We live in extraordinary and challenging times that test us all, Jews and non-Jews alike. The COVID-19 pandemic is a multi-factorial crisis. Health workers are confronted with acute end-of-life decisions asking themselves: How to manage with limited resources of ventilators and protective gear? Whose life should be saved and who should be allowed to die? Do patients have the right to refuse interventionist measures that are meant to save lives? Who should bear the costs of the pandemic treatment? These are all mind-boggling questions that physicians confront every day in overcrowded hospitals, and they do so without consulting professional ethicists. But even as we interrogate the overarching principle of Jewish ethics, saving human life, I would urge us not to frame the ethical meaning of the coronavirus too narrowly by focusing on end-of-life issues. Instead, we should frame the ethical conundrum as intersection of economic, social, political, and environmental factors that were not created by the coronavirus pandemic but that the pandemic has brutally exposed.

COVID-19 pandemic forces us to face the truth about our health care system, our behavior toward others, especially the socially vulnerable, the structural inequality and injustice of our society, and the moral failure of our leaders who failed to prepare for the pandemic because they refused to listen to scientific experts. In this moment of truth, we must examine ourselves and speak truth about our moral, social, and systemic failures and we must look at crisis as an opportunity to ameliorate them. For example, we need to speak truth about the failure to adequately fund our health-care systems by cutting budgets, closing and consolidating hospitals, and making health care out of reach to many. We need to tell the truth about Jewish communities in Israel and in the Diaspora, that have failed to heed the instructions of health officials by continuing to congregate, thereby contributing to the spread of the disease. We need to tell the truth about shameful behavior of individuals (Jews and non-Jews) who hoard protective gears and medical supplies in order to profit from the shortage and the failures of the government to adequately prepare for the pandemic. And we need to tell the truth about the limits of our knowledge about this novel virus whose origins, dissemination, and impact on human bodies scientists are still trying to understand.

Embracing critical self-examination, this moment of truth is also rife with possibilities. Now is the time to address our vulnerabilities, reorient our social priorities, and bringing the ethical dimension of human life to the forefront of our global decision making, overriding economic and political considerations that have dominated international
discourse for too long. Framing the moment ethically may turn this unprecedented situation of a global pandemic into a learning experience from which we might all emerge as better people.

Judaism, of course, has very rich ethical tradition that can guide us in these testing times. However, I urge us not to speak about Jewish ethical treasures in terms of proof-texts (i.e., finding this verse or that ethical principle as applicable to the difficult moment) and not to think that ethical inspiration could come forth from Zion alone. Since this is a global crisis, Jewish ethic is now being tested in its ability to offer a meaningful moral vocabulary, or moral inventory, that can be shared with all human beings who are confronting the same situation, regardless of nationality, religion, language, race, and economic status. The virus crosses all boundaries, and we need to speak ethically cutting across moral boundaries. Without dismissing or devaluing Jewish particularity, this is the moment of accentuating our shared humanity and translating the insights of Judaism into a universal language that can be meaningful to secular Jews (the majority of Jews today), to Jews of all variants of contemporary Judaism, to non-Jews, and to scientists who are skeptical about religion.

Jewish ethics will be able to pass the test of universalizability put to it by the coronavirus pandemic, if it translates its deep insights into a conceptual language that is not limited to the sources of Judaism. This is precisely what Jewish philosophy is all about. Jewish philosophy translates Jewish particularity into the universal language of philosophy thereby bridging between Judaism and other cultures, religions, and intellectual traditions. Of course, there is no one philosophical language into which Jewish ethics needs to be translated, but many philosophical dialects or idioms (if we are to continue the linguistic metaphor). In this crisis, three ethical idioms are particularly relevant: a) feminist ethics of care; b) virtue ethics; and c) environmental ethics. The former promotes a relational understanding of the Self and makes the value of care the center of ethics; the second, focuses on the cultivation of virtues that enable the moral agent to act rightly as a matter of character. And the third recognizes that ethics of care and virtue ethics are both relevant to the ongoing environmental crisis, cultivating the personality type that acts properly toward the natural environment. In a nutshell, Jewish ethics should be translated into these idioms, if it is to become a universal response to the contemporary coronavirus.

Ethics of care is the distinctive contribution of feminism to philosophical ethics. Feminist ethics of care emerged in the 1980s articulated first by the psychologist Carol Gilligan in her influential *In a Different Voice* (1982). Few are aware that Gilligan is Jewish and that her Jewish identity was forged in the Hebrew School of the Society for the Advancement of Judaism in New York, founded by Mordecai Kaplan in 1922. The worldly outlook of Reconstructionist Judaism shaped Gilligan’s understanding of the human self as relational rather than autonomous, the gist of her feminist critique of traditional ethics. Against her own mentor at Harvard, Lawrence Kohlberg, Gilligan claimed that the standard theory of moral development was wrong because it ignored the different moral perspectives (or “voices”) of men and women, namely, gender differentiation. Whereas men focus on abstract principles of impartial justice and abstract responsibilities, women focus more on people and relationships that emerge in concrete
situations. Women’s moral outlook emphasizes solidarity, community, and caring but their moral voice has been silenced by patriarchy. The care perspective has been ignored or trivialized because in all societies and in all cultures, women were traditionally in position of limited power and influence. The feminist ethics of care began by a Jewish woman whose experience in the Jewish community enabled her to think critically and creatively about the human Self and human moral development. Gilligan’s path-breaking studies gave rise to the feminist ethics of care that constructed the Self as relational, interdependent, vulnerable, and concerned with the wellbeing of others. In this ethical perspective, the Self is neither autonomous nor strictly rational; rather the Self is always in relations and moral decisions are not by reason alone but include no less a wide range of emotions as well attitudes and preferences that are shaped by cultural values.

To Jewish ethicists and philosophers, the feminist ethics of care should make perfect sense since Judaism frames reality in relational terms in its theology of creation, revelation, and covenant. Twentieth-century Jewish philosophers—Herman Cohen, Martin Buber, Franz Rosenzweig, and Emmanuel Levinas—have made dialogue, or encounter, the signature of Jewish philosophy, universalizing the deepest insights of Judaism. Jewish dialogical philosophy insists that the neighbor, fellow Jew or non-Jew, takes ethical priority, commanding responsibility to and for the other. Jewish dialogical philosophy comes in different flavors, but they all cohere with feminist ethics of care even though Jewish dialogical philosophers were by no means feminists and in some cases perpetuated traditional Jewish stereotypes, even though they used the feminine or feminine tropes as the paradigm of the ethical. Jewish dialogical philosophy and feminist ethics of care highlight the relational nature of the Self, focus on the vulnerability and dependency of the human, and recognize the importance of responsibility and responsiveness in all ethical relations. All of these are exceedingly relevant today during the corona crisis, when not only our human survival depends on expert care, but all less acute aspects of our human existence cannot thrive without care. When physical segregation becomes mandatory, caring becomes ever more crucial even though it is expressed in non-physical ways.

Care is the practice of attending to the needs of others, physical, emotional, mental, and spiritual. Care is necessarily relational, necessarily linking Self and Other. Feminists brought to our attention the fact that in patriarchal society caring is gendered: for the duration of their entire life, women are the primary care givers, caring for children, sick spouses, and aging parents. The feminist ethicists who promoted ethics of care as an alternative theory to the dominant theories in moral philosophy, originally argued that caring manifests a distinctive female morality, but as the discourse grew feminists universalized their claim by showing that care is not limited to women. They closely analyzed the dynamic relationship between the care giver and care recipient although to whom care is due remained a debated issue among feminists. Sara Ruddick (1989), for example, used care to theorize the experience of mothering which they viewed as a unique approach to moral reasoning and a ground to feminist politics of peace. Virginia Held (1995; 2006) constructed care as the most basic core value and explored the characteristics of the caring personality, in so doing she linked care to virtue ethics while insisting on the differences between them. Eva Feder Kittay (2011) developed a
dependency-based account of equality rooted in the activity of caring for the seriously
disabled and called for institutional reforms of professional care workers, recommending
welfare for all care givers, akin to worker’s compensation of unemployment benefit. The
feminist ethics of care focuses on equality and justice the very issues that the coronavirus
pandemic has been exposed as our weaknesses.

The feminist ethics of care took a political turn when Joan Tronto, another secular Jewish
woman in New York, who chided feminists for associating care exclusively with woman
and for disregarding the political context within moral arguments. Care, Tronto reminded
us in her influential book *Moral Boundaries* (1991), has always been undervalued and
disregarded in order to uphold the structures of power and privilege in our unjust and
unequal society. Rejecting the notion that any work connected to care ought to be done
by women, or the notion go feminine morality, Tronto, teased out political implications
of the practice of care. She argued that everyone as citizen of democracy has a
responsibility towards care. Tronto called for the moral boundaries to be shifted in
order to create more caring societies. In her *Caring Democracy* (2013) Tronto
elaborates the argument: if everyone accepts the responsibility and participates in
allocating of care responsibility, some fundamental values and commitments will be
addressed. Care should be included as a public concern in order to strive for true
freedom, equality and justice for all citizens. The key elements of care – attentiveness,
responsibility, competence, and responsiveness – should be understood politically and not
only ethically. Tronto’s political emphasis also applies to the political dimension of our
own ethical moment: all over the world political leaders have failed to address it on time,
were not truthful about the scope of the crisis, and were rather slow in implementing the
right mitigating practices. More importantly, the failing of the health care system
resulted from years of neglect and dismissive attitude toward health care as a public good
and even a universal human right. The coronavirus crisis may force us to change our
view of the value of health care and the practice of care in general.

The feminist ethics of care articulated in the 1980s and 1990s has been vindicated by the
coronavirus and to the extent Jewish ethics highlights the value of care, the same can be
said about Jewish ethics. The pandemic lays bare the fact that humans are relational
rather than autonomous beings, that humans are fundamentally vulnerable and always in
need of care rather than self-sufficient and independent. Care, unfortunately, has been
devalued because the labor of care is characteristically done by women and because it has
not been considered productive labor. In societies without universal care, such as the
United States, health care system is profoundly unequal and unjust: the rich and the well-
healed get better care than the poor and the marginal and racial disparities are evident in
health outcomes. These disparities have been very evident in the current virus when in
Louisiana, for example, African Americans are 30% of the population but account for
70% of the fatalities from coronavirus. The coronavirus has exposed the deadly
connection between poverty and poor health, including compromised immune system
that makes one more vulnerable to the novel virus. If we make care the guiding principle
of our political, social, and economic life, we will restructure how we pay care givers; we
will be more attentive to the stresses of the care givers (in institutional settings or at
home) have to endure, and we will do whatever we can to protect care givers by giving them protective gears as well as mental support.

To turn the society into a caring society will require us to reorder priorities and give due respect not only to physicians but to all the heroic people in the health care system, whom we have tended to ignore until now. If we make care the guiding principle of our social life, we will be able to assign new values to the very people and activities that make our life possible. Reflecting on the ethics of care is thus inseparable from reflections on the nature of labor and the conditions that laborers face. What does the ethics of care look like in the time of pandemic? It means to care about and taking care of the laborers who perform essential tasks that enable us to stay at home without starving, or who make the hospital run smoothly providing for the needs of all patients. Structurally speaking, ethics of care means that we think about health care as a basic human right and not a privilege, and that we do not treat health as a commodity to be profited from. That requires setting up a universal health care system to which all citizens have access and that care outcomes are not based on earning capacity. Israel, of course, has a universal health care system in place, but the United States does not. The coronavirus will undoubtedly sharpen the debate about health care and strengthen those who call for structural changes. But implementing ethics of care now does not have to wait until politicians change their mind about the universal health care. During the coronavirus pandemics, ethics of care is expressed in numerous altruistic acts exhibited not only toward family and friends but also toward strangers, the socially marginal, and the dispossessed. Ethics of care is exhibited in donation of surgical masks, in giving money to relief efforts, in hiring laid-off workers, in aiding homeless shelters and food banks, in providing computers for school children of low income families, in bringing food packages to those who can’t afford to buy or to the elderly who should not be outside, in shopping for those who are more susceptible to the virus. These and numerous other acts of charity, generosity, and lovingkindness—key values of Jewish ethics—will enable us to survive the pandemic and come out of it as better people.

Altruism is promoted by Jewish ethics as much as it has been shown by evolutionary psychologists to contribute to human survival. Without analyzing the meaning of altruism or the nature of altruistic acts, I suggest that other-directed behavior requires us to acquire the personality traits that dispose us to behave in the right manner. Becoming a caring person requires us to cultivate the virtues, or character traits, that enable us to act in the desirable caring way. Judaism has a rich virtue tradition (musar, broadly defined), premised on the fact that moral virtues can be acquired through habitual practice. In traditional Judaism the practice is circumscribed by the Halakhic tradition so that in Judaism ethics of virtue and ethics of duties are complimentary rather than in conflict with each other. In the Middle Ages and the early modern period, Jewish virtue ethics thrived precisely because Jewish philosophers, chief among them Maimonides, translated the virtue ethics of rabbinc Judaism into the idiom of Aristotelian ethics. The translation into a conceptual framework that was accepted by Muslim and Christians at the time only enriched Judaism, and in turn, enabled Jews to contribute to Western virtue ethics. This is the precisely the kind of philosophical translation that we need today if Jewish ethics is to respond to the coronavirus crisis.
In the 20th century virtue ethics has emerged as a critique of the dominant moral theories of Deontology and Consequentialism. Led primarily by female ethicists including G.E. Anscombe (1958), Iris Murdoch (1971), Phillipa Foot (1978), and Rosalind Hursthouse (1999), virtue ethics was to be a moral theory based on moral psychology, moral facts, the facts of human nature, and accounts of human good and the inspiration for it came from Plato, Aristotle and the Stoics, rather than from Kant or Mill. Virtue ethics focuses on cultivation of character and on attainment of well-being, rather than duties, abstract rules, or the consequences of actions. In virtue ethics the question that should one do is inseparable from the question what kind of person one should be. The coronavirus calls on us to cultivate the virtues that make us into caring human beings. If we make virtue and character the center of moral education, we will be able to create a more caring society that could cope with the challenges of the pandemic as well as to a range of other social and cultural issues.

Moral education is best accomplished through moral exemplars, namely, narratives about moral agents in ambiguous moral situations. The current crisis offers us numerous cases of ordinary people in extraordinary situations, exhibiting their virtuous characters. I refer to the health workers on the forefront of the battle against the coronavirus who exhibit the virtues of courage, patience, humility, modesty, persistence, lovingkindness, and empathy, the very virtues extolled by Judaism. We do not need to turn to Talmudic texts to find exemplary virtuous narratives, but now is the time to curate the narratives about these ordinary heroes who operate in hospitals all over the world; Jews and non-Jews who make endless moral decisions, including end-of-life decisions. These narratives could become the exempla for our moral education in the time of crisis and for years to come during which we will undoubtedly face new pandemics.

The moral heroism of our health care workers is impressive if we take into consideration the fact that decisions that are normally made by the family physician or specialists who have long-term relationship with the patients are currently made under stressful conditions by physicians who barely know the patients in their care. Patients who arrive at the ER without thinking ahead about the decisions they will have to make and without realizing that the procedures that will be implemented to save their lives, are not benign; they do not look like the resuscitation procedures we see on TV. Even if these procedures eventually do save lives, they may also have negative long-term effects. Since patients are alone in the hospital, without family members or friends, these decisions are even more stressful. We all need to think ahead of time about how we would like to end our life, and hospitals must allow people who refuse heroic measures to save them and instead allow them to die peacefully without intubation, if they so choose. This requires talking about end-of-life in advance and coming to the hospital with a living will, a signed power of attorney, and a medical directive. This point will undoubtedly be a bone of contention among Jewish ethicists.

Cultivating the caring personality is relevant not only in social relations but also in terms of human relationship with the natural world. The coronavirus crisis did not cause our severe ecological crisis, but the pandemic is exacerbated by environmental factors such
as air pollution, water shortages, and climate change. The pandemic lays bare the truth
about our environmental crisis, that some still choose to deny despite the obvious
evidence. The good news is that the coronavirus crisis has also been a boon to the natural
world because of the curtailment of human travel, the reduction in extracting activities,
and the slowdown of economic activity. As the human world shuts down to defend itself
against the novel virus, the natural world might recover from the damage humans have
inflicted on it. The ethics of care pertains as well to caring about, caring for, and
taking care of the Earth. In Jewish parlance that means caring for creation. The well-
being of the created world depends on us as much as our well-being depends on it. This
requires us to cultivate the personality type that can treat all creatures, and not only
humans, with compassion, solidarity, empathy, kindness, and gratitude, the very virtues
exemplified by our heroic health care and which are part of the moral inventory of
Judaism. For example, humility facilitates ecological consciousness that leads to guilt and
shame about the diminishment of the Earth’s fecundity. Modesty leads to avoidance of
careless exploitation of the gifts of creation. These virtues require self-control and
moderation and the virtue of temperance counters over-consumption and self-indulgence,
major contributors to the environmental crisis. Finally, simplicity curtails human desire
for luxury, thereby preventing over-consumption of nature’s bounty and wastefulness.
Judaism has an elaborate environmental ethics, including environmental legislation, that
is particularly relevant in this moment when we are called to care for the created world
without which human life is simply not possible.

In sum, the coronavirus pandemic is a global crisis that brings all human beings to face
the same existential challenges, regardless of national, religious, or racial differences. To
make its message relevant to all people, Jewish ethics must not be framed within the
framework of Jewish Halachic tradition, which is accessible and relevant only to
religious Jews, but must be translated philosophically into idioms accessible to non-Jews
and to secular Jews. The intersection of three such ethical idioms – the feminist ethics of
care, virtue ethics, and environmental ethics – is particularly relevant to the current crisis.
Translation always requires crossing boundaries between cultures, nations, discourses,
disciplines, moralities, and social conventions. This act of translation is needed now
more than ever before. As much as the pandemic requires us to physically distance
ourselves from each other, while remaining emotionally and psychologically connected,
so does it require us to remain intellectually engaged with other traditions rather than turn
inward and disregard, dismiss, or disdain those who are different from us. In this moment
of truth, when Jewish ethics is tested as is every other aspect of our life, it is appropriate
to exhibit solidarity, cooperation, and lovingkindness toward all human beings and
indeed toward all created beings within the web of life. Jewish ethics will pass the test
posed to it by the coronavirus pandemic, if Jewish values, attitudes, norms and ethical
principles are shown to meaningfully address the suffering of others—the sick, the
migrant, the refugee, the poor, the disabled, the socially different—and the structural
inequities and injustices of our society, in Israel and throughout the world. By working
collaboratively, we may be able to overcome the crisis and emerge as more virtuous and
caring people.
References:


