Tora, Laws of Fasts 2:5 www.chabad.org/library/article_cdo/aid/951996/jewish/Taanivot-Chapter-Two.htm (12-12-2022).
- McCulough, Peter, Alexander, Paul, et al. 2020. “Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19).” *Rev Cardiovasc Med.* 2020 Dec 30;21(4):517-530. <https://doi.org/10.31083/j.rcm.2020.04.264>
- Minskblog 2020. “Seven myths coronapsychosis is holding on”. (Russian). April 1. <https://minskblog.livejournal.com/244146.html> (12-12-2022).
- MoHoI (Ministry of Health of Israel) 2007. Preparation Plan for Influenza Pandemic” (Hebrew) June 7, 2007 https://web.archive.org/web/20210510090509/https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf (archived 10 May 2021) (12-12-2022).
- OSHA (Occupational Safety and Health Administration) 2011. “Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers” U.S. Department of Labor https://www.osha.gov/sites/default/files/publications/OSHA_pandemic_health.pdf (12-12-2022).
- PECC (The Israeli Public Emergency Council for the Covid-19 Crisis) 2022. Use of facemasks in the community as a means to curb the spread of the COVID-19

- virus -position paper. <https://pecc-il.org/pdf-doc/position-paper-face-masks> (12-12-2022).
- Pezzullo, Angelo Maria, Cathrine Axfors, Despina G. Contopoulos-Ioannidis, Alexandre Apostolatos, and John P.A. Ioannidis 2022. "Age-stratified infection fatality rate of COVID-19 in the non-elderly informed from pre-vaccination national seroprevalence studies." *medRxiv* 2022.10.11.22280963; doi: <https://doi.org/10.1101/2022.10.11.22280963>
- Pieter N., O'Leary M. 2004. The 1918-1919 "Influenza Epidemic in Los Angeles." *Southern California Quarterly* 86(4): 391-403.
- Pittman, Mark T. 2022. Order No. 4:21-cv-1058-P, US District Court, Fort Worth division. 6 January, 2022. <https://fingfx.thomsonreuters.com/gfx/legaldocs/gdvzykdllpw/Pittman%20FOIA%20Order.pdf> (12-12-2022).
- Radbaz (Rabbi David Ben Zimra) n.d. Responsa, Part 3, Response 1052 (Hebrew). wiki.jewishbooks.org.il/mediawiki/wiki/%D7%A9%D7%95%22%D7%AA_%D7%A8%D7%93%D7%91%22%D7%96/%D7%90%27%D7%A0%D7%91 (12-12-2022).
- Rashi (Rabbeinu Shlomo Izhaki) n.d. Commentary on Exodus 12:22. https://www.chabad.org/library/bible_cdo/aid/9873/showrashi/true/jewish/Chapter-12.htm (12-12-2022).
- Sagiv, Aviv, Kasher, Asa. 2021. "Green Passport: Small move in economy, huge move in losing freedom of private life" (Hebrew). *Globes*. February, 10. <https://www.globes.co.il/news/article.aspx?did=1001360199> (12-12-2022).
- Salo, Jackie. 2021. Amish community may have reached COVID 'herd immunity,' health official says. *New York Post*, March 28, 2021. <https://nypost.com/2021/03/28/amish-group-could-reach-covid-herd-immunity-health-official> (12-12-2022).
- Sánchez-Bayón, Antonio (2017) *Lecturas fundamentales de Derecho Político y Constitucional*. Porto: Ed. Sínderesis.
- Sánchez-Bayón, Antonio (2022) Crítica del positivismo formalista en economía y las alternativas heterodoxas para la economía digital. *Encuentros multidisciplinares*, 24(71): 1-16.

- Sánchez-Bayón, Antonio, Castro-Oliva, Marcos (2022). Historia de la reciente deflación del capital y los salarios en España: Revisión de los desarrollos de la teoría de ciclos económicos. *Iberian Journal of the History of Economic Thought*, 9(2), 111-131. <https://doi.org/10.5209/ijhe.82760>
- Sánchez-Bayón, Antonio, González-Arnedo, Esther, Andreu-Escario, Ángel (2022) Spanish Healthcare Sector Management in the COVID-19 Crisis Under the Perspective of Austrian Economics and New-Institutional Economics. *Frontiers in Public Health* 10:801525 (1-15). doi: 10.3389/fpubh.2022.801525
- Schwartzman, Arthur. 2021. The ‘Green Passport’ Could Poison Israeli Society. *Israel Today*. February 17. <https://www.israeltoday.co.il/read/the-green-passport-could-poison-israeli-society> (12-12-2022).
- Schrauger, Brian 2020 “COVID-19 and the Jews: Today’s Black Plague Could COVID-19 ignite an outbreak of antisemitism?” *Jerusalem Post*. April 6. <https://www.jpost.com/Jerusalem-Report/COVID-19-and-the-Jews-Todays-Black-Plague-623375> (12-12-2022).
- Singleton, Marilyn M. 2021. The New Wasteland: COVID-19’s Shameful Legacy. March 30. <https://marilysingletonmdjd.com/2021/03/30/the-new-wasteland-covid-19s-shameful-legacy> (12-12-2022).
- Shnaider, Tal. 2020. “Netanyahu: We aim to carry out massive blood tests to get people back to work” (Hebrew). *Globes*, March 21. <https://www.globes.co.il/news/article.aspx?did=1001322673> (12-12-2022).
- Tosefta (n.d.-a). Shabbat 16:14 (Hebrew) <https://he.wikisource.org/wiki/%D7%AA%D7%95%D7%A1%D7%A4%D7%AA%D7%90%D7%A9%D7%91%D7%AA%D7%98%D7%96> (12-12-2022).
- Tosefta (n.d.-b). Trumot 7:23 (Hebrew) <https://he.wikisource.org/wiki/%D7%AA%D7%95%D7%A1%D7%A4%D7%AA%D7%90%D7%AA%D7%A8%D7%95%D7%9E%D7%95%D7%AA%D7%96> (12-12-2022).
- WHO (World Health Organization). 2019. *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza*.

<https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf> (12-12-2022).

Yanovskiy, Moshe, Shaki YY, and Socol Y. 2019. "Interests, bias, and consensus in science", *Dose-Response* 17(2) <https://doi.org/10.1177/1559325819853669>

Yanovskiy, Moshe, Levi ON, Shaki YY, Zigdon A, and Socol Y. 2022. "Cost-Effectiveness Threshold for Healthcare: Justification and Quantification." *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 59:1-8. <https://doi.org/10.1177/00469580221081438>

Yanovskiy, Moshe and Socol, Yehoshua. 2022. "Are Lockdowns Effective in Managing Pandemics?" *International Journal of Environmental Research and Public Health* 19 (2022), 9295. <https://doi.org/10.3390/ijerph19159295>