

SURVEY OF RECENT HALAKHIC PERIODICAL LITERATURE

CONVERTS AND CUSTOMS

“**T**he Holy One, blessed be He, did not exile Israel among the nations other than so that proselytes might be added to them” (*Pesahim* 87b). Observers of American Jewry are well aware that instances of conversion for purely ideological reasons – as distinct from conversion for ulterior motives, such as to facilitate marriage or to acquire benefits associated with citizenship and integration within Israeli society – while few in absolute numbers, have nevertheless markedly increased in recent years. But Jewry is multifaceted, comprised of diverse groups, each with its own cultural, social, liturgical and even halakhic practices. Identification with any one of those groups is largely an accident of birth. Per force, a convert, whose Judaism is *sua sponte*, must choose to identify with one or another of those subgroups and/or select or eschew a wide variety of socio-religious practices.

Quite understandably, most converts identify with the community that has mentored their conversion process and/or in which they reside. That, however, is not always the case. The late Abraham Carmel, author of *So Strange My Path*, a former Catholic priest who converted to Judaism, adopted the practices of Sephardic Jewry. Recently, a convert residing in Lakewood, New Jersey, sought to follow the same path. There are a number of similar reports of converts choosing Sephardic practices even though they find themselves in Ashkenazic communities. Why a convert living in a predominantly Ashkenazic community should seek to identify as a Sephardi is not entirely clear. It is my impression that, in each of the known cases, the convert assumed Sephardic traditions to be older and hence more authentic than Ashkenazi practices. However, no less a personage than R. Ezekiel Landau would have dismissed that contention out of hand. In his commentary on *Berakhot*, *Zlah* 11b, Rabbi Landau adduces textual evidence supporting the formula of the Ashkenazic version of the blessing following the *shema* and asserts that the liturgies of Ashkenazic and Sephardic communities are equally authentic.

Lakewood is a community of scholars. Apparently, for reasons that have not been made clear, the scholars of that community urged that the

ger adopt the practices of the dominant sector of that locale, viz., Ashkenazic Jewry. In a contribution to *Or Yisra'el*, Nisan 5778, R. Samuel Landesman, head of the *Bet Din Kollel ha-Rabbanim* in Monsey, explains that there is no compelling reason to adopt that posture. Rabbi Landesman's presentation is basically unexceptionable. Nonetheless, there are a number of points that require elucidation.

Diverse practices among Jews arise from one or another of a number of considerations. Some are based upon conflicting adjudication of halakhic controversies, e.g., donning *tefillin* on the intermediate days of a festival or some of the fine points of the calligraphy employed in writing Torah scrolls, *tefillin* and *mezuzot*. Conflicting traditions were prevalent in different communities and handed down from generation to generation. The general consensus of rabbinic decisors is that such traditions should not be disturbed, particularly when conflicting practices cannot be accommodated simultaneously.

In some instances, diversity in practice is rooted in rabbinic edicts promulgated in certain communities but not in others. Consumption on Passover of *kitniyot*, or legumes in general and of rice in particular, was banned in some locales but not in others. The same is true with regard to the practice of polygamy. When banned by rabbinic edict, such practices became halakhically binding upon progeny as well.¹ Residents of geographical areas not subject to such an edict have no halakhic reason to eschew those practices.

More often than not, diversity of practice is a matter of *minhag* or custom. Customs are divisible into various categories. Some are mere folkways, e.g., partaking of gefilte fish on Friday evening and *cholent* or *hamin* on *Shabbat* morning that, even when rooted in good and sufficient pragmatic reason, can hardly be regarded as normative.² Others are designed as precautionary measures or "fences" intended to prevent actual transgression of Halakhah, e.g., refraining from eating birds for which there is no *mesorah*, i.e., a tradition regarding their identity as a kosher species, or as a pietistic practice designed to yield salutary spiritual benefit, e.g., recitation of *selihot* during the penitential period or during the entire month of Elul. Practices of that nature may become halakhically binding because such practices acquire the status of a vow³ or, alternatively, by

¹ See *Encyclopedia Talmudit*, XVII (Jerusalem, 5743), 359.

² Cf., *Ba'al ha-Ma'or*, *Shabbat* 16b. *Ba'al ha-Ma'or* should not be understood as mandating hot food on *Shabbat*. The import of his statement is simply that eschewing *hamin* on *Shabbat* on Karaite grounds is heresy. Eating or drinking any hot food dispels that suspicion.

³ See *Shulhan Arukh*, *Yoreh De'ah*, 214:1. Most authorities, including *Bah*, *ad locum*, maintain that, since the vow was not vocalized, it is binding only as a matter of

virtue of the principle “*al titosh torat imekha* – forget not the teaching of your mother” (Proverbs 1:8).⁴ *Shulhan Arukh*, *Yoreh De’ah* 214:2, rules that practices of that nature, when accepted by a community as a whole, are binding upon future progeny as well.⁵

Technically speaking, a *ger* begins life as a Jew with a *tabula rasa*, not subject to edicts imposed upon ancestors, unencumbered by customs accepted in earlier generations and without already existing personal pietistic undertakings. One anecdote reported by Rabbi Landesman is illustrative. A convert married a Jewish woman but, unfortunately, discord arose in the marital abode. As often occurs, there were outstanding issues between the parties and the convert steadfastly refused to execute a religious divorce. When pressed to cooperate with regard to a *get* upon the argument that, since he himself wished to remarry, the *get* would serve his own self-interest, the husband countered that he was a *ger* and hence not subject to the ban against plural marriage issued by Rabbenu Gershom and, moreover, in accepting the “yoke of the commandments” prior to immersion in the *mikveh*, he had added the phrase “in accordance with the opinion of *Maran* (R. Joseph Caro, the Sephardic codifier of the *Shulhan Arukh*).” When the matter was brought to the attention of Rabbi Jacob Kamenetzky, of blessed memory, the latter reportedly responded that the convert’s argument had merit.

rabbinic law. R. Moshe Sofer, *Teshuvot Hatam Sofer*, *Yoreh De’ah*, no. 107, maintains that such vows are biblically binding. Cf., R. Moshe Schick, *Teshuvot Maharam Shik*, *Orah Hayyim*, no. 249.

⁴ See *Pesahim* 50b.

⁵ See Ramban, *Mishpat ha-Herem* and *Teshuvot Rivash*, no. 329. *Pri Hadash*, *Orah Hayyim* 496, maintains that only communal undertakings are binding upon future generations but that a son need not accept personal practices assumed by his father. *Pri To’ar*, *Yoreh De’ah* 39, p. 77b, however, finds that the principle *al titosh torat imekha* obligates a son to accept practices adopted by his father.

Me’iri, *Shabbat* 56a, asserts that a son who succeeds his father as a public official is bound to follow pious practices known to have been espoused by his father for the benefit of the populace. I Samuel 8:3 states, “And his sons did not walk in his ways but turned after pecuniary gain and took bribes and perverted justice.” The Gemara, *Shabbat* 56a, declares that the verse should not be understood literally. Rather, whereas Samuel himself “rode circuit” and judged people in their own cities (I Samuel 7:16), his sons did not follow in his ways but, in order to enhance the emoluments of their court officials, compelled the litigants to journey to the cities in which the sons themselves resided. Me’iri explains that a judge is ordinarily not obligated to travel to the locale of the litigants, but that Scripture holds Samuel’s sons accountable for a transgression akin to bribery only because they failed to adhere to the pious practice of their father.

See also the comprehensive discussion of R. Baruch Simon, *Imrei Barukh: Tokef ha-Minbag be-Halakhah*, chaps. 3-4.

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That anecdote should not be construed as establishing a normative position with regard to polygamous marriage on the part of a convert. Rabbenu Gershom's edict was limited to the areas in which it was promulgated and accepted but remained personally binding upon residents of those communities who removed themselves to other locales. R. Moshe Schick, *Teshuvot Maharam Shik, Even ha-Ezer*, no. 4, rules that newly settled areas in which the majority of the émigrés were personally bound by the edict of Rabbenu Gershom, e.g., Poland, America and Australia, have the same status as the areas in which the edict was originally promulgated.

R. Shlomoh Zalman Auerbach is quoted by R. Yerachmiel David Fried, *Yom Tov Shení ke-Hilkhatáh*, chap. 5, note 43, as expressing astonishment with regard to the practice of Israeli rabbinical courts that supervise conversion. Those *batei din* apparently instruct the *ger* to adopt the practices of the community in which he or she resides. Reportedly, Rabbi Auerbach saw no halakhic basis for imposing such a normative demand. However, it seems likely that the instruction of the Israeli rabbinical courts is predicated upon sage counsel rather than halakhic requirement. It is in the interest of both the convert and the community at large that the *ger* become socially, culturally and psychologically integrated within the community in which he resides. Those concerns are magnified when future children will also be affected. It is to be anticipated that the community in which the *ger* resides will provide a support system for the convert and for his family. A certain degree of socio-religious homogeneity is invaluable in achieving the salutary goal of acceptance and integration within the community.

Rabbi Auerbach is further quoted as advising that the *ger* stipulate that any practice not required by Halakhah is undertaken upon the express condition that the practice is initially accepted only tentatively rather than as an absolute commitment. The commitment can subsequently be made final and permanent when the convert becomes certain that he is comfortable with his acceptance of the practice.

It further follows from the foregoing that a *ger* need not become an Ashkenazi or a Sephardi, a Lithuanian or a German, a Syrian or a Moroccan, a *hasid* or a *mitnaged*, either in terms of his affiliation or practice. Nor does it seem to this writer that consistency is required in adopting the *minhagim* of any particular community; the *ger* is halakhically free to pick and choose among them. Thus, he may, for example, employ the Ashkenazic liturgy but eat rice on *Pesah*. But, at the same time, consistency is certainly a desideratum in establishing a sense of identity and in facilitating integration within the Jewish community.

Rabbi Landesman points out that a convert must make at least one decision on the day of his conversion. On that day, he is, for the first time, bound to recite the *minḥah* prayer. Consequently, he must choose between the various liturgies utilized by different communities. The *Ari, Sha'ar ha-Kavvanot* (Jerusalem, 5767), p. 50b, and R. Aaron Berechiah of Modena, *Ma'avar Yabok, Kuntres Siftef Zedek*, chap. 31, record that each of the twelve tribes had a particular "gate" through which its prayers ascended to heaven. The assumption is that different "gates," each providing equal access to heaven, were available to accommodate different liturgical formulae. Presumably, which *nusah* or pronunciation a native-born Jew should employ is governed by the principle *al titosh torat imekha*. A proselyte, however, who has no "mother," is free to choose whichever liturgy or pronunciation he desires. Indeed, it would seem that, although certainly salutary, there is no compelling reason why a *ger* must be consistent from day to day or even from prayer service to prayer service. Certainly, utilization of one particular *nusah* by the *ger* for his first *minḥah* should not constitute a binding precedent for future prayer.

It should be noted that these conclusions are at variance with the opinion of one respected authority. R. Ovadiah Yosef, *Yehaveh Da'at*, V, no. 33, rules that, in Israel, converts are required to conform with the rulings and practices of R. Joseph Caro, whom Rabbi Yosef depicts as the *mara de-erev yisra'el*, or halakhic authority of the Land of Israel. That was certainly true during the fifteenth century but, with the subsequent influx of Ashkenazic Jews, it is no longer the case. Rabbi Yosef presumably meant to assert that even in a locale in which diverse communities reside and each community follows its own traditions, a proselyte is bound to accept the practices of the historically dominant community. Rabbi Yosef neither cites an earlier source nor presents a reasoned argument in support of that position.

DIABETICS AND SHABBAT

Diabetes mellitus is a disorder of carbohydrate metabolism characterized by hyperglycemia, i.e., elevated blood sugar, and glycosuria, i.e., the presence of sugar in the urine. Diabetes results from a deficit in production of insulin by the pancreas or by inadequate utilization of the insulin produced.⁶ If severe diabetes is left untreated the result may be coma and death. Complications of the disease include low resistance to

⁶ Although adult onset diabetes may result from chronic pancreatitis, it is more commonly attributable to a slowing down of protein synthesis, including insulin

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infections, especially in the extremities, cardiovascular disorders, disturbances in electrolyte balance, kidney disease, peripheral neuropathy and eye disorders. Poor circulation makes treatment of infection difficult and, particularly in the feet, may result in gangrene and necessitate amputation. Diabetes is a chronic, incurable disease but symptoms can be ameliorated and life may be prolonged by proper treatment. Treatment is designed to reduce blood sugar to normal levels. In some cases, that goal can be accomplished by diet and exercise. When that is not effective, drugs that can be administered orally are available to control mild cases of diabetes. The ultimate treatment is the administration of insulin by injection. The quantity of insulin administered must be tailored to the needs of the patient. A lower than needed dose of insulin will not sufficiently reduce the blood sugar; a higher dose may result in hypoglycemia, i.e., reducing the blood sugar level below normal. Hypoglycemia is dangerous and may result in a rapid pulse, fainting, convulsions and life-threatening coma. The current standard of treatment requires intermittent capillary blood sampling and may call for a blood test to determine glucose levels before each meal, particularly during titration of the patient's doses, and then tailoring the amount of insulin injected to the need of the patient. Patients afflicted with juvenile onset (Type 1) diabetes may be asked to monitor glucose levels six or seven times daily. The goal is to achieve a stable blood sugar level that does not rise above the normal or fall below it.

Testing the blood sugar level involves pricking a finger by means of releasing a pin or lancet controlled by a spring, extracting a drop of blood and placing it in a narrow plastic tube or a piece of specially treated paper that is then inserted into a glucose meter.⁷ The apparatus analyzes the blood and within a brief period of time the blood sugar level is displayed by the glucometer. The patient uses that information to determine the number of units of insulin to administer by injection.⁸

The *Shabbat* problems involved in these proceedings and in administering insulin on *Shabbat* are succinctly and comprehensively discussed by Dr. Abraham S. Abraham, *Lev Avraham*, I (Jerusalem, 5737), chap 7, sec. 83 and in various volumes of his *Nishmat Avraham*, primarily in vol. IV

production that occurs with advancing years. The disease runs in families, which suggests the likelihood of a genetic proclivity.

⁷ Continuous glucose monitoring devices are also available. Those devices eliminate the need for frequent fingersticks but are relatively expensive, require calibration, present issues with regard to reliability and are advised only for technologically sophisticated and highly-motivated patients.

⁸ See David K. McCulloch, "Self-Monitoring of Blood Donors in Management of Adults with Diabetes Mellitus," *Up-To-Date*, www.uptodate.com.

(Jerusalem, 5751), *Orah Hayyim* 316:1, note 1.⁹ Those discussions record the rulings of R. Shlomoh Zalman Auerbach and R. Joshua Neuwirth. This topic is also the subject of a symposium published in the Tevet-Shevat 5763 issue of *Or Yisra'el*.

1. Glucose Levels

Drawing blood on Shabbat involves an otherwise forbidden form of “labor.” Diabetes is clearly a life-threatening malady. That is not to say that untreated diabetes is always imminently life-threatening or that failure to inject the requisite amount of insulin on any particular day is likely to result in immediate danger. Halakhah defines danger not only as the threat of imminent death but also as the foreshortening of life in the distant future. Medical science recognizes that periods of hyperglycemia serve to curtail longevity anticipation. It is impossible to determine with exactitude what effect any particular level of hyperglycemia will have upon life expectancy or how long a significant deviation from the norm can be tolerated without ill effect.¹⁰ Consequently, halakhic decisors should assume that any and all means necessary to maintain a proper blood sugar level at all times are to be deemed a matter of *pikuah nefesh* and hence such measures must be carried out, even on *Shabbat*, as often as indicated. The opinion of any medical practitioner to the effect that a temporary increase in blood sugar is inconsequential must, as a matter of Halakhah, be disregarded. Even doubtful, i.e., possible, foreshortening of a patient’s longevity anticipation requires intervention on *Shabbat*. A patient lacks a halakhic right to assume such risk.¹¹ Hence, it is clear that glucose tests should be performed on *Shabbat* as often as medically advised. The only issue is the manner in which the test should be carried out.

Although blood must be drawn, the infraction should be obviated or minimized to the degree possible.¹² *Nishmat Avraham* advises that the

⁹ Reprinted in Abraham S. Abraham, *Nishmat Avraham*, 3rd ed. (Jerusalem, 5764), I, *Orah Hayyim* 301, note 11:2.

¹⁰ For a general discussion of improved glucose control and health outcomes see Xinyang Hua, Thomas Wai-Chun Lung, Andrew Palmer *et. al.*, “How Consistent is the Relationship between Improved Glucose Control and Modelled Health Outcomes for People with Type 2 Diabetes Mellitus? a Systematic Review,” *PharmacoEconomics*, vol. 35, no. 3 (November, 2016), pp. 319-329.

¹¹ See R. David ibn Zimra, *Teshuvot Radvaz*, IV, no. 67 and *Mishnah Berurah* 328:6. See also sources cited by *Nishmat Avraham*, I, *Orah Hayyim* (Jerusalem, 5743), *Orah Hayyim* 328, note 9.

¹² The issue of drawing more blood than is actually necessary for testing purposes is discussed by this writer in his *Contemporary Halakhic Problems*, VI (Jersey City, New Jersey, 2012), 178-189.

spring-type mechanism be attached to a timer in order to avoid an act of bloodletting on *Shabbat*. In practice, that may not be feasible, particularly since the test must be repeated several times in the course of a day. A non-Jew may be directed to perform acts proscribed on *Shabbat* on behalf of a sick person even if the patient's life is not in danger. Hence, when possible, a non-Jew should be employed to prick the finger and test the blood. In order to avoid the problem of *mesaye'a*, i.e., physically facilitating the forbidden act, the patient should allow his hand to become limp and thereby enable the non-Jew to position the patient's finger without muscular movement on the part of the patient. If those expedients are not feasible, the patient should operate the blood-drawing mechanism by means of a *shinuy*, i.e., in an "unusual" manner, e.g., by using his knuckles or the back of his hand to release the spring.¹³ If blood does not ooze from the needle prick of its own accord it is necessary to apply pressure near the site of the puncture. That, too, should be done by means of a *shinuy*, i.e., by using a blunt object or the edge of a table rather than a thumb or finger, for this purpose.¹⁴

2. Restricting Frequency of Food Intake

A further issue is whether a diabetic who tests his blood sugar levels prior to each intake of food must suffice himself on *Shabbat* with regular meals that are necessary for his health or whether he is also permitted between-meal snacks and accompanying blood sugar tests. As has been stated, the testing is to be carried out with a *shinuy* and hence involves no biblical infraction. There is a general question with regard to whether *Shabbat* infractions are *hutrah* or *dehnuah* in situations of life-threatening danger. If *hutrah*, i.e., rendered entirely permissible in the sense that the prohibition is waived and is as if it is nonexistent, there is no need for mitigating the severity of the infraction or restricting the number of acts performed. If merely *dehnuah*, i.e., subrogated to the overarching obligation to preserve life, infractions must be minimized and limited to the extent possible. Rema, *Orah Hayyim* 328:12, rules in accordance with the latter view with the result that the number of infractions must be limited to the minimum necessary for elimination of danger. The issue is whether the same controversy extends to rabbinic infractions as well. That question was first addressed by R. Abraham Teumim, *Hesed le-Avraham, Mahadura Tinyana, Orah Hayyim*, no. 67. There is strong reason to

¹³ See also Abraham S. Abraham, *Nishmat Avraham*, V (Jerusalem, 5757), p. 164 and R. Yitzchak Zilberstein, *Or Yisra'el* (Tevet-Shevat 5763), p. 34.

¹⁴ Cf., R. Menachem Meir Weissmandl, *Or Yisra'el*, p. 26. Using the back of the hand to apply pressure also constitutes a *shinuy*. See R. Yitzchak Zilberstein, *ibid.*, p. 34.

presume that rabbinic infractions need not be avoided or minimized in treatment of the sick because it would be logical to assume that persons suffering from illness were excluded *ab initio* from rabbinic edicts regarding *Shabbat*. As expressed by R. Abraham Bornstein, *Avnei Nezer, Oraḥ Hayyim*, I, no. 118, sec. 5, “For what reason would the Sages decree a prohibition so that it would be superseded; it would be preferable that they not at all promulgate edicts in instances of pain and that it not be necessary to suspend the prohibitions.” The sources discussing this question are marshalled by R. Shalom Getzel Berkowitz, *dayyan* of the Satmar community of *Kiryat Yo’el*, in *Or Yisra’el*, p. 36.¹⁵ According to that presumption, if the blood is procured by means of a *shinuy*, thereby reducing the status of the act to a rabbinic violation, there is no need to limit the number of times that the blood sugar test is performed on *Shabbat*.¹⁶

3. Assembling the Syringe

Assembling a syringe in order to administer the insulin presents a further problem. *Shulḥan Arukh, Oraḥ Hayyim* 313:6, records two opinions with regard to the use of a utensil made of components designed to be assembled prior to use. A syringe consists of a vial to contain the liquid medication and a hollow needle to pierce the skin and through which the medicine will flow. The issue is whether assembling those components is permissible on *Shabbat*. Citing *Mismah Berurah* 313:46, R. Joshua Neuwirth, *Shemirat Shabbat ke-Hilkhatah*, 2nd ed., I (Jerusalem, 5739) 33:9, advises that, when possible, the syringe should be prepared for use before *Shabbat*. Nevertheless, Rabbi Neuwirth rules that, if it is not feasible to do so, the needle may be attached to the syringe even on *Shabbat*.

The mechanism used by diabetics for drawing blood on *Shabbat* employs a tiny separable, single-use lancet to pierce the skin. That part of the implement is replaced before each use in order to assure sterility. Therefore, when possible, multiple blood-drawing implements should be

¹⁵ In addition to *Avnei Nezer*, a permissive view is adopted by R. Meir Arik, *Teshuvot Imrei Yosher*, I, no. 185, s.v. *u-la-guf*; R. Samuel Avigdor Tosfa’ah, *She’ilat Shmu’el*, no. 47, p. 30, s.v. *ve-himneh* and in an appendix *kelalim*, no. 21, sec. 8; R. Joshua Weingarten, *Teshuvot Helkat Yo’av, Oraḥ Hayyim*, no. 14, s.v. *aḥar kol zeh*; R. Eliezer David Greenwald, *Teshuvot Keren le-David*, no. 70, s.v. *me-atah*; and R. Dov Berish Rappaport, in his commentary on the Rambam, *Derekh ha-Melekh, Hilkhot Shabbat* 6:9, sec. 1.

¹⁶ Rabbi Weissmandl’s citations of authorities who maintain that it is permissible to place oneself in a position such that it will be necessary to violate a rabbinic prohibition in order to avoid danger would be germane if the blood tests were performed after eating. However, the blood test performed before eating is carried out at a time when no danger exists. See *Or Yisra’el*, p. 26.

acquired and prepared before *Shabbat* in order to avoid a need for disassembling and reassembling the mechanism.¹⁷

4. *Insulin Pumps*

Some diabetics receive insulin by means of a continuous drip. An insulin pump is used for that purpose. A reservoir of insulin is placed in a belt placed around the patient's waist. A needle is inserted in the abdomen through which a predetermined amount of insulin is infused periodically or allowed to drip on a constant basis. In his earliest treatment of the problem, *Nishmat Avraham*, IV, *Orah Hayyim* 316, note 1, Dr. Abraham quotes R. Shlomoh Zalman Auerbach as forbidding the patient to traverse a public domain on *Shabbat* with the insulin pump attached to his body.¹⁸ *Shulhan Arukh*, *Orah Hayyim* 303:15, indeed permits placing a peppercorn or a cube of salt in one's mouth on *Shabbat* and walking with it through a public thoroughfare. Those items were used to avoid unpleasantness experienced by a person as a result of halitosis and hence are not deemed a "burden." The insulin dripping through the needle while the patient is in a public area is designed to relieve the "discomfort" of diabetes and is not different from a peppercorn or a salt cube. That consideration, however, applies only to items used for the alleviation of contemporaneous discomfort and does not serve to render permissible transportation of insulin for subsequent use.¹⁹ Rabbi Auerbach reportedly

¹⁷ It may be the case that this act can be performed by employing a *shinuy*. Some writers apparently regard the same problem as also being attendant upon inserting the strip of paper or the tube containing the drop of blood into the glucometer and advise employment of a *shinuy* for that purpose. See Rabbi Weissmandl, *Or Yisra'el*, p. 26, and Rabbi Zilberstein, *Or Yisra'el*, p. 34. It seems to this writer that such items serve merely as a conduit for conveying blood but are not integral to the glucometer and hence placing them in the glucometer on *Shabbat* is unrelated to fashioning a utensil.

¹⁸ Rabbi Weissmandl, *Or Yisra'el*, p. 27, depicts the insulin pump as an "adornment even more so than eyeglasses" and permits wearing the pump without a *shinuy*. Rabbi Weinberger, *ibid.*, p. 32, categorizes the pump as an "adornment" because it is "no worse than an efficacious amulet." In point of fact, amulets and eyeglasses are regarded as articles of clothing, rather than adornments, in that they serve to protect the body directly. Neither the insulin pump nor the insulin reservoir serve the function of protecting the body. See Rashi, *Shabbat* 62a, s.v. *she-lo yozienu*. Indeed, *Shulhan Arukh*, *Orah Hayyim* 301:25, makes a point of emphasizing that an amulet "is not an adornment." *Tosafot*, *Shabbat* 57a, s.v. *ve-meh isbah*, states that the therapeutic nature of the objects to which reference is made endows them with the nature of a *malbush gamur*, i.e., proper garment. Items of such nature are at times referred to as "adornments" because they are "an adornment to the patient as one of his garments." See *Tosafot*, *Shabbat* 60a, s.v. *she-eino*, and *Shemirat Shabbat ke-Hilkhatah*, 2nd ed., 18:11. See also R. Shlomoh Zalman Auerbach as quoted in *Nishmat Avraham*, 3rd ed., I, 301, note 11:1.

¹⁹ Cf., Abraham S. Abraham, *Lev Avraham*, I, chap. 7, sec. 82, note 156.

regarded transportation of a quantity of insulin to be infused periodically or on a continuous basis as tantamount to carrying a supply of food or several doses of medicine for ingestion at a future time.²⁰ Similarly, R. Samuel ha-Levi Wosznar, *Teshuvot Shevet ha-Levi*, IX, no. 67, prohibits carrying an insulin pump in a public thoroughfare on *Shabbat*.²¹ Nevertheless, *Nishmat Avraham* quotes Rabbi Neuwirth as indicating that it is permissible to walk through public streets with an attached insulin pump provided that the pump is fastened to the body in an unusual manner,²² e.g., by wrapping it around a foot or arm rather than around the waist.²³

²⁰ In the third edition of *Nishmat Avraham*, Dr. Abraham reports that Rabbi Neuwirth agreed that Rabbi Auerbach would have permitted use of an insulin pump if attached to the body with a *shinuy*.

²¹ *Shevet ha-Levi* prohibits only transportation of the reservoir containing insulin. The needle placed in the abdomen need not be removed because it does not constitute a usual manner of transport and also because the prohibited act of “labor” does not serve its statutory purpose (i.e., it constitutes *melakhah she-einah zerikhah le-gufah*) because the needle, when not attached to the reservoir, serves no useful purpose.

²² Rabbi Shlomoh Yehudah Weinberger, *Or Yisra’el*, p. 33, finds an additional basis to permit carrying the insulin pump in an unusual manner. If the patient does not traverse a public thoroughfare as biblically defined or, even when transporting the insulin pump through a biblically-defined public thoroughfare, if the patient goes directly from one private domain to another without halting within the biblical thoroughfare traversed, the act of carrying is a rabbinic, rather than a biblical, violation. Furthermore, Rabbi Weinberger regards carrying unneeded insulin as a form of labor *she-einah zerikhah le-gufah*, i.e., “labor” that is not undertaken for its defined purpose, and, accordingly, prohibited only as a matter of rabbinic, rather than biblical, law. An act performed by means of a *shinuy* is also only rabbinically forbidden. R. Samuel Engel, *Teshuvot Maharash Engel*, III, no. 43 and VII, no. 20, maintains that acts that are prohibited only on the basis of an aggregate of three separate rabbinic prohibitions are not at all forbidden. See also R. Shalom Mordecai Schwadron, *Teshuvot Maharsham*, II, no. 188, and III, nos. 188 and 222, and R. Menasheh Klein, *Mishneh Halakhot*, II, no. 57. That view is, however, disputed by R. Henech Pak, *Zikhron Yosef*, secs. 8 and 167, and *Teshuvot Shevet Ha-Levi*, I, *Yoreh De’ah* no. 197. See also *Contemporary Halakhic Problems*, vol. VII (Jerusalem, 2016), pp. 233-234.

R. Eliezer Waldenberg, *Ziz Eli’ezer*, XIII, no. 34, points out that *Maharash Engel* addressed a situation in which the populace was ordered by government decree to carry identity papers at all times. Those documents were carried only to avoid imprisonment but served no intrinsic purpose. However, carrying medication for possible use, argues *Ziz Eli’ezer*, is a *melakhah she-zerikhah le-gufah*. Consequently, *Ziz Eli’ezer* forbids transporting medication through a public thoroughfare. For further discussion of that issue, see *Contemporary Halakhic Problems*, II (New York 1983), 24-25. For additional comments concerning the circumstances of *Maharash Engel’s* ruling, see Rabbi Weinberger, *Or Yisra’el*, p. 32.

²³ In the third edition of *Nishmat Avraham*, Dr. Abraham quotes R. Joseph Shalom Eliashiv as permitting transportation with a *shinuy* only for purposes of fulfilling a *mizvah* and only where there is no biblical *reshut ha-rabbim*. Rabbi Auerbach is similarly cited to that effect in *Nishmat Avraham*, V, addenda, sec. 138. See *infra*, note 24.

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In his *Shemirat Shabbat ke-Hilkhatah*, I, 2nd ed., 18:47, note 188, Rabbi Neuwirth cites R. Mordecai Winkler, *Teshuvot Levushei Mordekhai, Mahadura Tinyana, Yoreh De'ah*, no. 141, in support of that ruling. *Levushei Mordekhai* permits a person suffering from a running nose to carry a handkerchief by wrapping it around his hand. *Levushei Mordekhai* ascribes that position to *hatam Sofer* and explains that the ruling is based upon the halakhic provision that rabbinic strictures are suspended in order to spare an individual from embarrassment.²⁴ Rabbi Neuwirth regarded confinement of a diabetic to his home the entire *Shabbat* day on an ongoing basis as a form of embarrassment.²⁵

In *Nishmat Avraham*, VIII, *Orah Hayyim* 316, note 1, Rabbi Neuwirth is quoted as later having advanced a number of other considerations in support of that ruling. The Chafetz Chaim authored a work titled *Mahaneh Yisra'el*, containing instructions for Jewish soldiers forced to serve in the army. *Mahaneh Yisra'el* 31:3 addresses a problem faced by conscripts compelled to travel on *Shabbat*. Failure to obey military orders would certainly have posed a life-threatening danger. The soldiers, however, were under no compulsion to carry their personal possessions with them but traveling from one place to another on *Shabbat* would have resulted in the irretrievable loss of those possessions. *Mahaneh Yisra'el* ruled that if the military authorities require a soldier to carry certain items with him, he may place his own possessions in the same bundle or

²⁴ See also R. Shlomoh Zalman Braun, *She'arim Mezuyanim be-Halakhah*, II, 84:14, note 13. *She'arim Mezuyanim be-Halakhah*, II, 80:88, note 81, cites *Tosafot, Shabbat* 50b, s.v. *beshvil*, in support of his view that confinement to one's home is a form of "pain" tantamount to illness. However, *Tosafot's* assertion is somewhat different. *Tosafot* state that a person who is "embarrassed to go among people" is to be considered as suffering a non-life-threatening illness. *Tosafot* identify embarrassment, rather than confinement to one's home as the illness. Cf., *Lev Avraham*, I, chap 7, sec. 76, note 156 and *Contemporary Halakhic Problems* II, 25.

²⁵ The halakhic principle invoked by *Levushei Mordekhai* is that of "*kevod ha-beriyot*," or avoidance of personal embarrassment. Use of a handkerchief is designed to avoid the embarrassment of a running nose and soiling one's clothes with mucous running from the nostrils. In what seems to be an expansive definition of *kevod ha-beriyot*, Rabbi Neuwirth describes the situation of a person who will "never be able to leave his home on *Shabbat*" as encompassed within that category but no explanation is offered in that locus of why confinement to home on *Shabbat* should involve a matter of *kevod ha-briyot*. See *Encyclopedia Talmudit*, XXVI (Jerusalem, 5764), p. 534, note 490. However, in *Nishmat Avraham*, 3rd ed., *Orah Hayyim* 301, note 11:2, Rabbi Neuwirth is cited as regarding comments by friends and acquaintances to the effect that the person never leaves his home on *Shabbat* as constituting a source of embarrassment. Rabbi Neuwirth may, however, have intended to categorize that situation as constituting a form of *za'ar*, or pain, which, according to some authorities, is encompassed in the same category. See *Encyclopedia Talmudit*, XXVI, pp. 497-498.

container in which he carries those objects. Rabbi Neuwirth reasons that, according to *Mahaneh Yisra'el*, additional insulin may be carried together with insulin needed for contemporaneous *pikuah nefesh*.²⁶

Moreover, asserts Rabbi Neuwirth, a utensil is considered to be a *tafel*, or secondary to its contents, with the result that, when there is no liability for carrying the contents, there is also no liability for carrying the utensil. The pump, and also the residual insulin within the pump, argues Rabbi Neuwirth, should be regarded as “secondary” to the insulin injected while traversing the public domain. In addenda to that volume, sec. 238, *Nishmat Avraham* reports that Rabbi Neuwirth permitted employing the expedient of attaching an insulin pump with a *shinuy* only for purposes of attending a prayer service, for Torah study or another *mizvah*.²⁷

5. Carrying Sugar

Diabetics treated with injections of insulin are in danger of experiencing insulin shock if caloric intake is not sufficient to cover the dose of insulin injected. Accordingly, they are advised to carry sugar cubes or candy with them at all times to be consumed at the earliest signs of insulin imbalance.²⁸

R. Eliezer Waldenberg, *Ziz Eli'ezer*, XIII, 34, prohibits carrying such items in a public domain.²⁹ Rabbi Neuwirth, *Shemirat Shabbat ke-Hilkhatah*, I, 34:8, followed by *Nishmat Avraham*, V, addenda, sec. 137, permits a diabetic to carry sugar for that purpose in an unusual manner, e.g., by placing the sugar inside a hat worn on the head. The patient is advised not to carry a quantity greater than will be needed should such an event occur. Although transporting the sugar is undertaken by means of a *shinuy*, the infraction should be limited to the extent possible.

²⁶ In the third edition of *Nishmat Avraham*, Dr. Abraham reports that Rabbi Neuwirth agreed that the quantity of insulin necessary for *Shabbat*, as well as a bit more to assure with certainty that there would be a sufficient quantity, may be carried in this manner but did not sanction carrying a quantity of insulin for which it is certain that there will be no need during the course of *Shabbat*.

²⁷ It should be noted that *keyod ha-briyot* serves to vitiate rabbinic prohibitions for all purposes. See *Encyclopedia Talmudit*, XXVI, 481-482. Were Rabbi Neuwirth to have been fully confident that being spoken of as always homebound on *Shabbat* because of infirmities constitutes an embarrassment, carrying an insulin pump with a *shinuy* should be permissible for any purpose – unless, of course, attendance at synagogue services is sufficient to forestall comments concerning physical incapacity. See *supra*, note 23.

²⁸ For a discussion regarding similar issues involved in carrying nitroglycerin on *Shabbat* by cardiac patients see *Contemporary Halakhic Problems*, II, 23-26.

²⁹ See *supra*, note 20 and *Contemporary Halakhic Problems*, II, 24-25.

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Accordingly, the patient is also advised not to come to a complete halt in a thoroughfare and, in the event that it becomes necessary for him to consume the sugar, to enter an adjacent building without stopping before doing so and to swallow the sugar in its entirety before continuing on his way. Transporting an object from one private domain to another without halting in an intervening public thoroughfare reduces the act of carrying to a rabbinic infraction.³⁰

³⁰ *Lev Avraham*, I, chap 6, sec. 83, attributes that ruling to R. Shlomoh Zalman Auerbach. *Lev Avraham* permits the practice only for purposes of engaging in a *mizvah*. The reasoning is that an act prohibited only because of the confluence of two rabbinic prohibitions is permitted for purposes of fulfilling a *mizvah*. See *Lev Avraham ibid.*, note 157.