CCAR RESPONSA

Contemporary American Reform Responsa

82. Jewish Reaction to Epidemics (AIDS)

QUESTION: The current AIDS epidemic has led to much fear in various communities. Individuals afflicted with this disease have been removed from positions, ostracized socially, and their children excluded or segregated in schools. What has been the traditional approach of Judaism to such epidemics for which there is no known cure? (Rabbi G. Stern, New York, NY)

ANSWER: We must be concerned with the victims of AIDS as the disease is fatal; they need our compassion. We will not deal with the problems of sexual morality raised by AIDS in this responsum, but only with fear of the potential epidemic. The fear of the general population is understandable as little is known about the disease, its incubation period, or potential cure. Concern for both the individual and the community when a member is afflicted with a dangerous disease has been shown since Biblical times. The book of Leviticus contains detailed instructions of how a skin disease *(metzora)* is to be diagnosed and handled (Lev. 13). During the period of his illness the afflicted person was isolated. The priest who made the diagnosis examined that person after seven days, as well as subsequently. When the disease had come to an end, a complex ritual of purification was provided (Lev. 14 ff). The precautions extended from the individual to the house in which he lived and it, too, was examined, and if necessary scraped and replastered and a ritual of purification was mandated.

Although we do not know the nature of the disease called *metzora* by the *Bible,* it was clearly contagious and led to vigorous efforts to isolate the individuals involved. These procedures were developed further by the *Mishnah* and *Talmud*. There are fourteen chapters in the *Mishnah Negaim* which deal with the subject in considerable detail.

Metzora was treated only from a ritual point of view by some authorities, so they did not apply the rules of non-Jews (M. Neg. 3.1). All contact with Jews who were afflicted was to be avoided. This included the sick person, his room, any food near him and even the air near the sick room (San. 76b; *Lev. Rabba* 17.3). Insects and flies which had contact with the diseased person were to be avoided (Ket. 77b). For example, when the diseased person came to the *bet hamidrash* in order to study, he was separated from the other students by a wall which was to be "ten handbreadths high and four wide." It was also mandated that he enter the building first and leave it last (M. Neg. 13.12). These individuals were excluded from the community and usually lived outside of the cities (II Kings 7.3). If a man was afflicted by this illness his wife had a right to divorce and vice versa (M. Ket. 7.9) Those who suffered from such diseases were to avoid sexual intercourse (Ket. 77b).

In the Talmudic period, individuals so afflicted were considered akin to the dead (Ned. 64b). In the *New Testament* some such diseased individuals called to Jesus from a distance as they were obviously prohibited from approaching anyone in the community (Luke 17.12).

Discussions in the *Talmud* and the later responsa literature which dealt with other epidemic diseases usually were less drastic; they suggested that a fast be decreed as the pestilence was thought to be the result of community sins (*M.* Avot 5.12; Ta-anit 3.4, 19b). Jews in the Middle Ages like the rest of the population often fled whenever a plague or epidemic threatened. An epidemic existed if a smaller city suffered three deaths from a known disease on three consecutive days, or nine deaths in three days in a larger city [one which could provide 1500 young men as soldiers] (Ta-anit 21b).

The Jewish medical works of the seventeenth century contain regulations which govern epidemic diseases. As the garments of the sick were considered to provide a source of contagion, they were to be avoided until thoroughly aired. All drinking water was to be purified as a preventive against the epidemic (Tobiah Hakohen *Ma-aseh Tuvyah,* Frankfurt, A. M., 1707, in Max Grunwald's *Die Hygiene der Juden,* p. 262). Dr. Leon Elias Hirschel suggested a number of ways of fighting smallpox; they included quarantine and washing with vinegar by those who came in contact with the ill ("Abhandlung von den Vorbauungs - und Vorbereitungsmitteln bei den Pocken," Berlin, 1770, *Ibid*. p. 265). Israel Salanter took a humane and courageous approach to a cholera epidemic in Vilna during his lifetime as he urged the community to assist the victims (D. Katz *Temu-ot Hamusar,* Vol. I, pp. 156 ff).

It is clear from all this that our forefathers sought to protect them selves through whatever ways were available from epidemics. The avenues of quarantine and flight were used.

In the current situation as we deal with AIDS, we should begin by following the advice of the medical community. The current medical opinion suggests that the disease is spread through sexual contact (homosexual or heterosexual), intimate contact and blood transfusions. Little is yet known, however, and there is no cure or preventive vaccine for AIDS, nor is anything known about its incubation period.

The fear and anxiety of employers, parents and others, therefore, can be understood. It is our duty to calm that fear and counteract the pressure of the media. In some instances quarantine or other measures may be appropriate, but they should not be undertaken lightly.

We should do whatever we can to minimize the suffering of the victims of this disease and help them and their families adjust to its tragic consequences. We should follow the advice of public health authorities in our attitude to employees and school-aged children.

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If needed, please consult Abbreviations used in CCAR Responsa.

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