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Introduction

The number of people dying from COVID-19 is increasing at an alarming rate and Muslim communities are no exception to this reality.¹ In fact, Muslim doctors, nurses, and other healthcare workers are at the forefront of tackling this pandemic. In the United Kingdom, the first doctors to have died from the pandemic were Muslim.² The frightening nature of this pandemic has led many to draw parallels to ancient plagues. The comparison of COVID-19 to a plague needs to be assessed based on the definition of the latter provided in Islamic literature. Studying the validity of this comparison is important because there are legal and theological implications. In this paper, we will analyze this comparison to make sense of two issues. First, the Prophet ﷺ said that plagues will not enter Medina.³ Yet, we know that many people have tested positive for COVID-19 in Medina.⁴ Second, the Prophet ﷺ said that those who die from the plague are martyrs.⁵ Does this glad tiding apply to those who have lost their lives to the virus?

What is a plague?

Plague is an infectious disease that has afflicted humanity for millennia, with plague pandemics⁶ massively overshadowing casualties of any other infectious disease (the Black Death⁷ in Europe, for example, resulted in estimates of up to

¹ “COVID-19 Coronavirus Pandemic,” Worldometer, last updated April 15, 2020, <https://www.worldometers.info/coronavirus/>.

² Aina Khan, “Muslim Minority Doctors First to Die on Front Line of UK Pandemic,” *Al Jazeera*, April 1, 2020, www.aljazeera.com/news/2020/04/muslim-minority-doctors-die-front-line-uk-pandemic-200401082454308.html.

³ *Ṣaḥīḥ al-Bukhārī*, no. 1880.

⁴ Bernd Debusmann Jr., “Saudi Arabia Confirms 6 Deaths, 157 New Cases of Coronavirus,” *Arabian Business*, April 2, 2020, https://amp.arabianbusiness.com/amp/article_listing/aben/healthcare/444237-saudi-arabia-confirms-6-deaths-157-new-cases-of-coronavirus.

⁵ *Ṣaḥīḥ al-Bukhārī*, no. 5733.

⁶ Epidemic refers to a regional excess of disease cases in a population, while a pandemic affects a larger scale, crossing international boundaries. Miquel Porta, ed., *A Dictionary of Epidemiology*, 6th ed. (Oxford: Oxford University Press, 2014), 93, 209.

⁷ There has been considerable debate over the cause of the Black Death with molecular genetic analysis of skeletal remains at a mass burial site of victims confirming infection with the *Yersinia pestis* variant. (See, for instance, Verena J. Schuenemann, Kirsten Bos, Sharon DeWitte, Sarah Schmedes, Joslyn Jamieson, Alissa Mittnik, Stephen Forrest, Brian K. Coombes, James W. Wood, David J. D. Earn, William White, Johannes Krause, and Hendrik N. Poinar, “Targeted Enrichment of Ancient Pathogens Yielding the pPCP1 Plasmid of *Yersinia pestis* from Victims of the Black Death,” *Proceedings of the National Academy of Sciences of the United States of America* 108, no. 38

200 million deaths).⁸ Medically, the disease is known to be caused by the bacterium *Yersinia pestis*, which is carried in the gut of fleas, which in turn live as parasites on rats; when an infected flea bites a human, the bacterium enters the tissue and, when disseminated through the lymph system, accumulates within lymph nodes in the groin and armpits which become swollen and subsequently may hemorrhage and necrose. These massively enlarged, inflamed, and discolored lymph nodes were termed buboes, hence the term Bubonic plague, which is the most common form of the disease. Less commonly, the bacterium is disseminated in the blood resulting in a septicemic plague. When the plague is passed on directly from person-to-person it infects the lungs, resulting in pneumonic plague.⁹

However, the modern medical definition of plague should not be conflated with the historical usage of the term ‘plague’ which would not have distinguished specific pathogens but rather applied the term to a variety of infectious epidemics.¹⁰ In fact, for Galen (d. c. 210 CE), the term ‘plague’ did not refer exclusively to a particular disease but to a disease event, an infectious epidemic.¹¹ Similarly, the *Mishnah*, a

(2011): E746–52. Nevertheless, there remain significant epidemiologic puzzles related to the transmission and mortality rate still open to further investigation. See Sharon N. DeWitte, “Setting the Stage for Medieval Plague: Pre-Black Death Trends in Survival and Mortality,” *American Journal of Physical Anthropology* 158, no. 3 (2015): 441–51.

⁸ Michael S. Rosenwald, “History’s Deadliest Pandemics, from Ancient Rome to Modern America,” *The Washington Post*, April 7, 2020, <https://www.washingtonpost.com/graphics/2020/local/retropolis/coronavirus-deadliest-pandemics/>.

⁹ For references on the medical science of plague refer to the following resources: Jerome Goddard, *Infectious Diseases and Arthropods* (Cham: Humana Press, 2018), 151–55; Didier Raoult, Nadjat Mouffok, Idir Bitam, Renaud Piarroux, and Michel Drancourt, “Plague: History and Contemporary Analysis,” *Journal of Infection* 66, no. 1 (2013): 18–26; Richard W. Titball and Sophie E. C. Leary, “Plague,” *British Medical Bulletin* 54, no. 3 (1998): 625–33; Michael B. Prentice and Lila Rahalison, “Plague,” *The Lancet* 369, no. 9568 (2007): 1196–207.

¹⁰ Alfani and Murphy write:

Although many of the worst pre-industrial epidemics appear to have been caused by the bubonic plague, the range of epidemics that are referred to as “plagues” is much larger. . . . “Plague” is one of those unfortunate words having different meanings for different people in different contexts. It is used vaguely when referring to epidemics of different natures (type of pathogen) and consequences (affecting the whole population or a subset of it), where the only common traits these “plagues” share is that they cause an exceptionally high number of deaths and/or cause terror. Historians sometimes face serious problems in correctly identifying the disease, because historical sources, especially those preceding early modern times, are often blurry in distinguishing different infectious diseases. In a strictly biological sense, the plague is usually understood as an infection caused by the *Yersinia pestis* bacillus, identified in 1894 by Alexandre Yersin.

Guido Alfani and Tommy E. Murphy, “Plague and Lethal Epidemics in the Pre-Industrial World,” *Journal of Economic History* 77 (2017): 314–43.

¹¹ Rebecca Flemming, “Galen and the Plague,” in *Galen and the Plague* (Leiden, Netherlands: Brill, 2018), https://doi.org/10.1163/9789004383302_011.

compilation of Jewish oral law written during the first and second centuries CE, defines plague by mortality rate: 3 deaths in 3 days, in a city with a population of five-hundred fighting men.¹² In general, the classification of infectious diseases based on a specific pathogen (e.g., a bacterium, virus, or parasite) is characteristic of modern medicine, and thus historical disease entities are often redefined. While attempts to retrospectively assign modern medical diagnoses to historical diseases are fraught with difficulty (despite the advances of bioarchaeology, paleopathology, etc), sometimes the historical descriptions are sufficient to render a ‘highly probable’ diagnosis.¹³ Descriptions of plague symptoms are found in such early writings as Thucydides (d. 400 BCE) and Sophocles (d. 406 BCE);¹⁴ however, the plagues to which they referred may have been caused by smallpox¹⁵ and brucellosis¹⁶ respectively, among other potential pathogens. The plague that Galen endured, known as the Antonine plague, was a viral epidemic, while the Biblical plague of the Philistines may have involved the bacterial infection tularemia.¹⁷ Having no knowledge of modern germ theory, the Ancient Greeks instead employed miasmatic theory, the notion that disease was caused by polluted air (the remnants of which are still seen in names like ‘malaria’, lit. bad air). This theory was later drawn upon by physicians and scholars in the Arab world. From the foregoing discussion, it should be clear that the fact that the word ‘plague’ was used by an ancient or classical text does not necessitate that it be taken as referring

¹² Mishnah Taanit 3:4:3,

https://www.sefaria.org/English_Explanation_of_Mishnah_Taanit.3.4.3?lang=bi&with=all&lang2=en; see also S. Sabbatani, S. Fiorino, “The Plague of the Philistines and Other Pestilences in the Ancient World: Exploring Relations Between the Religious-Literary Tradition, Artistic Evidence and Scientific Proof,” *Le Infezioni in Medicina* 18, no. 3 (2010): 199–207.

¹³ John Mulhall, “Plague before the Pandemics: The Greek Medical Evidence for Bubonic Plague before the Sixth Century,” *Bulletin of the History of Medicine* 93, no. 2 (2019): 151–179. The author reasonably suggests that a diagnosis of plague is highly probable in the presence of an outbreak of (1) buboes; (2) fever; (3) headaches/achiness in the general context; (4) high mortality; and (5) a primary wound at the site of the flea bite.

¹⁴ Rachel Finnegan, “Plagues in Classical Literature,” *Classics Ireland* 6 (1999): 23–42.

¹⁵ Robert J. Littman, “The Plague of Athens: Epidemiology and Paleopathology,” *Mount Sinai Journal of Medicine* 76 (2009): 456–67.

¹⁶ Antonis A. Kousoulis, Konstantinos P. Economopoulos, Effie Poulakou-Rebelakou, George Androutsos, Sotirios Tsiodras, “The Plague of Thebes: A Historical Epidemic in Sophocles’ Oedipus Rex,” *Emerging Infectious Diseases* 18, no. 1 (2012): 153–57, <https://dx.doi.org/10.3201/eid1801.ad1801>.

¹⁷ Siro Igino Trevisanato, “The Biblical Plague of the Philistines Now Has a Name, Tularemia,” *Medical Hypotheses* 69, no. 5 (2007): 1144–46.

exclusively to Bubonic plague and *Yersinia pestis* infection, although historical descriptions often do point in that direction.

What is a *ṭā'ūn*?

The Arabic word *ṭā'ūn* (translated as plague) comes from *ṭa'ana*, meaning to pierce, perhaps an allusion to the excruciating pain of the disease.¹⁸ In the writings of Arab and Persian physicians in the Islamicate world, including al-Rāzī (d. 311 AH), al-Majūsī (d. 384 AH), and Ibn Sīnā (d. 428 AH), this term was identified with swelling of the lymph nodes, characteristic of the buboes described earlier.¹⁹ The writings of hadith commentators like al-Nawawī (d. 676 AH) similarly described gangrenous pustules with darkening (necrosis) and painful swelling in the axillae, also suggestive of bubonic plague.²⁰ An attempt can be made to infer the meaning of *ṭā'ūn* directly from the Hadith literature, however.²¹ In one hadith, a *ṭā'ūn* is compared to the *ghuddah* of a camel,²² i.e., a deadly disease characterized by swelling of the lymph glands.²³ In another hadith, we learn that the wounds of those who died from a *ṭā'ūn* will resemble the wounds of the martyrs and will smell of musk.²⁴ Ibn al-Qayyim (d. 751 AH) writes that the term *ṭā'ūn* can refer to the active cause of the plague, the symptoms associated with it, or the resulting death.²⁵ A related term is *wabā'*, which linguistically refers to a general epidemic.

¹⁸ Lawrence Conrad, "Tā'ūn and Wabā': Conceptions of Plague and Pestilence in Early Islam," *Journal of the Economic and Social History of the Orient* 25, no. 3 (1982): 292.

¹⁹ Conrad, 293–95.

²⁰ Al-Nawawī, *al-Minhāj* (Beirut: Dār Ihyā' al-Turāth al-ʿArabī, 1972), 14:204.

²¹ The Prophet ﷺ described plagues as "the stinging of your enemies from the Jinn." See *Musnad Aḥmad*, no. 19528. Numerous scholars including al-Mundhirī (d. 656 AH), al-Haythamī (d. 807 AH), and Ibn Ḥajar have authenticated this hadith. For Ibn Ḥajar's extensive treatment of this hadith, see *Badhl al-mā'ūn* (Riyadh: Dār al-ʿĀshima, n.d.), 109ff. Rashīd Riḍā (d. 1935) argues that the term "Jinn" can refer to what is hidden; therefore, this hadith means plagues are caused by microbes (some have said fleas), which are hidden to the naked eye. See Riḍā, *Tafsīr al-manār* (Cairo: Dār al-Manār, 1947), 3:96. After studying all the routes and explanations of this hadith, Dr. Jamīl Farīd concludes that this description of a plague is possibly a statement of one of the narrators that was incorrectly attributed to the Prophet ﷺ. For his detailed discussion, see Jamīl Farīd, *Athar al-ʿilm al-tajrībī* (Beirut: Markaz al-Namā', 2015), 195–203; Lawrence Conrad, "Epidemic Disease in Central Syria in the Late Sixth Century," *Byzantine and Modern Greek Studies* 18 (1994): 12–58, 17ff.

²² *Musnad Aḥmad*, ed. al-Arnaʿūṭ et al., no. 25118. See editors' comments on the grading of the hadith.

²³ Al-Munāwī, *Fayḍ al-Qadīr* (Cairo: al-Maktaba al-Tijāriyya al-Kubrā, 1937), no. 5333; cf. Conrad, "Tā'ūn and Wabā'," 298.

²⁴ *Musnad Aḥmad*, no. 17651; Ibn Ḥajar, *Fath al-Bārī* (Beirut: Dār al-Maʿrifā, 1960), 10:194.

²⁵ Ibn al-Qayyim, *Zād al-maʿād* (Beirut: Mu'assasat al-Risāla, 1994), 4:36.

Therefore, every *tā'ūn* is a *wabā'* but the opposite is not true.²⁶ In the *Muwaṭṭa'*, the plague of Emmaus is described as a *wabā'*.²⁷

Is COVID-19 a plague?

COVID-19 is the name of the disease caused by the novel coronavirus formally designated SARS-CoV-2 (previously called 2019-nCoV).²⁸ The viral infection involves the lungs, with pneumonia being the most frequent clinical manifestation,²⁹ although the large number of infected individuals with mild or no symptoms has resulted in the rapidity of disease transmission. The most serious complication of infection with SARS-CoV-2 is in the name—*severe acute respiratory syndrome*, which entails rapid accumulation of fluid in the lungs as a result of the inflammation. While other viral respiratory infections share similar clinical symptoms (fever, cough, fatigue), there are other features that set SARS-CoV-2 apart. For instance, COVID-19 differs from influenza in that the former is far more contagious³⁰ and more likely to result in hospitalization and death.³¹

It is evident however that COVID-19 does not fall under the biological definition of plague, as it is not a bacterial infection caused by *Yersinia pestis*. Moreover, it does not manifest any of the historically described symptoms associated with *tā'ūn* (most importantly, swollen lymph nodes and wounds). A comparison between the two reveals a clear distinction. At most, the COVID-19 pandemic can be classified

²⁶ Ibn Ḥajar, *Badhl al-mā'ūn*, 102–108.

²⁷ *Al-Muwaṭṭa'*, no. 1594; cf. al-Kāndhlawī, *Awjaz al-masālik* (Beirut: Dār al-Qalam, 2003), 3:675.

²⁸ A. E. Gorbalenya, S. C. Baker, R. S. Baric, et al., “The Species Severe Acute Respiratory Syndrome-Related Coronavirus: Classifying 2019-nCoV and Naming It SARS-CoV-2,” *Nature Microbiology* 5, no. 4 (2020): 536–44, <https://doi.org/10.1038/s41564-020-0695-z>.

²⁹ In rare instances, gastrointestinal or neurological complications of the disease are the initial manifestation.

³⁰ Shi Zhao, Qianyin Lin, Jinjun Ran, Salihu S. Musa, Guangpu Yang, Weiming Wang, Yijun Lou, Daozhou Gao, Lin Yang, Daihai He, and Maggie H. Wang, “Preliminary Estimation of the Basic Reproduction Number of Novel Coronavirus (2019-nCoV) in China, from 2019 to 2020: A Data-Driven Analysis in the Early Phase of the Outbreak,” *International Journal of Infectious Diseases* 92 (2020): 30053–59.

³¹ Note that case fatality rate calculations depend tremendously on the number of people who are tested in a population; hence the variation in reported rates. D. D. Rajgor, M. H. Lee, S. Archuleta, N. Bagdasarian, S. C. Quek, “The Many Estimates of the COVID-19 Case Fatality Rate,” *Lancet Infectious Diseases*, March 27, 2020, pii: S1473-3099(20)30244-9, [https://doi.org/10.1016/S1473-3099\(20\)30244-9](https://doi.org/10.1016/S1473-3099(20)30244-9).

as a *wabā'*, which is often linguistically used interchangeably with *tā'ūn*.³² However, based on a strict reading of the term *tā'ūn*—as explained in several hadiths and the majority of scholarly commentary as referring exclusively to biological plague—it does not include COVID-19. We will now proceed to examine the implications of this comparison vis-a-vis two issues.

The plague will not enter Medina

The city of Medina is sacrosanct and it is understandably dear to Muslims. It was the center of the epic migration during the Meccan persecution and it is the resting place of our beloved Prophet ﷺ. The Prophet ﷺ praised and supplicated for Medina on many occasions. He prophesied that faith will ultimately return to Medina, and he asked Allah to shower His blessings on the city and its provisions.³³ In one hadith, the Prophet ﷺ said, “There are angels on the roads leading to Medina. Neither the plague nor the Antichrist will enter it.”³⁴ Given that some residents of Medina have tested positive for COVID-19,³⁵ how are we meant to understand this hadith?

A number of scholars have pointed out that ‘plague’ here refers to the specific disease described earlier.³⁶ As such, the spread of other epidemics, which have historically affected Medina, does not conflict with this hadith.³⁷ Furthermore, the leading Hadith scholar of the subcontinent, Anwar Shāh al-Kashmīrī (d. 1933 CE), explains that some routes of this hadith have the addition of “*in shā' Allāh*, or God-willing,” which is connected to the words “the plague will not enter”; i.e., if God wills, then hopefully the plague will not enter Medina, which is not a definitive negation.³⁸ As noted earlier, there is a clear difference between

³² For a list of scholars who described *tā'ūn* in the general sense of *wabā'*, see Haytham al-Jifrī, *al-Aḥkām al-muta'alliqa bi al-wabā' wa al-tā'ūn*, 3–8. The author concludes that defining *tā'ūn* as a specific disease is most sound.

³³ *Ṣaḥīḥ al-Bukhārī*, no. 1876; *Ṣaḥīḥ Muslim*, no. 1374.

³⁴ *Ṣaḥīḥ al-Bukhārī*, no. 1880.

³⁵ Debusmann, “Saudi Arabia Confirms 6 Deaths.”

³⁶ Ibn Ḥajar, *Fath al-Bārī*, 10:191; cf. Qāḍī 'Iyād, *Ikmāl al-mu'lim* (Cairo: Dār al-Wafā', 1998), 7:132.

³⁷ Ibn 'Allān, *al-Futūḥāt al-rabbāniyyah* (Beirut, Dār al-Kutub al-'Ilmiyya, 2004), 4:110–11.

³⁸ The positioning of the words “God willing” differs in the various routes of this hadith. In some routes, it comes as “There will not enter therein the plague nor the Antichrist, God willing” while others state “There will not enter therein the Antichrist or the plague, God willing.” Al-Kashmīrī believes that the latter version is the most reliable, and other versions are the result of paraphrased transmission. Hence, it is most valid to connect “God willing” only

COVID-19 and the plague. Hence, cases of COVID-19 in Medina do not undermine this hadith.

It is a sign of divine providence that there exists no historical account of Medina being afflicted by the plague. In the 19th century, European travelers marveled at how plagues never reached Medina. The Swiss Orientalist Johann Burckhardt (d. 1817 CE) observed that in 1815 CE a plague broke out in the Hijaz. Although it spread to Mecca, the Prophet's city remained untouched.³⁹ It should be noted that a version of this hadith adds Mecca to this divine protection: "Mecca and Medina are guarded. There is an angel on every road that leads to them. Neither the Antichrist nor the plague will enter them."⁴⁰ Ibn al-Mulaqqin (d. 804 AH) points out that the chain of transmission is weak.⁴¹ Ibn Kathīr (d. 774 AH) writes, "This is an extremely isolated report (*gharīb jiddan*). The mention of Mecca is not preserved (*mahfūz*)."⁴²

Are those who die of COVID-19 martyrs?

Those who have experienced the passing of close friends and loved ones are often reassured that their deceased are martyrs (*shuhadā*)—a term applied to one who has heroically sacrificed their life for the sake of God. The loss of life is a sensitive matter and one is advised to be encouraging with a grieving family. This raises the

to the appearance of a plague and not the Antichrist. Al-Kashmīrī, *Fayḍ al-Bārī* (Beirut: Dār al-Kutub al-ʿIlmiyya, 2005), 3:316, 6:585.

³⁹ Conrad, "Ta'ūn and Wabā'," 287.

⁴⁰ The words "will not enter them (*lā yadkhuluhumā*)" are recorded by al-Bukhārī in *al-Tārīkh al-kābīr* and ʿUmar b. Shabba in *Tārīkh Makkah*; see al-Bukhārī, *al-Tārīkh al-kābīr* (Hyderabad: Dāʾirat al-Maʾārif al-ʿUthmāniyya, n.d.), no. 2099; Ibn Ḥajar, *Fath al-Bārī*, 10:191. Aḥmad b. Ḥanbal relates another version of this hadith in his *Musnad* with the words "will not enter it (*lā yadkhuluhā*)," in which case the protection from the plague is specific to Medina. See *Musnad Aḥmad*, no. 10265; al-Samhūdī, *Khulāṣat al-wafā* (Medina: al-Maktaba al-ʿIlmiyya, 1972), 42.

⁴¹ Ibn al-Mulaqqin, *al-Tawḍīḥ* (Qatar: Wizārat al-Awqāf wa al-Shuʿūn al-Islāmiyya, 2008), 27:473.

⁴² Ibn Kathīr, *al-Bidāya wa al-nihāya* (Cairo: Dār Hajar, 1997), 19:189. On the other hand, Ibn Ḥajar mentions—or quotes Ibn Shabba—that the transmitters are reliable. See Ibn Ḥajar, *Fath al-Bārī*, 10:191. Ibn Kathīr's observation that the mention of Mecca is extremely isolated is supported by a study of the various routes of these hadiths. There are at least seven companions (viz. Abū Hurayra, Anas, Jābir, Abū ʿAsīb, Saʿd, Usāma, and ʿUmar) who narrated that Medina is protected from plagues. Abū Hurayra's hadith is transmitted from four routes, and only the route of Fulayḥ, from ʿUmar b. al-ʿAlāʾ, from his father, from Abū Hurayra explicitly mentions Mecca, and this chain is not free of criticism. See Muḥammad Zāhid, *Dirāsa li al-aḥādīth al-wārida fī al-tāʾūn*, 123; also see the editors' comments in *Musnad Aḥmad*, no. 10264.

interesting question of whether those who have lost their lives to the novel virus can be classified as martyrs.

Martyrdom (*shahādah*)—which etymologically, in both English and Arabic, denotes ‘bearing witness’—is a lofty rank, and its reward is unparalleled. The Qur’an informs us that martyrs “are alive with their Lord, receiving provision.”⁴³ Making the ultimate sacrifice by giving up one’s life for a noble cause is a primordial ideal not unique to Islam. Even in the current secular age, “death for one’s country, family, or a just cause is deemed its own reward.”⁴⁴ From the Islamic perspective, the scope of martyrdom is not limited to the battlefield. The Prophet ﷺ once asked his companions, “Who do you consider a martyr among you?” They replied, “The one who is killed in the path of Allah is a martyr.” He said, “In that case, the martyrs of my community are few!” He then explained that people who die from other tragedies, such as a stomach illness or drowning, will get the reward of a martyr.⁴⁵ Muslim scholars have, therefore, divided martyrs into two categories: those considered martyrs in both this life and the next (i.e., those who die in war) and those who have the status of a martyr only in the hereafter (i.e., those whose deaths are unrelated to war). While both categories enjoy a special reward in the hereafter, the burial process for one who dies on the battlefield differs from the conventional rituals—the body is neither washed nor shrouded, for instance.⁴⁶

We learn from a number of hadiths that someone who dies from a plague (*tā’ūn*) will receive the reward of a martyr. The Prophet ﷺ said, “Whoever dies from a plague is a martyr”⁴⁷ and “Whoever remains in a plague-ridden land patiently and hopeful of reward, knowing that only what Allah decrees will reach him, will get

⁴³ Qur’an 3:169.

⁴⁴ Jonathan A. C. Brown, *Misquoting Muhammad: The Challenge and Choices of Interpreting the Prophet’s Legacy* (London: Oneworld Publications, 2014), 240; cf. Meir Hatina, *Martyrdom in Modern Islam: Piety, Power, and Politics* (New York: Cambridge University Press, 2014), 9–11.

⁴⁵ *Ṣaḥīḥ Muslim*, no. 1915.

⁴⁶ *Al-Mawsū‘ah al-fiqhīyah al-Kuwaytīyah* (Kuwait: Wizārat al-Awqāf, 1983), 26:272–78. A third type of martyr is someone who sacrifices his life on the battlefield for a wrong cause. Such a person will be treated as a martyr in this life but will not receive any reward in the hereafter. See *Ṣaḥīḥ Muslim*, no. 1915.

⁴⁷ *Ṣaḥīḥ al-Bukhārī*, no. 5733.

the reward of a martyr.”⁴⁸ It is worth noting that those who die from a plague will only receive the reward of martyrdom, as Ibn Ḥajar al-‘Asqalānī (d. 852 AH) explains, if they were patient and trusted Allah’s decree. Moreover, they will receive the reward of martyrdom *even if they survived the plague*, so long as they manifested those qualities.⁴⁹ Al-Haytamī (d. 974 AH) emphasizes the exclusivity of the reward mentioned in the hadith to the plague as a specific disease and not a general epidemic.⁵⁰

The analogy with a plague may be tenuous but there are other factors that allow us to classify COVID-19 related deaths as martyrdom. Anwar Shāh al-Kashmīrī, mentions that more than thirty categories of people deserve the rank of martyrdom in the hereafter, as enumerated by the Mālikī scholar Nūr al-Dīn al-Ajhūrī (d. 1066 AH).⁵¹ Instead of focusing on specific categories, al-Kashmīrī opines that an examination of all the hadiths on the subject leads us to derive general causes of death that result in someone acquiring the rank of martyrdom; these are exemplified by those people explicitly mentioned in the hadith. These include: (1) a prolonged and painful ailment, e.g., a stomach illness (*mabṭūn*);⁵² (2) an acute harrowing illness (*marad hā’il*), e.g., a plague (*maṭ’ūn*); or (3) a sudden tragedy,

⁴⁸ *Ṣaḥīḥ al-Bukhārī*, no. 3474 and 6619. Imām Aḥmad narrates this hadith from ‘Abd al-Ṣamad from Dāwūd b. Abī al-Furāt with the words “and remains in his house (*baytihi*).” See *Musnad Aḥmad*, no. 26139. However, the majority of transmitters from Dāwūd mention “his land (*baladihi*).” See, for instance, al-Mizzī, *Tuḥfat al-ashraf* (Beirut: Dār al-Gharb al-Islāmī, 1999), no. 17685.

⁴⁹ Ibn Ḥajar, *Fath al-Bārī*, 10:194.

⁵⁰ Al-Haytamī, *al-Fatāwā al-fiqhīyah al-kubrā*, 1:141. To avoid confusion, we have retained the *nisba* of Ibn Ḥajar al-Makkī as al-Haytamī (with a *tā*’) and not al-Haythamī (with a *thā*’) even though a compelling case can be made that the correct spelling of his *nisba* is with a *thā*’. See Shaykh Ḥātim al-‘Awnī’s *Rimiyy al-bāḥith al-ẓamiyy bi-tarjīḥ al-thā’ fī nisbat Ibn Ḥajar al-Makkī al-Haythamī*.

⁵¹ Al-Kashmīrī, *Fayḍ al-Bārī*, 2:248; cf. al-Bijnorī, *Anwār al-Bārī* (Multan: Idāra-e Tā’līfāt Ashrafiyya, 2004), 15:236. The printed editions of *Fayḍ al-Bārī*, al-Majlis al-‘Ilmī and DKI, relate the number sixty from al-Ajhūrī. In *al-‘Arf al-shadhī*, he states that al-Ajhūrī mentioned up to forty. Al-Kashmīrī, *al-‘Arf al-shadhī* (Beirut: Dār Iḥyā’ al-Turāth al-‘Arabī, 2004), 2:346. It should be noted that both books are al-Kashmīrī’s lecture notes transcribed by his students; he did not write them himself. In his versification of the martyrs, al-Ajhūrī enumerates only around thirty. See al-Ajhūrī, *Ta’līq laṭīf ‘alā manẓūmat al-shuhadā’ wa marātibihim*, King Abdullah bin Abdul Aziz Library, 1429-4, fol. 1r. Other examples of martyrs in the hereafter include death from a collapsing building, labor pains, and protecting one’s family and wealth. Ibn ‘Ābidīn mentions that some have counted over fifty types of martyrs. See Ibn ‘Ābidīn, *Radd al-muḥtār* (Riyadh: Dār ‘Ālam al-Kutub, 2003), 3:165; al-Kāndhlawī, *Awjaz al-masālik*, 4:544-49.

⁵² Dr. Muḥammad ‘Alī al-Bār writes that the *mabṭūn* (stomach illness) is best understood as someone who suffered from cholera. See al-Bār, *al-‘Adwā bayn al-ṭib wa ḥadīth al-Muṣṭafā* (Amman: Dār al-Fath, 2011), 68.

e.g., drowning (*gharīq*).⁵³ As such, despite the distinction made between *tā'ūn* (*Yersinia pestis* infection with swelling of the lymph nodes) and *wabā'* (a general epidemic),⁵⁴ those who die from COVID-19 can be classified as martyrs in the hereafter even if they did not die from an actual plague. Bearing in mind the higher objectives of the hadith, such a person can fall under the first or second scenario mentioned above. The message of the Prophet ﷺ is not that martyrdom relates only to death by a particular bacterium named *X* but rather that human suffering and sacrifice endured patiently for the sake of God carries tremendous reward in the afterlife.

There are two other categories of martyrs that are relevant for our purposes. First, the Prophet ﷺ is reported to have said, “Whoever dies of an illness is a martyr.”⁵⁵ At face value, this hadith would suffice to consider death caused by any form of illness as martyrdom. However, Ibn al-Jawzī (d. 597 AH) dismissed the various routes of this hadith as unreliable.⁵⁶ The Moroccan polymath, ‘Abd Allāh al-Ghumārī (d. 1993 CE), further argues that even if it were authentic, in light of other evidence, this hadith refers to an illness resulting from the plague.⁵⁷ Second, the Prophet ﷺ said, “The one who dies from ‘pleurisy’ (*dhāt al-janb*) is a martyr.”⁵⁸ The term ‘pleurisy’ historically appears to have initially referred to a symptom (‘pleuritis’ in Greek meaning ‘affliction in one’s side’), rather than a specific anatomical or pathological entity (although an association with empyema was recognized). It is likely that the equally non-specific Arabic term ‘*dhāt al-janb*’ (lit. affliction of one’s side) is no different in this regard, and has been described with symptoms including fever, cough, shortness of breath, sharp pain (i.e., pleuritic chest pain), and palpitations.⁵⁹ Based on the objectives of the

⁵³ In other words, categories 1 and 2 are both disease-related but 1 involves prolonged suffering and 2 involves a terrifying rapid deterioration, while category 3 is unrelated to disease.

⁵⁴ On the terms *tā'ūn* and *wabā'*, see Conrad, “Tā'ūn and Wabā',” 279–302.

⁵⁵ *Sunan Ibn Mājah*, no. 1615.

⁵⁶ Ibn al-Jawzī, *al-Mawḍū'āt* (Medina: al-Maktaba al-Salafiyya, 1968), 3:216; cf. Ibn 'Irāq, *Tanzīh al-sharī'a al-marfū'a* (Beirut: Dār al-Kutub al-'Ilmiyya, 1978), 2:393 and al-Albānī, *Silsilat al-aḥādīth al-ḍa'īfah wa al-mawḍū'ah*, no. 4661.

⁵⁷ Al-Ghumārī, *Itḥāf al-nubalā'* (Palestine: Jam'iyyat Āl al-Bayt, 2007), 24.

⁵⁸ *Sunan Abī Dāwūd*, no. 3111.

⁵⁹ On the definition of *dhāt al-janb*, see Ibn al-Qayyim, *Zād al-ma'ād*, 4:74–75 and al-Mubārakfūrī, *Mir'āt al-maḥāṭib* (Varanasi: Idārat al-Buḥūth al-'Ilmiyya, 1984), 5:255. On the shifting usage of the term pleurisy, see Adrian Wilson, “On the History of Disease-Concepts: The Case of Pleurisy,” *History of Science* 38, no. 121 (2000): 282ff.

prophetic saying identified by Hadith scholars above, a case can readily be made for hermeneutic flexibility to extend this conception to those who die from other respiratory complications, including COVID-19.

The reward of martyrdom in the hereafter is a matter of the unseen with no legal bearing, as opposed to legal and theological issues like entering and exiting plague-ridden lands.⁶⁰ No human being can determine the status of a particular person in the afterlife; everything is ultimately bound by divine judgment. The recognition that a person passed away in circumstances matching those described of martyrs is meant to instill hope in God's mercy and reward for the deceased's suffering. It does not impact any worldly rituals. Allah's mercy is limitless and all-encompassing. Hence, there is scope to refer to those who die from COVID-19 as martyrs in the hereafter. A charitable application of 'martyrdom in the hereafter' can be gleaned from a sound report that 'Alī b. Abī Ṭālib said, "Every type of death that a Muslim experiences will grant them the status of martyrdom. However, the stations of martyrdom vary."⁶¹ It is true that a martyr in the hereafter is not equal to a martyr in both worlds. But even the lowest station of martyrdom yields great rewards and serves as a source of comfort for a grieving family that suffers the loss of a loved one.

Closing reflection

There is perhaps no hadith more suitable to describe the present global predicament than the Prophet's parable of those on board a ship: those on the lower deck think that drilling a hole in the side of the boat would be a clever shortcut to avoid requesting water from those in the upper deck. The Prophet ﷺ said, "If those in the upper deck leave them to do as they please, they will all be destroyed together. If they restrain them, they will all be saved together."⁶² There is no greater illustration of the devastating global impact that the actions of a few can have than the case of a viral pandemic that ensues from an index case alongside super

⁶⁰ For instance, scholars distinguish between entering and exiting lands that are afflicted with a *ṭā'ūn* and those afflicted with other epidemics. See al-Haytamī, *al-Fatāwā al-fiqhīya al-kubrā*, 4:11.

⁶¹ See Ibn 'Abd al-Barr, *al-Tamhīd* (Morocco: Wizārat al-Awqāf, 1992), 19:209 and Ibn Ḥajar, *Fath al-Bārī*, 6:44.

⁶² *Ṣaḥīḥ al-Bukhārī*, no. 2493, 2686.

spreaders.⁶³ It is therefore of paramount significance that every individual take seriously the impact their actions can have and do their part to limit disease transmission.

As the pandemic continues to intensify, it can be quite distressing for Muslims to witness their beloved family members and community members passing away from COVID-19 while alone in isolation, and without the customary washing, shrouding, congregational funeral prayers, and other acts of worship invoking God to confer honor, dignity, and forgiveness upon the deceased. Even more harrowing is the prospect that one could be placed against their wishes—God forbid—in a mass grave or cremated. But as the living bid farewell to the departing soul, one can take comfort in knowing that they have returned to Allah, the Most Merciful, Who will most assuredly recompense the faithful for every moment of suffering in this life and, by His divine will, elevate them to the status of martyrs to enjoy the companionship of the prophets and the righteous. Whatever may be missing in their farewell from the living, rest assured that they shall have an honorable reception at the Throne of the Ever-Living.

From the foregoing analysis, we learn that although COVID-19 does not constitute biological plague, a holistic understanding of the hadith about martyrs in the hereafter allows us to refer to those who lost their lives to the virus as martyrs. Moreover, the current pandemic reaching Medina does not undermine the divine protection conferred upon the city; thus Muslims should take due precautions and follow the Prophetic teachings regarding avoiding spreading infectious diseases. We pray that Allah keeps everyone safe and healthy and that He raises the ranks of those who have passed away. *Āmīn*.

⁶³ Gary Wong, Wenjun Liu, Yingxia Liu, Boping Zhou, Yuhai Bi, and George F. Gao, “MERS, SARS, and Ebola: The Role of Super-Spreaders in Infectious Disease,” *Cell Host & Microbe* 18, no. 4 (2015): 398–401.