

GEDOLIM LETTERS

*on Vaccination,
Parental Rights,
and Religious Freedom*



Introduction

This publication has been prepared on behalf of the *talmidim* of **Moreinu Harav Shmuel Kamenetzky, shlit”a**, **Moreinu Harav Elya Ber Wachtfogel, shlit”a**, and **Moreinu Harav Malkiel Kotler, shlit”a**.

In this chapter, when mention is made of “our *Gedolim*,” the reference is to these three of our leading American *Gedolim*.

Our *Gedolim* have made their views on vaccination known to their *talmidim* and to their petitioners. Their view is not extreme. They do not advocate against vaccination. They rule that vaccination is a parental choice, and that parents may not be coerced into vaccination. Perhaps most importantly, they state that parents who choose not to vaccinate should be viewed as parents exercising a right and making a justifiable decision, not as agitators recklessly endangering the public welfare.

This publication refutes the assertions—which have been recently circulated widely—that all *Gedolim* obligate parents to vaccinate, and that non-vaccinating parents are *rotzchim* and *rodfim*.

Non-vaccinating parents in our communities are acting with the full consent of *da’as Torah*, yet they are being maligned and vilified, and, in countless cases, victimized and hurt. The *achdus* and *shalom* within our communities and families is being gravely damaged; the above unfounded and untrue assertions have had much to do with it.

Part 1: “We the Undersigned...” and the Chicago Letter

Measles!

In years past, most states—including New York and New Jersey—granted parents the legal right to opt out of mandatory vaccination for their school aged children by submitting a religious exemption letter to their schools. Jewish schools accepted these letters in lieu of immunization records. This satisfied government agencies, such as local health and education departments, and the small minority of unvaccinated students remained unobtrusive.

That was once upon a time—a far cry from today’s reality where many Jewish communities have been terribly challenged by the issue of vaccination. The vaccination controversy burst onto the stage of the Jewish public’s notice in the fall of 2018 when the measles hit Monsey, Brooklyn, Lakewood, Passaic, and other Orthodox population centers. Legislation in New York State removed parents’ right to claim a religious exemption. New York schools were forced to identify and expel unvaccinated students. Many New Jersey schools began to do so voluntarily.

That year was a trying one. What was once a personal and confidential parental choice had now become a matter of public knowledge and concern. Vaccine induced conflicts were commonplace between parents who followed conventional vaccination protocol for their children and between parents who chose not to. Schools, shuls, families and communities suffered from marred shalom, from discord and friction.

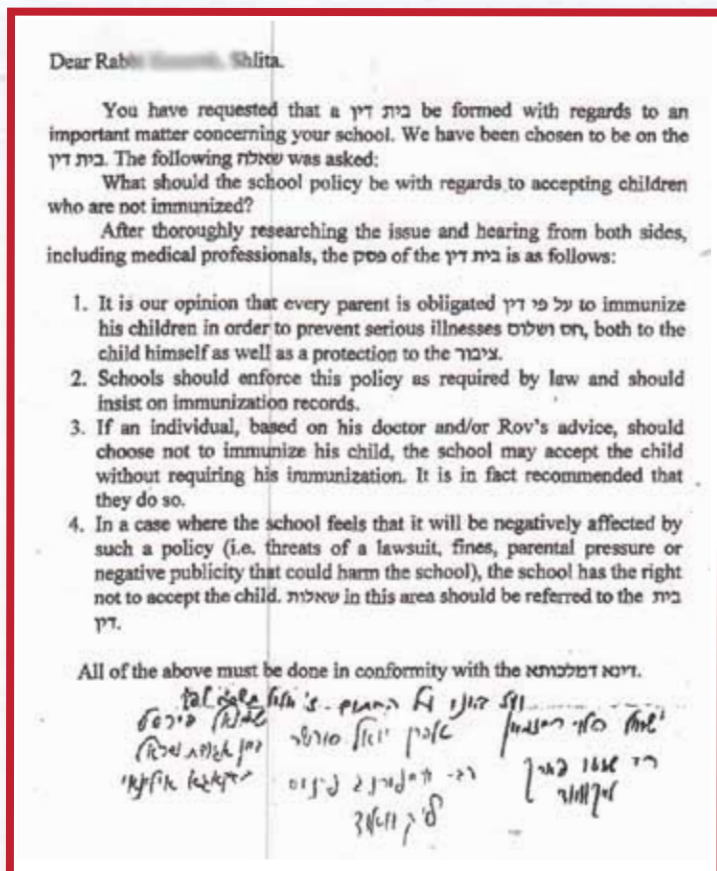
In reality, the storm has been simmering for many years. It was over fifteen years ago when community physicians in Jewish towns, specifically, Lakewood, NJ, began petitioning *chadorim* to insist that unvaccinated students be barred from attending school—even while local health authorities made no such demand. The right to parental vaccination choice was under attack, and vaccination was on its way to becoming the divisive issue that it is today.

The Original Lakewood Psak

In 2008, a Lakewood *beis din* was convened to hand down a ruling. The date of this *psak* can be identified as the beginning of the Orthodox Jewish community’s vaccination controversy.

A Lakewood *menahel* was in a quandary. He had several unvaccinated students in one of his schools and was not inclined to remove them, but found himself facing increasing pressure to do so. He brought the question to a Lakewood *beis din* comprised of:

- *Harav Yisroel Reisman, shlita,*
- *Harav Aharon Sorscher, shlita,*
- *Harav Shmuel Fuerst, shlita.*



We the Undersigned...

The third clause is quite clear—schools are not obligated to bar unvaccinated children; to the contrary, the *beis din* recommended that schools respect the rights of parents who choose not to vaccinate their children (based on medical or rabbinic guidance). But the fourth clause left the matter somewhat open by stating that a school is not required to jeopardize its viability by accepting such students. Thus, the matter was not laid entirely to rest.

Subsequent to the above *din Torah*, a letter was drafted that was firm in its position that unvaccinated children should be barred from school attendance. The letter began with the words, “We the undersigned Rabbonim...”

The letter stated several points:

- A parent’s choice not to immunize his children is medically unjustifiable.
- Herd immunity is compromised by the presence of unvaccinated children in a community, thus, community-wide vaccination is a communal responsibility and obligation.
- Communal leaders must insist on community-wide vaccination.
- School principals and those who operate child-care facilities have the “moral responsibility” to exclude “medically eligible, unimmunized children.”

One more point was stated:

- **“Children who are not immunized are potential reservoirs of the very organisms that they were not immunized against—they are potential *rodfim* because they may expose others to grave risk...”**

A Scientific Note

This publication is focused on providing the historical narrative of the Rabbinic correspondence that we will be presenting. Nevertheless, it is necessary to explain scientifically why it is misleading to classify healthy unvaccinated children as “potential reservoirs of disease.”

It is naïve to believe that the human immune system and the science of vaccinology are anything but complex. And, when it comes to vaccines, it is untrue that there is universal agreement among doctors and scientists with regard to many of the scientific conclusions that are popularly believed to be true. Fortunately, there is universal agreement on certain rudiments:

When a vaccine is injected into a child, it stimulates an immune response, and the body creates antibodies. Then, if the virus invades the child’s body, the antibodies will neutralize the virus, and the child will not become sick. Vaccines do not “clear out” illnesses and infections, nor do they make children healthier. Their sole function is to create an artificial immunity that will protect the child from becoming sick in the event that he is indeed exposed to certain viruses.

Unvaccinated children do not spread disease; infectious children do. An unvaccinated child can only be infectious if he or she had a direct exposure to a virus, and if that virus is currently incubating within his or her body. To carelessly classify unvaccinated children as sick and infectious bespeaks an ignorance of the rudimentary science behind vaccination. Unfortunately, the term “unvaccinated” has been unjustifiably used in the sense of “infectious,” leading not only to confusion, but to fear and discord as well.

Criticism of the Letter

A draft of “We the undersigned...” was shown to Harav Shlomo Miller, shlita, and to Harav Shmuel Kamenetsky, shlita.

Harav Miller wrote on the bottom of the letter:

“What is written in the above letter is not in accordance with *da’as Torah*.”

Rav Miller confided to a talmid that one of his primary objections to the letter was the assertion that non-vaccinating parents can be classified as *rodfim*.

Rav Shmuel as well appended the following note—signed jointly by Rav Shmuel and Rav Miller:

We, the undersigned, are of the opinion that since it is universally recognized that vaccines can cause severe adverse reactions and deaths, halachically, no one can

be forced to vaccinate his children, and every parent retains the right whether to vaccinate or not vaccinate his children. Within the limits of the law, schools

should accept unvaccinated children without discrimination.

We the undersigned Rabbonim, medical doctors, school principals, and askanim hold the position that all medically eligible children and adults should receive immunizations against dangerous and life-threatening diseases in accordance with the universal recommendations of medical authorities and governmental agencies in the United States and throughout the world.

It is a medical fact that every year in the U.S. alone immunizations prevent hundreds of thousands of cases of dangerous and life-threatening disease, including diphtheria, whooping cough, tetanus, polio, measles, hepatitis, congenital rubella, chicken pox, pneumonia and meningitis. In addition, immunizations are under constant surveillance and study to ensure their safety by governmental agencies and private concerns throughout the U.S. and the world.

Immunizations are effective due to two mechanisms. First, immunizations directly help to protect an individual against diseases. Secondly, immunizations indirectly protect an individual by reducing the number of people who "carry" disease-causing organisms, thus reducing an individual's exposure to such organisms within the community.

This second mechanism is crucially important here. Children who are not immunized are potential reservoirs of the very organisms that they were not immunized against -- they are potential reservoirs because they may expose others to grave risk, including immunized children, but especially underimmunized children, immunocompromised children and adults, and the elderly.

For these reasons, it is our position that all parents have the responsibility to immunize their children and themselves. A parent's choice to not immunize a medically eligible child can not be justified on medical grounds. Furthermore, it is a selfish act to not allow one's child to be immunized yet to allow him or her to become a potential carrier who may place others at risk of dangerous and life-threatening diseases.

We recognize that no medical treatment or procedure is completely without risk. However, from a medical viewpoint, the risks of not immunizing one's child far outweigh the risks of immunizing. It is our position that sharing these risks equally to protect the *Klal* is a communal responsibility. In such, we believe that it is incumbent upon the leadership of the *Klal* to ensure that all children are immunized, and to ensure that underimmunized, immunocompromised, and elderly individuals are protected against exposure to potential carriers of disease.

In addition, we believe that school administrators, daycare instructors and others who care for children have the right and moral responsibility to screen for and exclude non-immunized children from schools, daycare groups or any other public venue in which such potential carriers may expose other children to disease.

אנחנו חותמים על דעה זו כי כל הורים אחראים לבריאות ילדיהם ולבריאות הקהילה. עליהם לחדש את ילדיהם ואת עצמם. בחירה שלא לחדש ילד מוגן רפואית אינה מוצדקת מבחינה רפואית. יותר מזה, זו מעשה סגפנות לא לתת לילד להיות מוגן אך לאפשר לו להפוך למעביר פוטנציאלי של מחלות מסוכנות וקטלניות.

א.מ.ה.ע



We, the undersigned, are of the opinion that, since it is universally recognized that vaccines can cause severe adverse reactions and deaths, halachically no one can be forced to vaccinate his children, and every parent retains the right to choose whether to vaccinate or not vaccinate his children. Within the limits of the law, schools should accept non-vaccinated children without discrimination.

[Handwritten signatures]

Reviving the Letter

Undeterred by Rav Miller's and Rav Shmuel's rejection of the letter, the drafters garnered seven signatures for "We the Undersigned...". The letter was publicized, in slightly revised form, in August of 2009. The following signatures—*poskim chashuvim* and *gedolei haRabbonim* of our generation—appear on the letter:

- Harav Yisroel Belsky
- Harav Gavriel Finkel
- Harav Moshe Rabinowitz
- Harav Yaakov Forchheimer
- Harav Simchah Bunim Cohen
- Harav Shlomo Gissinger
- Harav Shmuel Fuerst

(Note that Harav Fuerst's position in this letter is a reversal of his original *psak beis din* presented above.)

Fast Forward

Our narrative now skips ahead ten years.

As noted, in the wake of the measles outbreak of 2018-2019, the letter "We the undersigned..." was re-publicized. The reappearance of the letter came at a time when many Jewish communities were suffering from vaccine conflicts in their schools and shuls. The communal shalom of these communities was being stretched thin.

Several *rabbonim* were greatly disturbed to see the "rodef clause" in the "We the undersigned..." letter, signed by *Rabbonim chashuvim*. Since the vaccine controversy had begun, they were alarmed at the deteriorating levels of peace and respect between vaccinating and non-vaccinating parents in communities nationwide. With charges of *rodef* and *rotze'ach* in the air, the goal of *shalom* was moving out of reach.

A Statement on Immunizations

Av 5769 / August 2009

We the undersigned physicians, Rabbonim, school principals, and community leaders hold firmly that all medically eligible children and adults should receive immunizations against dangerous and life-threatening diseases in accordance with the universal recommendations of medical authorities in the United States and worldwide.

It is a medical fact that the national universal immunization program in the U.S. has drastically reduced the hundreds of thousands of cases of dangerous and life-threatening diseases that occurred every year prior to the institution of the program, including diphtheria, whooping cough, tetanus, polio, measles, hepatitis, congenital rubella, chicken pox, pneumonia and meningitis. At the same time, immunizations have been under constant surveillance and study to ensure their safety by governmental agencies and private concerns throughout the U.S. and the world.

Immunizations are effective due to two mechanisms. First, immunizations directly help to protect an individual against diseases. Second, immunizations indirectly protect an individual by reducing the number of people who "carry" disease-causing organisms, thus reducing an individual's exposure to such organisms within the community.

Children who are not immunized are potential carriers of the very organisms that they were not immunized against—they are potential *rodefim* because they may expose others to grave risk, especially under immunized children, immunocompromised people (i.e. children or adults who have chronic conditions or are undergoing chemotherapy), and the elderly. It is irresponsible to withhold immunizations from one's child and thus place one's child as well as others at risk of contracting dangerous and life-threatening diseases.

While we recognize that no medical treatment or procedure is completely without risk, the risks of not immunizing one's child far outweigh the risks of immunizing. It is our position that sharing these risks equally to protect the *klal* is a communal responsibility. It is selfish to expect others to bear any risk of immunizing, no matter how minor, while taking advantage of the community-wide immunization that protects one's own unimmunized child.

For these reasons, we believe that all parents have the responsibility to immunize their children and themselves, and that it is incumbent on the leadership of the *klal* to ensure that all children are immunized and that vulnerable individuals are protected against potential carriers of disease. While parents may be entitled to withhold vaccinations from their own children, the community has a right and obligation to protect itself from potential danger.

In such, we believe that school administrators, daycare providers and others caring for children have the right and moral responsibility to screen children for immunization status and exclude medically eligible, unimmunized children from schools, daycare groups, or any other public venue in which such potential carriers may expose vulnerable individuals. Finally, we believe that, until daycare immunization screening is instituted, parents who do not immunize their children have the moral responsibility to communicate this fact to their children's daycare providers so that other parents can make informed decisions to shield their children from risk.

הרב ישראל בעלסקי <i>Rav Yisroel Belsky</i>	הרב יעקב פארחהימער <i>Rav Yaakov Forchheimer</i>	הרב שמואל פירסט <i>Rav Shmuel Fuerst</i>	הרב שלמה גיסינגער <i>Rav Shlomo Gissinger</i>
הרב משה רבינוביץ <i>Rav Moshe Rabinowitz</i>	הרב גבריאל פינקל <i>Rav Gavriel Finkel</i>	הרב שמחה בונם כהן <i>Rav Simchah Bunim Cohen</i>	(עוד חתימות נהקבלו ובעז"ה עוד חזון למועד)

Did the signatories still stand by that severe statement in 2019?

Since the date of the letter, three of the *Rabbonim* had passed away: Harav Yisroel Belsky, *zatzal*, Harav Gavriel Finkel, *zatzal*, and Harav Moshe Rabinowitz, *zatzal*.

While researching the history of the letter, Rabbi Zev Epstein, of Fallsburg, New York, spoke with one of the parents who was involved in the initial *din Torah* in 2008. When "We the Undersigned..." was first publicized, this parent approached several of the signatories to apprise them of what had occurred at the *din Torah*, and to give them the information that was presented to the *beis din* regarding vaccination. The parent reports:

- Harav Gavriel Finkel, *zatzal*, stated that given the information that he had just heard, he could not stand unequivocally by the statements in the letter.
- Harav Simchah Bunim Cohen, *shlita*, told the parent that he would retract his endorsement.

A decade later, Rabbi Epstein contacted the living signatories of the letter to ask them if they stood by the “*rodef* clause.”

- In answer to the question as to whether or not an unvaccinated child is a *rodef*, Harav Simchah Bunim Cohen, *shlita*, stated that since his meeting with that parent ten years earlier, he had carefully avoided involving himself in the vaccination conflict. He stated that he has no firsthand knowledge of the subject of vaccination, and reiterated his firm resolve to maintain a position of non-involvement.
- Harav Shlomo Gissinger, *zatzal*, (who has since passed away as well) was also asked whether or not, in his opinion, an unvaccinated child can be classified as a *rodef*. Rav Gissinger was firm in his response—it is **untrue to state that an unvaccinated child is a *rodef***. The Rav encouraged Rabbi Epstein to continue his efforts at achieving *shalom* within our communities, and expressed his hope that vaccinating and non-vaccinating parents would be able to arrive at a reasonable *peshoroh*.
- Harav Forchheimer did not remember the contents of the letter, and stated that he was not aware that the letter was being republicized.

Not one of these *Rabbonim* stood by the letter.

Chicago, Illinois

One final signatory of “We the undersigned...” was Harav Shmuel Fuerst, *Dayan* of Agudas Yisroel, in Chicago, Illinois.

The points made in that letter were reiterated in a more recent letter, dated November 18, 2018, addressed to the Chicago Jewish community, and signed by Rav Fuerst and Rav Yonah Reiss, *Av Beis Din* of the Chicago Rabbinical Council.

The Chicago letter also contained a “*rodef* clause:”

ה' כסלו תשע"ט
November 13, 2018

Dear members of the Chicago Jewish community:

There has recently been a Measles outbreak in frum communities in Israel, New York and New Jersey. Measles is a serious and very contagious disease that can cause serious illness or death.

We have been informed by medical experts in the community (including Dr. Dov Shapiro and Dr. Martin Borenstein, among many others) that Measles can be spread by an infected individual for up to four days before the appearance of the rash and can still be spread two hours after an infected individual leaves the room.

The best protection against a Measles outbreak is vaccination. However, even individuals who have been vaccinated are at risk to contract the disease if they are exposed to individuals who are carrying the disease.

Therefore, failure to vaccinate endangers not only one's own family but also endangers other members of our community. Immunity wanes as people age and vaccination is only 95% - 97% effective, so truly everyone is at risk during a measles outbreak. For medically vulnerable Jewish children and adults, including infants, the immunosuppressed, and individuals receiving treatment for cancer, Measles can be especially life threatening.

Accordingly, we would like to state the following:

1. It is incumbent upon all members of the community to ensure that they and their children receive the Measles vaccination. Even for those not inclined to vaccinate, this is required of them based on the principle of *חמירא סכנתא מאיסורא*. In addition, there is an obligation to vaccinate based on the mandate of *ונשמרתם מאד לנפשותיכם*.
2. Nobody has the right to endanger others by not vaccinating their children. This is a violation of *לא תעמוד על דם רעך*. Furthermore, during a time of a Measles outbreak, exposing others to an unvaccinated individual is equivalent to an act of *רודף*.
3. We urge all schools, playgroups and shuls to ban any child or adult who has not been vaccinated. This is nothing less than a matter of *נפשות*.

Parents are urged to contact their primary care physician or local Board of Health to obtain the necessary MMR vaccination as soon as possible.

Sincerely,


Rabbi Shmuel Fuerst
Dayan of Agudath Yisroel of Illinois


Rabbi Yona Reiss
Av Beth Din, Chicago Rabbinical Council

P.S. Any parent who refuses to vaccinate their child must notify all parents in that child's playgroup or class, as well as the parents of any of their child's friends.

“Furthermore, during a time of a measles outbreak, exposing others to an unvaccinated individual is equivalent to an act of *rodef*.”

Rabbi Epstein contacted Rav Fuerst to discuss the Chicago letter.

Rav Fuerst reiterated the halachic position that was set forth in the letter—all parents are obligated to vaccinate their children, and that schools and shuls should exclude unvaccinated children. Rabbi Epstein stated that he was not questioning the Rav's *psak*, but was troubled by the statement equating non-vaccinating individuals with *rodifim*. The *halachos* of a *rodef* are quite severe. Are non-vaccinating parents *nitan lehatzilom benafshom*? What *halachic* ramifications are there to “an act of *rodef*?” And if the parent of a willfully unvaccinated child is a *rodef*, so is the parent of an unvaccinated, immunocompromised child. (In a case where a fetus is

endangering the mother, the pregnancy can be terminated because the fetus has the *halachic* status of a *rodef*, regardless of the fact that the fetus is completely innocent and helpless.) Are immunocompromised children also to be excluded from shuls and schools?

Rav Fuerst was asked: Did you mean to say that non-vaccinating parents are *rodfim* in a halachic sense?

Harav Fuerst's responded in the negative; he never meant to say that these parents are *rodfim* in the halachic sense. The letter, rather, was meant to convey a simple, but vital message to his community: everyone must vaccinate. As for the letter's exact wording, he was not the one who drafted it.

Din Rodef

The drafter of the letter was the other signatory, Rav Yonah Reiss, who was also contacted. Rav Reiss referred Rabbi Epstein to a public shiur that he delivered ("Vaccination—*Psak* and Practice;" retrievable at YUTorah.org) where he gave his halachic reasoning for this line of the letter:

“ You also have to take into account that this is not only a personal decision but it's a *makom she'chav le'achrini*, it is a situation where the inaction on one person's part could cause tremendous damage to others and you have no right to put other people in the face of danger, which is why it is appropriate for the schools and the shuls and the day care and play groups and all of these different places to exclude children who are not vaccinated, particularly when there is a real raging epidemic which is out there.

This implicates *halachic* concerns that we all know about—of *lo sa'amod al dam rei'echa*, that you are not supposed to stand idly by your brother's blood. You have to take action in order to save people's lives, and certainly to prevent them from becoming injured or sick in the first place. And it's a real *din*, it's a *halachah*—one has to be careful about applying the parameters of the

halachah—but this does implicate considerations of *rodef*, that one is not supposed to run after somebody else to kill them, and you're not supposed to put yourself in a situation where you are going to bring harm or danger to another person's life. That is considered to be a form of *rodef*. And we have to ensure that we not place individuals in mortal danger by having unvaccinated children in our schools. ”

In conversation, Rav Reiss noted another *mareh makom*. In the tenth *perek* of *Bava Kama* we find a discussion of the laws of a *rodef*. The Rosh there explains why a *moser* who gives over a fellow Jew's money to non-Jewish rogues can be killed. Although the rogues are out for money, there is a chance that they will come to murder the Jew in the process. The *moser*, then, has the *din* of a *rodef*. The Rosh expands the definition of *rodef* to someone who creates a dangerous situation for another Jew.

The above was part of the halachic basis for the Chicago letter's rulings. Since the unvaccinated are creating an environment that can lead to danger, this “implicates considerations of *rodef*.” Rav Reiss seems to grant non-vaccinating parents a *din* of “quasi-*rodef*.” The community can take appropriate action against them, but cannot actually kill them, as Rav Reiss was quick to point out:

“ I'm not saying go out and kill anybody *chas ve'sholom*— I'm not saying that; I just want to be 100% clear. But I am saying [to do what's] appropriate. That's what *rodef* means— you take appropriate precautions in order to keep people out of harm's way. ”

Obviously, Rav Reiss did not mean to invoke his *din* of quasi-*rodef* in order to incite vaccinating parents' wrath against their non-vaccinating neighbors.

Unfortunately, it happened anyway. It is hard to say when accusations of *rodef* began to be heard in our communities, but the Chicago letter carried the notion far afield and contributed to the promulgation of this damaging slur and the profiling of non-vaccinating parents as reckless and dangerous people, and their unvaccinated children as disease-ridden hazards.

Part 2: *Rodef* and *Rotzchim*



Disturbing News

Non-vaccinating parents report that they are routinely assaulted with the slur of *rodef* and *rotzei'ach*.

Rodef Shalom (rodefshalom613.org) is a website devoted to “increasing awareness in order to increase *shalom*.” Posted there is a testimonial (entitled “No Words”) from a young mother who moved out of her “out-of-town” community entirely due to the treatment that she, her husband, and her children received as a result of their decision not to vaccinate.

“ Things took a turn for the worse when my husband received shocking news from his *Rosh Kollel*. The *Rosh Kollel* had received phone calls from members of the community requesting that my husband be expelled from the *kollel* because he is a “*rodef*”... We were also banned from *shuls* and *mikvaos*... ”

A “turn for the worse” is an apt term to describe how the rule banning the unvaccinated from shuls was expanded to include *mikva'os*. What happened to the mother in the above testimonial is not an isolated incident of *mikva'os*—men’s and women’s--barring the unvaccinated.

Rodef Shalom shares some further disturbing reports of posts on social media sites where religious Jews are uninhibited about expressing the idea that non-vaccinating parents may—or even ought to be—killed.

One such post reads as follows:

“ The truth is that anti-vaxxers are a *din rodef* and it would be a *mitzvah* to kill them all were it not for the fact that secular law makes it illegal. They are that much of a danger. ”

It is hard to tell how widespread this sentiment is, but even one such comment is cause for deep concern.

CONGREGATION
SCHEDULE OF SERVICES • תשע"ט • 2019

Vaccine Policy: Any individual who has not received the measles vaccinations required by NYS for students attending school (www.health.ny.gov/publications/2017) may not enter the shul or its premises (incl. men's and ladies mikvaos and social hall). For medical reason exemption, contact Rabbi Berman.

תאריך	שבת	FRIDAY	FRIDAY	שבת	שבת	שבת	WEEKDAY
6/29	שילה	7:30	8:38	8:31			
6/30-7/4							
7/1					8:10/8:40	9:24	8:15
7/2	בלק	7:30	8:28	9:20	6:00/8:05/8:35	9:18	8:10
7/21*-7/25							8:05
7/27	סנוחם	7:30	8:22	9:23	6:00/8:00/8:25	9:10	8:00
7/28-8/1							
8/3	סמות-ססעי	7:30	8:14	9:26	6:00/7:50/8:15	9:01	7:50***
8/4-8/8							
8/10	דברים	7:30	8:05	9:29	6:00	8:51	7:40***
8/11** 8/15							
8/17	ואתחנן	7:30	7:55	9:32	6:00/7:30/7:55	8:40	Congregational Appeal
8/18-8/22							7:30***
8/24	עקב	7:30	7:43	9:35	6:00/7:15/7:40	8:28	7:20***
8/25-8/29							
8/31	ראה	7:20	7:33	9:38	6:00/7:00/7:35	8:16	Hashkama 6:45
9/1-9/2							7:15

שבתות: Shabbos: 7:00/9:00 Weekdays: 8:00 Sunday+Legal Holidays: 7:30/8:30
There frequently is a 6:00 am Monday morning minyan, arranged the previous night after the first Maariv.
Late Maariv: There is a late Maariv minyan weekdays, 50 minutes after shkia.
* 7/21: יום תשובה Fast begins: 3:52 am Fast ends: 9:17 pm Mincha: 7:50 pm.
**8/11: יום תשובה Fast begins: 8:04 pm Fast ends: 8:49 pm Mincha: 1:45/7:15 pm.
A separate Shacharis minyan may take place in the social hall with fewer lines. Participants are requested to join it at the beginning.
***For the month of August (A) there will be additional mincha minyanim, starting at 6:00 pm on the hour and half hour until scheduled mincha/ma'ariv. If there is sufficient interest, additional late ma'ariv minyanim will also be added.
8/29: יום כיסוד קיץ יום סנוחם 6:15 pm 6/29 and 8/31: Shabbos Shacharis and Mincha times are tentative.
Updates, changes and the weekly schedule are posted on tannersvillejcc.org/yahood@nyjcc.com

Vaccine Policy: Any individual who has not received the measles vaccinations required by NYS for students attending school (www.health.ny.gov/publications/2017) may not enter the shul or its premises (incl. men's and ladies mikvaos and social hall). For medical reason exemption, contact Rabbi Berman.

Do you bind Sefarim!
Join a free extra dollars during the summer. Call 518-269-2830. The shul can supply the materials (tape, string).

Amir and Rabin

Does a *din rodef* indeed apply to someone who “creates a dangerous situation for others?” Is this considered *halachah lemayseh*?

Many will remember that fateful day in 1995 when Yigal Amir gunned down Yitzhak Rabin.

From the New York Times, Nov. 27, 1995:

For the first time since the assassination of Yitzhak Rabin three weeks ago, the police interrogated two rabbis today on the suspicion that they had issued religious rulings condemning the Prime Minister to death.

The questioning followed reports that the confessed killer, Yigal Amir, might have acted after receiving a rabbinic sanction. Mr. Amir, an Orthodox Jewish student, has asserted that he followed religious law in shooting Mr. Rabin on Nov. 4, but insists that he acted on his own. Like other militant Orthodox opponents of the Government, Mr. Amir called Mr. Rabin a “pursuer,” a term taken from Jewish law to describe an assailant who can be killed if he poses a mortal threat. By agreeing to hand over much of the West Bank to Palestinian rule, Mr. Amir argued, Mr. Rabin was endangering Jewish lives and leading Israel to war.

Reports that militant rabbis condemned Mr. Rabin by invoking “the law of the pursuer” led to today’s interrogations at police investigation headquarters in Petah Tikva.

Rabin was a secular Israeli politician. But political and religious barriers were lowered in the face of his shocking murder. Moreinu Harav Yaakov Perlow, the Novominsker Rebbe, addressed that year’s convention of Agudas Yisroel:

In his address, [Rav] Perlow spoke of his pain over the assassination of Rabin by an Orthodox Jew, terming it a “*Chillul HaShem* of cosmic proportions, as is the subsequent wave of

defamation and hatred against religious people.”

He condemned confessed assassin Yigal Amir’s claim that God instructed him to kill Rabin, and said the classification by some religious authorities in Israel of Rabin as a “*rodef*,” or pursuer, was wrong.

Jewish law permits a Jew to kill another person only if his life is being directly threatened by such a person, a “*rodef*,” he said.

“How can serious people, among them *talmidei chachamim* entertain such ideas?” said [Rav] Perlow.

“The moral foundations of our family have been shaken” by the assassination, he said. “There are times when inner peace is missing, when the very pillars of our holy community are shaken and under attack. I, for one, have no inner peace these days,” [Rav] Perlow told the Agudah constituents. (Jewish Telegraphic Agency)

The Novominsker Rebbe’s position is clear— a *rodef* is only someone who is directly inflicting fatal harm. One cannot apply the *din* of *rodef* to politicians who place others in dangerous circumstances. Likewise, it is a far stretch to apply the *din* of *rodef* to a population of children who are compromising herd immunity. The article concludes:

[Agudath Israel’s] Council of Torah Sages also published an ad last Friday on the op-ed page of The New York Times condemning Rabin’s killing in unequivocal terms.

The confessed assassin’s “shocking claim that his act was based on halachah (Jewish law)” is “erroneous – indeed a total distortion of fundamental Jewish values,” he said.

“The assassination should remind all Jews – no matter what their views on the Middle East peace process or any of the other policies of the current Israeli government – that inflammatory rhetoric and hateful invective often toxify the atmosphere,” the ad said.

Agudas Yisroel was not alone in their condemnation of Amir's contemptible rationale for murdering Rabin; they were joined by all American *Rabbonim* in all sectors of American Jewry.

Harav Ahron Soloveitchik was one of them. He strongly disagreed with Rabin's political agenda, but was crushed by Rabin's murder at the hand of a fellow Jew. Beyond condemning the act, Harav Soloveitchik expressed a fear that a lack of discretion during halachic discussions, and even in far-off America, may have had a hand in it:

From the journal, *Tradition* (vol. 48, no. 4, 2015; "Religious Zionism and the Rabin Assassination."):

The rabbis in Israel and America who had been most vocal in criticizing Rabin and his policies reacted in different ways. In America, Rabbi Ahron Soloveitchik, who had led a delegation to meet with Rabin to express opposition, was terribly distressed that his words (and he never mentioned *rodef*) might have been misconstrued to justify the assassination. Others simply denied any correlation between their theoretical halachic discussions and anyone's actions.

Ironically, Harav Ahron Soloveitchik, *zatzal* was a *Rosh Yeshivah* for over three decades—in Chicago.

Tales out of Shul

The Chicago letter's ruling that unvaccinated children would be barred from *shuls* came as a grave shock to non-vaccinating Orthodox parents nationwide.

Excluding any individual Jew from a *shul* is a severe and drastic act, reserved for the lowest of rogues. Excluding a collective group of *ehrlische* members of the community is historically unprecedented.

Shul exclusion is an egregious violation of the excluded family's communal rights. The great rallying cry under which this violation has been perpetrated is

the need to protect the public health. **But here is a question that is at the center of the vaccination debate not only in our communities, but in many American state legislatures:**

How do we know that unvaccinated children pose a risk of any kind to anyone around them—whether directly or indirectly?

Lawyers and legislators have been highly critical of legislative proceedings that have been **ignoring this question** when considering whether or not to remove parents' ability to claim a religious exemption and to eschew vaccination for their school age children. Religious freedom is an absolute constitutional right—and to remove it we would need absolute scientific proof that there is indeed a compelling health threat that we must avert. **That proof has never been given.**

What these legislators are saying is, in essence, what we would call *hamotzi meichaveiro alav harayah*. Members of *shuls*, and parents in schools, are being asked to leave. But they are *muchzakim*. They belong in the *shul* or school. To ask them to leave is an act of *motzee min hamuchzak*. The *motzee* has to bring proof.

The "settled science" of vaccination that we hear so much about is, for the most part, directed at the safety and efficacy of vaccination. But precious little has been devoted to scientific discussion of the nature of the threat that the unvaccinated pose. No study demonstrating clearly that unvaccinated children pose a health threat to those around them has been presented in any of our legislatures ruling on the issue.

Instead of proof, many people in leadership positions offer a look of incredulity, oftentimes tinged with contempt. "How can you not know that **unvaccinated children bring in disease?** How can you overlook the fact **that there is danger here?**"

These two ideas generally go unchallenged. But are they true?

Letters to the Senators

In December of 2019, the state of New Jersey, following New York and several other states, considered a bill to do away with the religious exemption to mandatory vaccination for schoolchildren. Rabbi Epstein wrote a letter to the legislators, excerpted below. He quotes scientists and doctors who have weighed in on these two ideas.

One scientist is **Dr. Tetyana Obukhanych, PhD.**

Dr. Tetyana Obukhanych earned her Ph.D. in Immunology at the Rockefeller University, New York, NY, and did postdoctoral research in laboratories affiliated with Harvard Medical School and Stanford University School of Medicine. In 2015, Dr. Obukhanych wrote a letter to the California State Legislature opposing a bill that would rescind school exemptions for vaccination. She begins:

“It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide. You should be aware that the nature of protection afforded by many modern vaccines – and that includes most of the vaccines recommended by the CDC for children – is not consistent with such a statement.”

Dr. Obukhanych goes through the standard childhood vaccine schedule for school attendance and observes that most of the diseases that we vaccinate children for are either not infectious, are not communicable in a school setting, or the vaccine for these diseases protects the child from becoming sick, but does not prevent the child from becoming infectious and spreading the virus.

Dr. Obukhanych concludes:

“Discrimination in a public school setting against children who are not vaccinated for reasons of conscience is completely unwarranted as the vaccine status of conscientious objectors poses no undue public health risk.”

Another doctor quoted in the letter is **Dr. Meryl Nass, MD:**

Dr. Meryl Nass, MD graduated from MIT and the University of Mississippi School of Medicine and is a licensed physician in Ellsworth, Maine. Dr. Nass has testified numerous times before Congressional Committees, primarily regarding vaccines and vaccine injury in the military. In March of 2019, she testified in opposition to Maine’s bill to rescind religious exemptions to vaccination for schoolchildren.

Dr. Nass recently wrote a letter to her medical colleagues, printed in the British Medical Journal (BMJ 2019; 364:l312.) In it she writes:

“**There is no evidence that in recent years unvaccinated US children have caused a single death from measles, mumps and rubella. Yet how many column inches, how many hours of TV news have been devoted to scaring the American public about the dire threat of measles? Fear of measles has been the major driver of the campaigns to eliminate vaccine exemptions. Parents of immunocompromised children have been incited to frenzy about the risks posed to their children by unvaccinated classmates. Yet, when you look closely, the risk is marginal to none.**”

I spoke with Dr. Nass. I asked her to explain to me how she can say that unvaccinated children are not dangerous during an outbreak—when “everybody” is saying the opposite.

Dr. Nass was patient and scientific. She explained: **If the unvaccinated child has had no exposure, the unvaccinated child cannot be infectious.** Thus, her reasoning was simple: In the event of **a confirmed case of measles in a specific school**, protocol is in place mandating that the school send the unvaccinated children home. In addition, in the community at large, local Departments of Health are trained to track measles exposures and to alert the community.

This allows parents of unvaccinated children to monitor their children and limit their interactions if **the children had a known exposure**. When such protocols are followed properly the chance that an unvaccinated child will become inadvertently exposed without his parents' knowledge is minimal, thus lowering the chance that the unvaccinated child will be infectious, and will be allowed to infect other children.

One final scientist cited in the letter is Dr. Chris Shaw:

Dr. Chris Shaw earned his Ph.D. in Neurobiology from Hebrew University in Jerusalem, and is a Professor and the principal investigator on the Faculty of Medicine at the University of British Columbia. (Times Higher Education—a British data and analysis source—ranks 1,250 higher education institutions in 86 countries. In 2019, UBC ranked 37th .) Dr. Shaw's curriculum vitae lists over 150 published peer-reviewed articles. He is the author of numerous book chapters and special reviews, and has edited four books on neuroscience.

Using current data, Dr. Shaw has developed schematic computer models that show the mathematical projections of how an infectious disease would spread within populations with varying degree of immunity. Dr. Shaw maintains that given the reality of secondary vaccine failure, even if New Jersey were to be successful in vaccinating the entirety of its population of school-age children, herd immunity cannot be achieved unless the entire adult population were to be tested and re-vaccinated as well.

I have had many long communications with Dr. Shaw. In our most recent conversation, he informed me that given the reality of secondary vaccine failure, herd immunity is not much more than a theory, as far as measles is concerned. He further noted that it is ridiculous to apply the mechanics of herd immunity at all to the "population" of children in a classroom; herd immunity only begins to function when we consider broader population masses.

Jibing With the Government

Back to Dr Nass:

Dr. Nass made one final point to me: Vaccine mandates have always been legislated together with vaccine exemptions, such as medical and religious exemptions. Thus, there have always been a percentage of unvaccinated children at school, **yet our State Departments of Health never viewed the unvaccinated as a health risk**. In the absence of a confirmed case of a specific disease in a specific school, no Department of Health in any state ever barred unvaccinated children from school—even during an outbreak.

If our State Departments of Health are of the view that **unvaccinated children do not pose a health risk**, why are our legislators proposing bills and pursuing legislation to remove religious exemptions based on the fact that unvaccinated children pose a health risk?

Dr. Nass asserts that America's public health authorities only mandate school exclusion for unvaccinated persons who have had a known exposure to a confirmed infectious disease case.

Her assertion accords with the CDC's handbook entitled "Manual for the Surveillance of Vaccine-Preventable Diseases (VPD)", also known as the "VPD Surveillance Manual" (viewable online at cdc.gov). The Manual delineates procedures for identifying, tracking, and isolating confirmed measles cases. The manual then discusses individuals who are called "contacts," in other words, persons who have had a known contact with a confirmed measles case:

§7.15

Isolation of cases and exclusion of contacts without presumptive evidence of immunity

Case-patients should be isolated for four days post rash onset.

Exposed persons who cannot readily document presumptive evidence of immunity should be offered postexposure prophylaxis (PEP), or be excluded from the setting (school, hospital, daycare).

Persons who have been exempted from measles vaccination for medical, religious, or other reasons, and who do not receive appropriate postexposure prophylaxis within the appropriate time, should be excluded from affected institutions in the outbreak area until 21 days after the onset of rash in the last case of measles.

An example of an “affected institution in the outbreak area” is a school that has an individual within the school (a student or a member of the faculty or staff) who has been identified as a confirmed case-patient. The school is then said to have had an “exposure” and unvaccinated students are deemed to be potentially infected “contacts.” **In the absence of an actual measles case, no mandate is in place to send unvaccinated children home for indefinite periods of time.**

New Jersey State’s Department of Health also offers a document entitled “measles exposure guidance” cautioning parents that unvaccinated children who were exposed to measles may be asked to stay home from school. (<https://www.state.nj.us/health/news/2017/20170127b.shtml>)

Just a Few Quacks...

It has been repeated so often that “if there are” any doctors questioning vaccination, they are only a handful of disreputable practitioners with, at best, dubious credentials. Thus, people are often surprised to hear about real doctors and scientists who have

attended Harvard, MIT, Stanford, Dartmouth, and other highly prestigious universities, and who are affiliated with America’s finest hospitals, medical centers, and scientific institutions. The two PhDs and one MD cited above harbor great reservations about vaccinations. **They are not part of “a handful” of doctors; they are three out of thousands of doctors and scientists.**

The Association of American Physicians and Surgeons (AAPS) is a professional association of physicians, established in 1943 and, in their words, “dedicated to the highest ethical standards of the Oath of Hippocrates and to preserving the sanctity of the patient-physician relationship and the practice of private medicine.” AAPS has several thousand members. These mainstream doctors voiced concern over vaccines close to twenty years ago.

This press release is from Nov. 2, 2000:



1601 N. Tucson Blvd. Suite 9
Tucson, AZ 85716-3450
Phone: (800) 635-1196
Hotline: (800) 419-4777

Association of American Physicians and Surgeons, Inc.
A Voice for Private Physicians Since 1943
Omnia pro aegroto

Nov. 2, 2000

FOR IMMEDIATE RELEASE:

Contact: Kathryn Serkes (202) 333-3855

DOCTORS’ GROUP VOTES TO OPPOSE VACCINE MANDATES

A leading national physician organization is calling for a moratorium on all government mandated vaccines and has passed a resolution to that end at their annual meeting.

Members of the Association of American Physicians and Surgeons (AAPS) voted this week at their 57th Annual Meeting in St. Louis to pass a resolution calling for an end to mandatory childhood vaccines. The resolution passed without a single “no” vote. ([Resolution](#) and [mandatory vaccine fact sheet](#) posted at www.aapsonline.org)

“Our children face the possibility of death or serious long-term adverse effects from mandated vaccines that aren’t necessary or that have very limited benefits,” said Jane M. Orient, MD, AAPS Executive Director.

“This is not a vote against vaccines,” said Dr. Orient. “This resolution only attempts to halt blanket vaccine mandates by government agencies and school districts that give no consideration for the rights of the parents or the individual medical condition of the child.”

Forty-two states have mandatory vaccine policies, and many children are required to have 22 shots before first grade. On top of that, as a condition for school attendance, many school districts require vaccination for diseases such as hepatitis B -- primarily an adult disease, usually spread by multiple sex partners, drug abuse or an occupation with exposure to blood.

And yet, children under the age of 14 are three times more likely to suffer adverse effects -- including death -- following the hepatitis b vaccine than to catch the disease itself.

More recently, on February 9, 2015, AAPS posted the following statement on its website (aapsonline.org):

AAPS is opposed to mandatory vaccination, holding that patients have the right to refuse medical treatment, and that **vaccines, like all medical interventions, have risks as well as benefits, which vary with individuals and circumstances.**

Doctors who oppose mandatory vaccination for schoolchildren also hold the view that unvaccinated children **do not pose a serious health risk to those around them.**

Stand and Be Counted

Dr. Tetyana Obukhanych's plea to the California state legislature fell on deaf ears, and the bill was passed, stripping California parents of their right to opt out of vaccination except for very limited medical exemptions. Shortly after the bill passed, a group of doctors organized and formed **Physicians for Informed Consent (PIC)**.

Dr. Shira Miller, MD is the founder of the organization. This press release from December 20, 2016 (excerpted) tells the story of the genesis of PIC.

PIC is dedicated to raising public awareness about the problems posed for both parents and doctors by mandatory vaccination laws. In June 2015, Gov. Jerry Brown signed SB277, one of the most expansive and intrusive mandatory vaccination laws in the U.S. These laws discriminate against families who, in the best interest of their child's health, do not follow the CDC's recommended schedule. Politicians have forced their way into the conversation about one of the most important medical decisions families will make in consultation with their doctors.

"I started researching the childhood vaccine schedule when I was pregnant, and my husband and I decided not to follow the CDC's recommended schedule. When SB277 passed, I felt like our personal medical decisions were under attack," stated Dr. Shira Miller, who founded Physicians for Informed Consent in 2015.

"As a mom I understood the violation of my parental right to informed refusal of a medical treatment, and as a physician I understood how medically dangerous this one-size-fits-all vaccine schedule was for children at large and I just had to do something," said Dr. Miller. "The only people who should be making vaccine decisions for children are their parents and physicians, not politicians."

"Since 1988, the Vaccine Injury Compensation Program has awarded \$3.2 billion [currently over \$4 billion—Ed.] in compensation to families who have met the extremely stringent injury requirements," explained pediatrician and PIC founding director, Dr. Paul Thomas. "How many of these and other families could have avoided the pain of seeing their child injured if doctors were held responsible for their recommendations and were incentivized to give patients all of the information about the risks of vaccines?"



Dr. Thomas received his MD from Dartmouth Medical School, and did his residency at University of California, San Diego. He is a board certified fellow of the American Academy of Pediatrics, and runs a highly successful practice, currently serving more than eleven thousand patients in the Portland, Oregon area.

Dr. Thomas wrote a highly informative and balanced book called "The Vaccine Friendly Plan." In it, he goes through the pros and cons of each of the 16 vaccines that are recommended by the CDC and gives his opinion as to whether or not they are a good health choice for children. In many cases, he suggests that the vaccine be administered, but in a less aggressive manner than the CDC's.

Dr. Thomas takes pains to note that he does not oppose vaccination, and that his children are all vaccinated. But he advocates strongly for vaccine education and awareness—a necessity for parents who are entering the stage where they must make a serious health decision for their small children revolving around an intervention that provides benefit, but that also entails risk.

PIC is a new organization and has a much smaller membership than AAPS; its numbers run in the hundreds, not the thousands. PIC doctors are vocal about their views. Many of these doctors state that they know of many more doctors and scientists who agree with their views but who are hesitant to speak up. Voicing criticism of vaccines is highly unpopular, and many doctors are fearful of setting themselves back professionally.

Anatomy of an Outbreak

Baruch Hashem, the measles did not infiltrate Chicago in any real way. Chicago's Rabbonim credit that happy outcome to their strong stance, and the swift implementation of their rulings.

Moreinu Harav Elya Ber Wachtfogel saw a different reality in his hometown.

The measles hit Fallsburg in April of 2019, and the Rosh Yeshivah had a chance to observe the measles outbreak up close.

Fallsburg is a small and insular community centered around a yeshivah and kollel. The yeshivah's students come from all across America, and from Israel and Europe as well.

The community is home to close to 1,000 people, including the yeshivah's student body. At the time of the outbreak, a handful of school-age children and the many babies were not vaccinated against measles. Fewer than ten individuals contracted measles.

The first—the index case—was a fully vaccinated adolescent, a student at the yeshivah. An adult immigrant kitchen worker—who had contact both at the yeshivah and at the elementary school—contracted measles shortly thereafter.

The next cases of measles were vaccinated adult members of the yeshivah's and elementary school's staff. One became sick shortly after taking an MMR booster. Another became sick with fever and a terribly constricted sore throat, but assumed that it was a bad cold and did not remain at home.

Within a population of some 400 children, only one confirmed case of measles presented; this exposure was traced back to the teachers at the school. This child was not old enough to have received both MMR shots; thus, the child was not fully vaccinated.

Baruch Hashem, no one was hospitalized and all patients recovered without any complications. Events in Fallsburg, NY—the facts on the ground—line up with scientific findings about measles outbreaks in general, and with reported facts about the measles outbreak of 2018-19 in America:

- The index case that sparked the recent measles outbreak in America was a **vaccinated individual** who brought the measles from Israel.
- Many subsequent measles cases in the recent outbreak were **also vaccinated**.
- Many cases are known to have been “**vaccine-strain**” **measles**, in other words, patients became sick from the vaccine itself, and then spread it to others.
- Scientists have been puzzling over a phenomenon known as the “**measles paradox**.” Paradoxically, measles has been found to infiltrate into highly vaccinated populations—even those with almost complete vaccination rates (i.e., over 98%).
- **Primary vaccine failure** is when an individual receives a vaccine, but does not attain immunity. All vaccines have some failure rate; thus, there is always a percentage of vaccinated children who are still susceptible to the disease. What is usually not pointed out is that this also means—perforce—that there is always a percentage of vaccinated children who can be spreading the infection. For the measles, estimates of primary vaccine failure range between 3% and 10%.
- **Secondary vaccine failure**, also known as “waning immunity,” means that adults, and even adolescents, may lose the immunity that they had attained as children. Estimates go as far as saying that among adults—even those who have received the full round of MMR doses in childhood and adolescence—30% are no longer immune to measles.
- A large population of immigrants resides in this country, both legally and illegally. Illegal immigrants are completely untraceable; thus, there is oftentimes no way to ascertain the vaccination rates of this population.
- Vaccinated individuals might have **imperfect immunity** such that they will become infected with measles, but their sickness will not be so severe. Especially in adults, what can pass for a bad cold (in the absence of the telltale rash) can actually be a case of “sub-clinical measles.”

Reb Elya Ber has heard the same rhetoric that everyone else has—unvaccinated children are to blame for the current measles outbreak, and lowered vaccination rates make our communities susceptible. But these postulations, for all their popularity, were not true in South Fallsburg in the spring of 2019.

- In Fallsburg, the outbreak was comprised—almost entirely—of fully vaccinated adults and adolescents.
- **The unvaccinated children in the community had no part in bringing the measles in, or in perpetuating its presence in the community.** To the contrary, it was a vaccinated adult who infected a not fully vaccinated child.
- The Rosh Yeshivah demanded that all parents comply with the local health department’s directives. Parents of unvaccinated children kept their children home for 21 days after the last known measles case had contact within the community’s school. **Monitoring, tracking, and quarantining are proven and effective measures to contain a measles outbreak.**

The infectious and baseless fear of unvaccinated children, which was spreading across the country, was contained in Fallsburg. In its place was respect and cooperation—perfectly effective against measles, and the only effective means of maintaining community *shalom*.

Investing in Achdus

The non-vaccinating mother, in the testimonial mentioned earlier, relates another aspect of her treatment.

When we pleaded with the school to allow us to present our case to the *V’aad*, they told us “There is no *V’aad* anymore. We asked our *shaila* to a *daas Torah*.” When we asked to be permitted to present our case to the *daas Torah*, we were told that the identity of the *daas Torah* would not be disclosed to us, and that any further conversation must be taken up with the school attorney.

When we contacted the school attorney, he yelled

at us that not vaccinating is “reprehensible” and that he refused to converse with us unless we hired an attorney. We were stunned. After several months, out of desperation, we finally hired a lawyer to attempt to have a conversation with the “other side”, to sit down with them and attempt to negotiate to at least finish off the school year. Our attorney informed us that the school attorney, a *frum Yid*, spoke very disrespectfully about us, referring to us as “jerks” and describing us as “leprosy-carrying” and “disease infested”.



Again, this report is not an isolated incident. There have been many similar reports of widespread unwillingness on the part of schools and *shuls* to come to the table to talk with non-vaccinating parents.

Classifying non-vaccinating parents or unvaccinated children as *rodfim* is at the very heart of the vaccination controversy that has been damaging the *shalom* and *achdus* of our communities in an unprecedented manner.

How can we achieve *achdus* with people whom we feel are reckless and irresponsible and who are damaging our communities? How can we feel good about embracing children whom we believe might infect and sicken our own children?

Our *Gedolim* are cautioning us to view non-vaccinating parents for what they are—responsible parents who have made a reasonable decision, a decision that they are within their rights to make. As for how we view the unvaccinated children, consider the following scenario:

Your neighbor has a child with *yenner machlah*, *lo aleinu*, and the child is undergoing treatments. The child’s immune system is terribly compromised and he or she cannot be vaccinated.

Would you inform your neighbor that the child is no longer welcome in your home? It is hard to imagine that anyone would do that. But in fact, the immunocompromised child is more likely to become infectious

if exposed to a virus than a child who is unvaccinated due to the parents' choice. A healthy unvaccinated child still has a robust natural immune system, whereas the immunocompromised child does not.

We would not think of excluding immunocompromised children, because they arouse our sympathy. On the other hand, due to unfair labeling, the willfully unvaccinated arouse our ire. But the reality is that the chance of either child presenting a real danger is negligible or non-existent.

In the interest of maintaining *achdus*, it is incumbent upon all members of the community—and specifically the leadership—to familiarize themselves with the scientific realities that speak to what effect, if any, unvaccinated children have on other children, and on our communities.

Here is some information that can be helpful towards that end:

First and foremost, everyone should familiarize himself/herself with the vaccine schedule. Take a look at the following chart. (Incidentally, the chart shows how the vaccination schedule has increased over the years.)

Diphtheria has been virtually eliminated from the United States, and **polio** completely so. Of course, the oft-heard claim “if we do not all vaccinate, these diseases may come back” is a valid concern. But that is an eventual possibility; in our current reality, an unvaccinated child cannot transmit these diseases because he cannot be exposed to them.

Meningitis is extremely rare, and its transmission generally only takes place where individuals live together (i.e., students in dormitories), not in classrooms.

Pertussis: According to the FDA, “neither DTP, nor DTaP or Tdap prevent asymptomatic infection and silent transmission of the pathogen.” In other words, pertussis vaccine does not prevent transmission of pertussis. A child who has the shot is ostensibly

CDC Recommended Child and Adolescent Immunization Schedule

Past		Present	
1962	1983	2019	
Polio	DPT (2 months)	Influenza (pregnancy)	DTaP (4 years)
Smallpox	OPV (2 months)	DTaP (pregnancy)	IPV (4 years)
DPT	DPT (4 months)	Hep B (birth)	MMR (4 years)
	OPV (4 months)	Hep B (2 months)	Varicella (4 years)
5 vaccines 3 injections 5 diseases	DPT (6 months)	Rotavirus (2 months)	Influenza (5 years)
	MMR (15 months)	DTaP (2 months)	Influenza (6 years)
	DPT (18 months)	Hib (2 months)	Influenza (7 years)
	OPV (18 months)	PCV (2 months)	Influenza (8 years)
	DPT (4 years)	IPV (2 months)	Influenza (9 years)
	OPV (4 years)	Rotavirus (4 months)	Influenza (10 years)
	Td (15 years)	DTaP (4 months)	Influenza (11 years)
		Hib (4 months)	HPV (11-12 years)
		PCV (4 months)	HPV (11-12 years)
	24 vaccines 7 injections 7 diseases	IPV (4 months)	Tdap (11-12 years)
	(OPV is an oral vaccine)	Hep B (6 months)	Meningococcal (11-12 years)
		Rotavirus (6 months)	Influenza (12 years)
		DTaP (6 months)	Influenza (13 years)
		Hib (6 months)	Influenza (14 years)
		PCV (6 months)	Influenza (15 years)
		IPV (6 months)	Influenza (16 years)
		Influenza (6 months)	Meningococcal (16 years)
		Influenza (7 months)	Influenza (18 years)
		PCV (12 months)	Influenza (17 years)
		Hib (12 months)	
		MMR (12 months)	73 vaccines 42-52 injections 16 diseases
		Varicella (12 months)	(Rotavirus is an oral vaccine; some combination shots are available.)
		Hep A (12 months)	
		DTaP (18 months)	
		Influenza (18 months)	
		Hep A (18 months)	
		Influenza (30 months)	
		Influenza (42 months)	

Key to Vaccines
DPT (or DTP): Diphtheria, Pertussis, Tetanus
MMR: Measles, Mumps, Rubella (German measles)
OPV: Oral Polio Vaccine
Td: Tetanus, Diphtheria
DTaP: Diphtheria, Tetanus, acellular Pertussis
Hib: Haemophilus influenzae type B
PCV: Pneumococcal Conjugate Vaccine
IPV: Inactivated Polio Vaccine
Varicella: Chickenpox
HPV: Human Papillomavirus (Gardasil)
Tdap: Tetanus, diphtheria, acellular pertussis booster

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

protected from becoming sick, but if he has an exposure to the bacteria, he may incubate it and transmit it to others just the same as an unvaccinated child.

Tetanus is not communicable from one person to the next; it can only be contracted through direct exposure to the toxin itself.

Hepatitis B is a blood-borne disease; our children can neither contract it, nor transmit it through casual contact in a school or home setting.

The only diseases that are infectious and communicable through casual contact in our classrooms or homes are chicken pox, measles, mumps and rubella.

This is an important first step in viewing “unvaccinated children” in a less harsh light. We are not talking about children who can infect others with any one of hundreds of diseases. In fact, the opposite is true: **all children are unvaccinated against the hundreds of**

types of viruses that can infect them for which there are no vaccines. “Unvaccinated children” are only unvaccinated against four additional diseases.

Another important fact to remember is that an unvaccinated child is not an infectious child. As we mentioned earlier, viewing unvaccinated children as sick, and certainly labeling them as “disease-ridden” or “lepers,” bespeaks an ignorance of the rudiments of the science of the immune system.

In the absence of a direct exposure to a virus, the unvaccinated child cannot become sick, and cannot sicken others. Using measles as an example, when there are no measles cases in the vicinity, the unvaccinated child cannot infect anyone **because he cannot be exposed.** During an outbreak, health authorities monitor the confirmed cases, so it remains a real *safek* whether or not any given unvaccinated child had any exposure.

Thus, the only concern is that the unvaccinated child might have been exposed, and might currently be incubating the disease without showing signs of being

sick. In other words, he might be infectious.

But *all* children *might* be infectious.

- Due to primary vaccine failure, even duly vaccinated children can end up being completely non-immune. Any number of these children might be infectious.
- Given the high prevalence of vaccine-strain measles in the past outbreak, we must be concerned that any recently vaccinated child might be infectious.

Most importantly, given the reality of secondary vaccine failure, or waning immunity, what we really need to be concerned about is that any adolescent or adult might be infectious. This is the most worrisome; as mentioned above, vaccinated individuals with waning immunity can get atypical measles—without the standard symptoms such as the telltale rash. If these people get sick, it is more than likely that they will stay in the public sphere (they might think they just have a bad cold), and their cases will not be recorded or traced.

She'eilas Chacham

The following is a testimonial from a parent who consulted with Hagaon Harav Dovid Feinstein *shlita*:

Until now our school had accepted our religious exemption letters, and all of the community's children were in the school. With the new law, things have changed. There are legal avenues to be pursued to enable some limited level of attendance (for example, the morning davening program can be structured so that all children can attend *davening*) but these ideas are only practical if there is an environment of mutual respect and *achdus* among all of the parents, and a communal desire to include all the children in the school to the extent possible.

We view the current circumstances as a community challenge—we want to appeal to our community to support us as *chaveirim* and *shcheinim*, even if they disagree with our vaccination choices. The new law notwithstanding, we want to ask them to join us in an effort to bring our children back to school in whatever sense possible.

What is preventing this from happening is the notion that unvaccinated children are *rotzchim* and *rodfim*. When this idea is promulgated, vaccinating parents become angry and frightened of their *chaveirim* and *shcheinim* and very little can be accomplished in terms of community *shalom*.

I showed Reb Dovid the recent pamphlet that had been widely distributed. In it, unvaccinated children and non-vaccinating parents are accorded these very labels—*rodfim* and *rotzchim*. I asked Reb Dovid if he would sign a letter stating that parents should respect each others' choices. Reb Dovid told us that he cannot write that letter out of a concern that people would take it to mean that he condones choosing not to vaccinate.

I asked Reb Dovid,

“But for those of us who have made that decision, why should we be coerced? Why can’t we stay in school?”

Reb Dovid asked me,

“So what do you want? Do you want a hundred children to leave school, so that three or four children can stay? The other parents are afraid of this—” Reb Dovid waved the pamphlet, meaning that the other parents are afraid of unvaccinated children. I answered that I do not believe that there are many parents in my community who are so concerned that they would actually remove their children from a classroom where there are one or two unvaccinated children.

Reb Dovid’s stated that if this is indeed the case—if a majority of parents in our school are not fearful of harm coming to their children, or are not fearful enough that they themselves would leave the school—**then there is no reason that our children must leave.** (Reb Dovid noted that this does not mean that the *hanhalah* of our school will necessarily agree to this.)

Reb Dovid granted us a lengthy audience, and took our position quite seriously. Although we did not get the letter, we were encouraged by Reb Dovid’s words—in our community, at least, we had the right to remain at school. As we left, he gave us a warm *brachah*.

It is important to remember the nature of this exchange—this was not a halachic *shailoh* and *teshuvah*; rather, it was a talmid’s request for a *Gadol*’s advice and guidance.

Moreinu Rav Dovid Feinstein feels strongly that parents who choose not to vaccinate are not making the correct decision. What the *talmid* wanted to know was this—**how should the *tzibur* relate to and view those parents who are following the guidance of other *Gedolim*, and who choose not to vaccinate?** Should they be antagonistic towards those parents, and impose sanctions to coerce them to submit to the “correct” vaccination practices? Or should they be respectful of them, and grant them their communal rights?

The exchange is instructive. Clearly, Rav Dovid does not view non-vaccinating parents as *mumarim* who are flouting the Torah, and who lose their rights in the community. Nor does he view unvaccinated children as *rodfim* or *mazikim* that must be removed from public venues at all costs. To the contrary; Reb Dovid’s view seems to be that **fear of unvaccinated children is as unscientific as fear of the vaccines**, and that it is not anyone’s prerogative to judge other parents’ choices.

Rav Dovid views the question of vaccination within a *tzibur* as a question of the public space. A minority cannot ruin a public space for the majority. If the presence of a minority of unvaccinated children in a school will cause the majority to leave, then the minority can be asked to leave. **But if the majority are staying in school at any rate, then no one can ask the minority to leave.** (Again, to clarify, Reb Dovid was not discussing his views on whether or not a school’s *hanhalah* had the right to do so.)

Skipping Oceans

With increasing frequency, school administrations found themselves in the middle of vaccine related conflicts as they faced pressure, on the one hand, to expel unvaccinated children, and, on the other hand, to deal with parents demanding their rights to both remain at school and eschew vaccination.

In 2012, the Lakewood vaccine drama took a trans-Atlantic leap. The *menahel* who had consulted the Lakewood beis din in 2008 regarding general policy was now facing a specific situation:

In one of the classes in his *cheder* was an unvaccinated boy and a vaccinated boy who had an unvaccinated sibling at home who was medically unable to receive vaccinations.

The parents of the unvaccinated boy had taken a close look at vaccines, and believed that they were not as safe as they were popularly assumed to be. They also felt that a healthy unvaccinated child poses no significant health risk to other students in a classroom. The parents of the other children disagreed on both counts, and their opinion was supported by a local doctor. The parents of the vaccinated boy wanted the school to demand that the child be vaccinated or leave the school. The parents of the unvaccinated boy were unwilling to agree to either demand. If the presence of their son so bothered the other parents, let the vaccinated boy leave.

This time, the *menahel* appealed to Harav Eliezer Dunner, *shlita*, to put the question to *Moreinu Hagoon Harav Chaim Kanievsky, shlita*. Who must leave?

Both sets of parents wrote out their positions. (The parents of the vaccinated boy did so with the help of the local doctor.) Harav Eliezer Dunner, *shlita*, brought the *shailoh* into Rav Chaim. Rav Chaim issued his *psak*, which Rav Dunner relayed in a letter dated 24 Iyar 5772 (2012):

Moreinu Harav Chaim's response was clear.

Unvaccinated children cannot be barred from a *cheder*. The worry that an unvaccinated child might infect other children is too remote to demand the removal of the unvaccinated child. Parents should be reassured that there is nothing dangerous about an unvaccinated child, but in the event that a parent is worried, he must remove his own child from the school—not demand that the unvaccinated child leave.



Once again, the matter was settled—temporarily. The unvaccinated boy stayed on in *cheder*, as did the vaccinated boy, whose parents were perhaps moved by Rav Chaim's reassuring words.

Rabbi Eliezer Dunsor
Rav Akiba Yisroel Congregation
Member of Moshav Shalom Tzfat
1 Tzfat 9-28

אליעזר הלוי דינר
חבר הקהילה אקביה ישראלי
חבר הקהילה אקביה ישראלי
תל אביב 9-28

בשם ד, יום כ"ד לחודש א'ני י' ר'ופאך תשע"ב

To Whom it May Concern

Concerning children whose parents don't allow them to be vaccinated, I asked if one has the right to stop them coming to school or חדר because they might cause other children to become ill in :

He answered that one cannot stop them from coming to school or חדר .

I understood from him that the חשש that these not-vaccinated children could cause other children [who were vaccinated] to become ill, is so remote, that this חשש cannot be taken into consideration as a reason to stop the not-vaccinated children from coming to school or חדר .

He added that if there are parents of vaccinated children who are scared that their children might become ill because of those children who are not vaccinated, then they should keep their vaccinated children at home but I understood from him that since the חשש is so remote, that they don't have to be scared .

בשם ד, יום כ"ד לחודש א'ני י' ר'ופאך תשע"ב

To Whom it May Concern,

Concerning children whose parents don't allow them to be vaccinated, I asked מרן הג"ר חיים מרן קניבסקי שליט"א if one has the right to stop them coming to school or חדר because they might cause other children to become ill ח"ו:

He answered that one cannot stop them from coming to school or חדר.

I understood from him that the חשש that these not - vaccinated children could cause other children [who were vaccinated] to become ill, is so remote, that this חשש cannot be taken into consideration as a reason to stop the not - vaccinated children from coming to school or חדר.

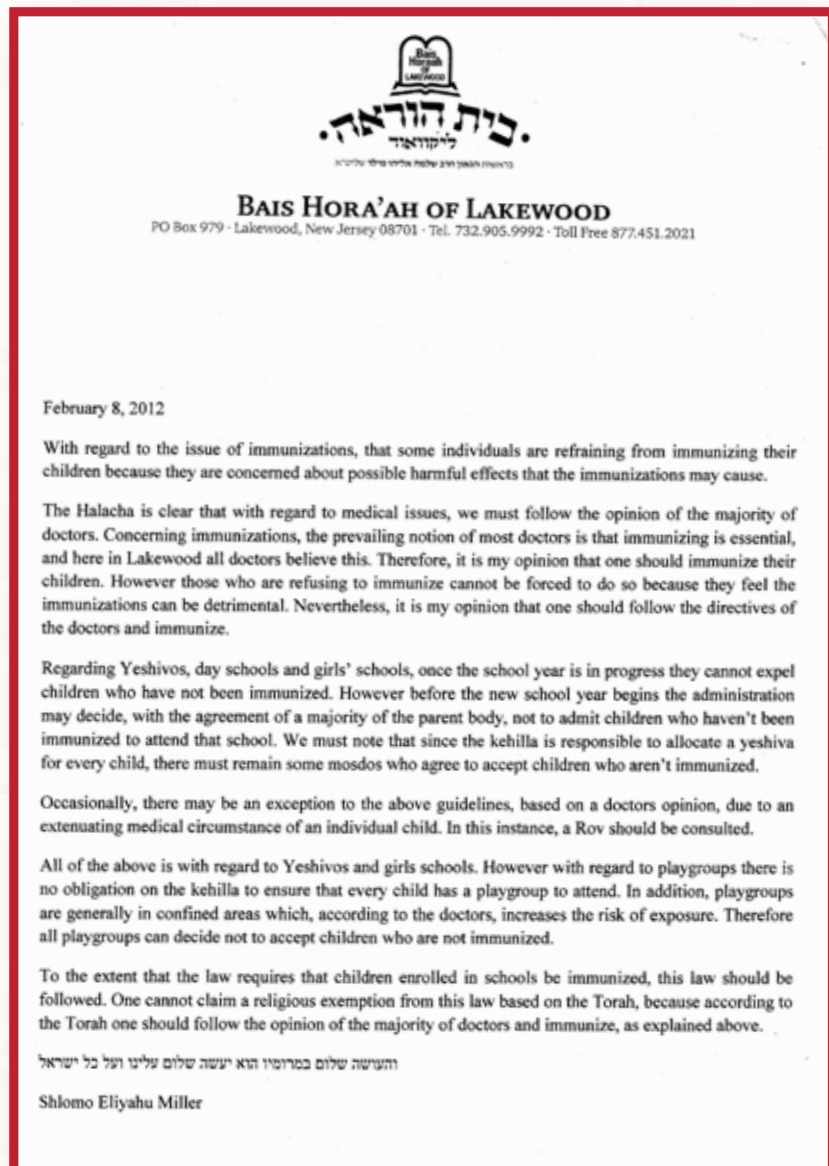
He added that if there are parents of vaccinated children who are scared that their children might become ill because of those children who are not vaccinated, then they should keep their vaccinated children at home, but I understood from him that since the חשש is so remote, that they don't have to be scared.

בברכת "והסרותי מחלה מקרבך ואת מספר ימך אמלא"

אליעזר הלוי דינר

Religious Exemption

As we have seen, *Harav* Shlomo Miller strongly disagreed with the letter, “We the Undersigned...” But as the controversy intensified, *Harav* Miller felt the need to take a stance to encourage community-wide vaccination.



Harav Miller's ruling states that:

- According to Torah law, one must vaccinate one's children. Nevertheless,
- Non-vaccinating parents cannot be coerced into vaccination, because there is no “clear and present danger” in their not vaccinating. As for schools,

- Schools may not send out unvaccinated children in the middle of the year, but may formulate policy for the coming school year that excludes unvaccinated children. (This last point carries two qualifications—a majority of the parent body must vote to expel the unvaccinated children, and such a policy cannot be implemented in all of the schools in Lakewood. The community maintains a responsibility to see to the chinuch of all of the community's children. If all schools in Lakewood refuse entry to unvaccinated children, the *chinuch* needs of all of the community's children will not be met.)

Rav Miller's final point was directed at the Yeshivos. Since, in the Rav's opinion, Jewish law obligates parents to vaccinate their children, schools who followed his ruling were legally entitled to reject a parent's religious exemption request, since a school can demand that its parent body conform with the school's religious rulings.

Eight years later, the issue of religious exemption became a matter of fierce debate in New Jersey, as legislators received information from certain Rabbis that vaccination had nothing to do with religion. But as we have seen, the Lakewood Rabbis argue over the Torah's view on vaccination. **Whether they rule that “according to the Torah one must immunize,” or whether they rule that Jewish law views vaccination as a matter of parental choice, they see vaccination as a question that Rabbis need to rule on; in other words, they see it as a religious issue.**

(In a future publication, we will discuss Rav Miller's statement that “according to the Torah one must follow the opinion of the majority of the doctors.”)

The Rabbinical staff of Beis Medrash Govoha in Lakewood made their position clear in a letter dated July 2019—vaccination is indeed a religious issue and parents absolutely may submit a religious exemption letter. **Claiming that one opposes vaccination on religious grounds has a firm basis in the Torah.**

BETH MEDRASH GOVOHA  בית • מדרש • גבוה
L A K E W O O D

July 23, 2019

Dear Honorable Senator,

We are Orthodox rabbinic leaders who direct Beth Medrash Govoha, the largest rabbinical college in the country. Concurrently, we serve the community of Lakewood, N.J., one of the fastest-growing Orthodox Jewish communities worldwide.

As Orthodox Jews, our religion governs all aspects of our lives, and decisions involving health and medicine are no exception. The Torah explicitly commands us to guard our lives exceedingly, and as such, concerns to ensure safety are part and parcel of religious law, not independent of religious law. In an effort to abide by this principle, rabbis are often consulted to determine what level of risk one may expose himself to while undergoing medical procedures pertaining to, but not limited to, end of life complications or pregnancy.


Without doubting the veracity of the medical establishment, Jewish law has had, for thousands of years, its own qualifications of what constitutes danger to life and what constitutes medical necessity. It contains its own formulas for calculating risk-benefit analyses. Although our beliefs usually work in tandem with the medical establishment, occasionally they are at odds.

Society as a whole has benefitted substantially from large-scale immunization programs, yet there do exist medically recognized risks associated with vaccination. Although the medical community maintains that the chances of these risks occurring are generally minimal, there are instances where a rabbi will need to decide the course of action for an individual.

As such, the decision whether to vaccinate is truly a religious one. An Orthodox Jew should retain the right to consult with a rabbi about whether he should vaccinate, as per his unique situation, just as he is allowed to *regarding any other* medical procedure. This right, to act based upon our sacred beliefs, is protected by the constitution. It is the cornerstone of freedom here in the United States of America, and should so remain.

We humbly request that you do everything in your power to ensure that there remains a religious exemption in regard to the law of vaccination.


Rabbi Aryeh Malkiel Kotler



Rabbi Dovid Schustal


Rabbi Yisroel Neuman


Rabbi Yaakov E. Fochheimer


Rabbi Shmuel M. Katz


Rabbi Shmuel Felder


Rabbi Osher C. Lieberman

The Torah Commands

Interestingly, the dating of the many Rabbinic letters that came out regarding vaccination follow the pattern of measles outbreaks in America.

To wit, Rav Chaim's letter, and Rav Shlomo Miller's *psak* came out in 2012, after a measles outbreak occurred in New York in 2011.

The next American measles outbreak was the famous "Disneyland Outbreak" in 2015. The issue of non-

vaccinating parents and their unvaccinated children was already a forceful debate in Lakewood. When measles outbreaks occurred on the national scene, intense media coverage stirred up passions. It is no coincidence that perhaps the most significant rabbinic letter regarding vaccination was published in that year.

In *Tishrei* of 5775 (2015) a letter was drafted and signed by Moreinu Hagaon Rav Malkiel, *shlita*, Moreinu Hagaon Rav Shmuel, *shlita*, and Moreinu Hamashgiach, Harav Matisyahu Solomon, *shlita*.

בס"ד
יום א' לסדר ושמרת לעשות ככל אשר יורוך, ר"ח אלול תשע"ח.

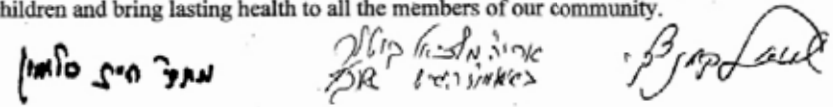
לכבוד המנהלים החשובים
של החדרים ובתי יעקב שבעיר התורה דליקוואוד יצ"ו.

In light of the recent attempt by some individuals that children who have not received the standard vaccines should not be accepted into school, we would like to state the following:

- As שומרי תורה ומצוות, *Menahalim* must keep in mind that denying a child acceptance to school and forcing parents to vaccinate their children against their will are decisions involving serious Halachic *שאלות*.
- Vaccination practices involve risks recognized by the medical establishment. In fact, in February 2011 the Supreme Court stated that vaccines are "unavoidably unsafe". Consequently, halachically no one has the right to force someone to vaccinate his children against his will.
- Setting school policy on this matter understandably necessitates medical knowledge of the *מציאות* and the risks involved. However it also requires much *חוכמה*, *חיוני* בטחון וחסדלות, *חיוני* מצות ושמירת מצד לפשותיכם דעת תורה regarding all topics for which doctors are not qualified to rule upon.

Recently, in a letter addressed to Hagaon Rav Chaim Kanievsky, Dr Shanik explained the reasons a school should not accept non-vaccinated children. Yet, after weighing all considerations, Rav Chaim Shlita paskened explicitly that **schools cannot refuse such children**. This *psak* has been endorsed by many *Gedolim* and *Poskim* (see included letters). As שומרי תורה ומצוות who rule our lives according to דעת תורה it would be nothing short of *ביטול התורה* and *חילול ה'* if the frum schools of Lakewood would disregard this *psak*.

May the *זכות* of conducting ourselves according to דעת תורה be a true protection for our children and bring lasting health to all the members of our community.





“ I am not an expert in these matters, but I have heard of responsible *ba'alei eitzah* who are opposed to [vaccination]; therefore—as stated in the above [letter]— it is not possible to force [others to vaccinate] ”

Nevertheless, in a letter dated November, 2018, the Rosh Yeshivah issued a ruling for his yeshivah, Yeshivas Chaim Berlin:

“ We have been advised by our doctors that any person without up-to-date immunizations should refrain from being in the Yeshivah community,” including anyone who was opposed to vaccination on “ideological grounds. ”

The two letters are not contradictory in any way. The *Rosh Yeshivah* was not paskening a *shailoh*—he was issuing a ruling of *da'as Torah*. Our *Gedolim* pasken halachic *shailos*, and answer questions, but they also guide us with their *da'as Torah* as to how to view an unclear situation, and what course of action to follow. The face of the vaccine debate changed drastically in the three year interim between the publishing of these two letters, and, of course, in November 2018, Brooklyn was in the midst of a measles outbreak. The *Rosh Yeshivah's* assessment of the situation had obviously changed, and his guidance changed accordingly.

The views of the *Roshei Hayeshivah*—Moreinu HaRav Malkiel, Moreinu HaRav Shmuel, and Moreinu HaRav Elya Ber— also developed in the three years since the letter “The Torah Obligates...” was publicized. As the vaccine debate intensified, more *frum* doctors and *talmidei chachomim* began to do research and to come forward with information. Whereas Moreinu HaRav Aharon's view moved towards encouraging vaccination, these three *Gedolim* began to take an even firmer stance when reiterating their *da'as Torah*:

- Vaccination carries significant risks for a subset of the population;

- Parents who choose not to vaccinate are following a reasonable course of action;
- There is no halachic imperative to vaccinate; and
- Parents cannot be forced into vaccination.

Case Reopened

If the publication of Rabbinic letters and responsa followed the pattern of American measles outbreaks, the intensity of the debate followed suit as well. Nowhere was this more apparent than during the measles outbreak of 2018-19.

During the winter of 2018-19, the measles surfaced once again, but this time hit home.

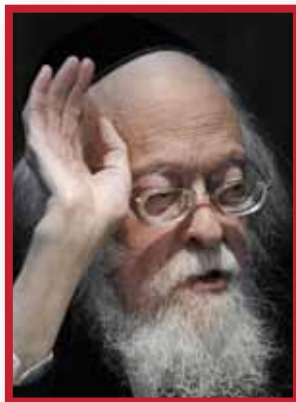
Baltimore had one case; Detroit, Passaic, Chicago, and Fallsburg had only sprinklings. Lakewood and Monsey saw significant numbers; Brooklyn, specifically Williamsburg, saw hundreds.

By now, practically no Orthodox Jew was neutral on the topic of vaccination. On the national scene, what may rightfully be termed hysteria prevailed. In our own communities, vaccine related conflicts became commonplace. Schools expelled children en masse, and, frighteningly, some *shuls* began excluding the unvaccinated as well. Stories of terrible family discord—even between husbands and wives—surfaced.

Once again, appeals were made to *Gedolim* in Eretz Yisrael.

Rav Elyashiv's Psak

Harav Dovid Morgenstern, *shlita* is a well known rof in Eretz Yisroel who was close with *Moreinu* Hagaon Harav Elyashiv, *zatzal*. Rav Morgenstern was asked for his opinion as to how Rav Elyashiv would have ruled regarding the burning “vaccination *shailoh*.” Harav Morgenstern responded with a letter dated 3 Kislev 5779 (Dec., 2018). In it, Harav Morgenstern writes that Rav Elyashiv gave him two rulings:



- It is an obligation for a parent to vaccinate his child to prevent diseases.
- It is incumbent upon communal institutions to exclude unvaccinated persons since unvaccinated persons could bring harm to others.

This letter has been translated and disseminated, but the translation is lacking in that it is unclear where Rav Elyashiv “stops speaking” and where Harav Morgenstern picks up the thread.

In the English version the entire letter sounds like a quote, and contains the following ideas:

- Measles causes death and brain damage in high percentages,
- “If one does not vaccinate and infects others besides the disease itself that causes pain and suffering etc., but is also endangering their lives, r”l, or endangering them with brain damage, r”l,

and if he doesn’t care about himself how is it that he won’t have compassion on infants, children and adults, when his refraining could be the cause of homicide or severe disability to his close ones and friends?”

- One who does not vaccinate is not merely violating “*lo sa’amod al dam rei’echa*,” he is actually harming others.

Did Rav Elyashiv believe that measles can cause death and brain damage “in high percentages?” Like any other *eltareh Yerushalmi Yid*, Rav Elyashiv surely saw scores, if not hundreds, of measles cases over his lifetime. Did he have personal experience with recurring death and brain damage from this childhood disease, usually regarded as benign by people from Rav Elyashiv’s generation?

It is worthwhile to take a look at the original Hebrew letter.

To the honorable Rabbi *Shlomo Goren*, *shlita*
Administrator of institutions in the city of Lakewood, NJ

In response to your honor’s inquiry regarding the opinion of my Rav and Mentor Our Master, Halachic Posek of the Generation, HaGaon Rav Yosef Shalom Elyashiv, ob”m regarding receiving vaccinations to prevent diseases:

At the time, I presented the sides of the matter and after deliberation he ruled that it is an obligation to receive these vaccinations, and likewise he said that it is upon communal institutions not to permit anyone who is not vaccinated to stay within the community because he could bring harm to them.

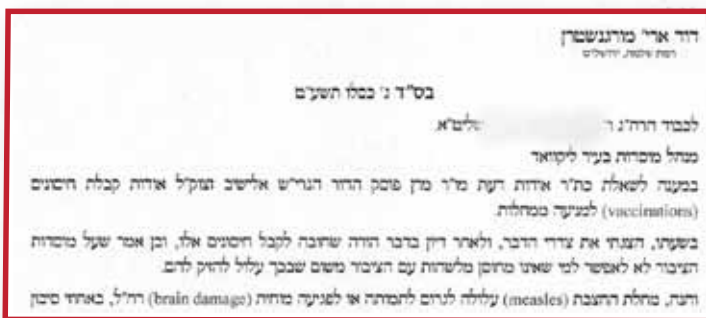
And here, the measles disease may cause loss of life or brain damage r”l, in relatively very high percentages, likewise whoever is infected with this disease is unaware about it for many days after, and during those days he may infect anyone who comes into contact with him, in the home or in school etc. Therefore, besides the personal obligation to avoid danger and harm, there is also an obligation on each individual not to harm others, and if he doesn’t vaccinate and infects others, besides the disease itself that causes pain and suffering etc, but is also endangering their lives r”l or endangering them with brain damage r”l, and if he doesn’t care about himself, how is it that he won’t have compassion on infants, children and adults, when his refraining could be the cause of homicide or severe disability to his close ones and friends? (It seems that there is a mistake for those who deem this matter as “not standing by the blood of your neighbor,” that is not correct. Not only is he “standing by” and not saving, he is rather being harmful himself.)

With blessings of the Torah and with a prayer that Hashem should take away from our people all illness and all sorrow.

Whereas the English version of the letter gives the impression that Rav Elyashiv is continuing his *psak*, in the original Hebrew letter it is clear that Rav Elyashiv merely stated the initial line:

הצגתי את צדדי הדבר, ולאחר דיון בדבר הורה שחובה לקבל חיסונים אלו, וכן אמר שעל מוסדות הציבור לא לאפשר למי שאינו מחוסן מלשהות עם הציבור שבכך עלול להזיק להם

The rest of the letter is Rav Morgenstern's writing, explaining the urgency of the *psak*.



“There are many people in Eretz Yisrael who don't do any medical interventions at all. Rav Elyashiv's view was, listen to the doctors. Don't strike out on your own, and don't be an oiberchochom. If there is an available vaccine, take advantage of it. This was always his position. Don't go against the grain.”

But Rav Elyashiv did not hold a strong view on the matter. He simply encouraged people to listen to their doctors. And since the doctors of Rav Elyashiv's day encouraged vaccination, so did Rav Elyashiv.

Given the above testimonies, was Rav Elyashiv's first statement—*שחובה לקבל חיסונים אלו*— a strict halachic imperative, or a word of Rabbinic guidance?

What about the second statement attributed to Rav Elyashiv?

וכן אמר שעל מוסדות הציבור לא לאפשר למי שאינו מחוסן מלשהות עם הציבור

“Not to permit unvaccinated people to stay in the community,” as the English translation puts it, is strong wording, and not faithful to the original Hebrew. *לאפשר* does not mean “to permit,” it means “to allow to happen.” Did Rav Elyashiv say that *mosdos hachinuch* should take the drastic step of sending children home?

Rabbi Epstein spoke with a *mechanech* involved in the *chinuch* in Yerushalayim for over three decades who was in close consultation with Rav Elyashiv on many *chinuch* issues. He reports that if any *cheder*, *yeshivah*, or school ever sent away unvaccinated children in Yerushalayim, he was unaware of it.

It is difficult to say what Rav Elyashiv might have meant. Perhaps he simply meant to say that public institutions should not be lazy in implementing strategies to raise vaccination rates.

Trusted Information

It is well known that Rav Elyashiv trusted Rav Morgenstern implicitly, and relied on his medical acumen.

All in the Family

Harav Morgenstern is well known as being a faithful talmid of Rav Elyashiv. Nevertheless, many people wondered at this *psak*. What was the background? Was this ruling delivered in answer to a particular situation? Specifically, people wondered about the second part of the *psak*—did Rav Elyashiv mean that *mosdos hachinuch* should expel unvaccinated students?

Rabbi Epstein picked up the phone once again. He called other *talmidim* and close family members of Rav Elyashiv. The consensus was that Rav Elyashiv did not hold a firm position obligating parents to vaccinate. In fact, they report that they never heard anything at all from Rav Elyashiv regarding vaccination.

A relative close to Rav Elyashiv remembers that the older Elyashiv children all had the measles, and it never raised any concern in the Elyashiv household. When the vaccine became available, the younger Elyashiv children were duly vaccinated. The relative noted:

From Rav Elyashiv, Mesorah Publications, 2013, pp. 305-6:

When a question was posed to Rav Elyashiv regarding the permissibility of alternative medical practices...Rav Elyashiv did not answer, but referred the question to his student Rav Dovid Morgenstern, an English speaker who is familiar with many medical matters. When Rav Morgenstern concluded that the practices were forbidden out of concern for possible violation of the prohibitions of idolatry and following in the ways of the Emorites, Rav Elyashiv sat with him every week for several weeks and helped him carefully craft his halachic response in Rav Elyashiv's name. Rav Morgenstern would come to Rav Elyashiv once a week to pose his questions, and during that time, he would present the response prepared over the course of the previous week and Rav Elyashiv would review it, clarify, and continue to edit it. But his ruling was based entirely on the findings that Rav Morgenstern presented to him. Rav Elyashiv did not seek to determine the relevant facts—he relied on Rav Morgenstern for that—but he was extremely careful in wording the eventual halachic response that would be released in his name.

When discussing medical issues, Rav Elyashiv unreservedly accepted Rav Morgenstern's research—along with Rav Morgenstern's interpretation and presentation of the results of his research. In the case of vaccination, Rav Morgenstern has been very open about his research and his conclusions—he views vaccines as being entirely safe and effective, and a necessary public health measure. Rav Elyashiv's statements to Rav Morgenstern must be viewed in this context.

A Case Study

Rabbi Akiva Tatz has also come forth with a *ma'aseh* Rav from Rav Elyashiv. (Rabbi Tatz recounts this story on several occasions in recorded *shiurim*, one of which is entitled *Dangerous Therapy Risks in Medicine*.)

At the time, Rabbi (Dr.) Tatz was a physician practicing in Israel. A couple in his practice was unwilling to vaccinate their children. The specific question was regarding the "*meshuleshet*," or "triple vaccine," namely, the shot given for tetanus, pertussis, and diphtheria, known as the DPT shot (forerunner of today's DTaP shot).

Although the disease is known to be potentially fatal for small children, the parents feared side effects from the shot. Harav Tatz brought the *shailoh* to Rav Elyashiv, who ruled that they must vaccinate.

Rav Elyashiv explained his ruling: The parents' obligation is based upon the fact that childhood vaccinations are a routine, medically accepted convention.

Rabbi Tatz quotes Rav Elyashiv:

"Immunizing children in this generation is considered normal and a Jew is obliged to do that which is broadly normal in society."

Rav Elyashiv went on to say that if a person does not do what is normal, he is considered negligent.

In Context

Was Rav Elyashiv taking issue with the doctors and scientists who oppose vaccination? Was he dismissing the questions and concerns that doctors and scientists have been raising in recent years?

Certainly not. Although Rav Tatz's correspondence is dated March 28, 2018, the exchange between him and Rav Elyashiv actually took place approximately twenty years earlier, in the 1990's.

In 1982, a documentary, *DPT: Vaccine Roulette* filmed by Lea Thompson, was aired on American television and called the safety of the DPT shot into question. The show featured a host of doctors and scientists including Dr. Robert Mendelsohn, a well-known American pediatrician, and Dr. Gordon Stewart, a British epidemiologist and public health physician. Also appearing were Dr. Edward Mortimer of the AAP, Dr. John Robbins of the FDA, and Dr. Alan Hinman, of the CDC.



A book, *A Shot in the Dark*, by Harris Coulter and Barbara Loe Fisher, questioned the DPT shot as well; it was published in the United States in 1986, and revised in 1991. This book was the first major, well documented critique of America's mass vaccination system; it called for calling for safety reforms and the human right to informed consent to vaccination. Barbara Loe Fisher was also a consumer and parent activist—she worked with Congress to secure vaccine safety provisions in the historic *National Childhood Vaccine Injury Act of 1986* and served as a consumer representative on federal vaccine advisory and public engagement committees, including the National Vaccine Advisory Committee (1988-1991); the Institute of Medicine Vaccine Safety Forum (1995-1998); and the FDA Vaccines and Related Biological Products Advisory Committee (1999-2002).

Thus, in 1990, there was fear of the DPT in the United States and England, which is presumably why the parents in the above *shailoh* were hesitant to take it. **But the fear was by no means widespread;** the vast majority of parents in these countries either did not notice the show and the book, or noticed it, but had their concerns immediately assuaged by their doctors.

Back then, the doctors calling vaccine safety into question were few and far between. Vaccine safety was gaining interest in academic, scientific, and government circles, but vaccine hesitancy within the general populace was almost unheard of.

Today, things have changed. Although the majority of America's parents choose to ignore the raised safety concerns and stories of vaccine injury that are circulating, all American parents have heard of them.

In America, there is a vocal group of credible doctors—albeit a minority against the majority consensus—who encourage their patients not to vaccinate according to the government's aggressive schedule. They number in the thousands. In addition, hundreds of thousands of American parents choose not to vaccinate their children—either because they have been taking the minority medical view into account, or because they have seen vaccine damage in

their other children.

Non-vaccinating parents are “listening to their doctors,” as Rav Elyashiv would have them do. Is it accurate to take Rav Elyashiv's *psak* and use it as a directive as to which doctors to follow—in America, in 2019—when it comes to vaccination? It seems that Rav Elyashiv's *psak* is limited, in both strictness and scope.

From Rav Elyashiv, Mesorah Publications, 2013, pp. 336:

...since [Rav Elyashiv] did not offer any background or sources for his answers, it is difficult to study, understand, or apply these answers to circumstances other than the exact situation presented. His answers therefore could not be construed as general halachic rulings for the public.

Furthermore, Rav Elyashiv's rulings were given very briefly, in response to the precise way the question was asked. Over the years many different and even conflicting rulings have been disseminated in Rav Elyashiv's name, giving rise to the aphorism, “If two people ask Rav Elyashiv the same question, they will get two different answers.”

Rav Tatz was presenting a specific question, in a specific manner. According to Rav Tatz's data, there was an element of risk to the DPT shot—a risk of 1 in 20,000 of damage or death from the shot—but that risk was far outweighed by the risk posed by pertussis to small children and infants, which has a mortality rate of 3-4 percent. The question posed was, did the parents have the right to refuse the vaccination out of concern for the risk it entails?

Thus, Rav Elyashiv's answer is applicable only to vaccines that conform to the way Rav Tatz presented the *metzius* when he asked the question—namely, vaccines that carry minimal risks (a 1 in 20,000 chance is negligible halachically), and that protect from diseases that can reasonably be classified as fatal.

Conversely, Rav Elyashiv never ruled on the ques-

tion of whether or not parents should administer a vaccine that has never been proven to be safe, or that is associated with a compelling risk of death or disability. Nor was he asked to rule regarding vaccines that protect against a benign condition that carries only a remote risk, or against diseases that Jewish children in civilized countries have little or no chance of contracting.

Rav Elyashiv's response in the above specific case has been aggrandized by some to the point where they quote Rav Elyashiv as having obligated all parents "to vaccinate." "To vaccinate" is left unqualified, as if to say that Rav Elyashiv ruled that all parents must vaccinate at all times, in all circumstances, and with all available vaccines.

Careful Application

Rav Elyashiv, *zatzal*, did not leave us any written psak or correspondence regarding vaccination. Reports of the above two exchanges came to light seven years after his passing, and this ruling on vaccination has not been corroborated by any other *talmidim* of Rav Elyashiv. Regarding removing the unvaccinated from public venues such as schools, such a policy was unheard of in *Yerushalayim* during Rav Elyashiv's lifetime.

Rav Zilberstein is Rav Elyashiv's son-in-law, and regularly consulted with him. His *seforim* and *teshuvos* are filled with quotes from Rav Elyashiv. Rav Zilberstein views vaccination as an obligation (see below). Nevertheless, mention of Rav Elyashiv's position is conspicuously absent from Rav Zilberstein's *teshuvos* on the topic.

Rav Morgenstern's and Rav Tatz's exchanges with Rav Elyashiv are important to know about. They are certainly instructive. But care must be taken before applying them as *halachah le'mayseh* in other cases, especially in America. **These reports give us no indication that Rav Elyashiv handed down a broad-ranging psak obligating everyone to vaccinate according to modern-day vaccination schedules.**

False Advertising

Rav Tatz has made known another exchange that a colleague of his had with Moreinu Hagaon Harav Chaim Kanievsky, in a private email, and in a public shiur.

Recently, the email that describes this exchange was published under a headline that read:

"HaGaon HaRav Kanievsky Rule[s] That Immunizations are Obligatory."

The background of the exchange is not given, and details of the exact conversation are not given. Rav Tatz reports on this exchange in a public shiur, entitled "Epidemics and Vaccinations (Torah):"

“I asked a colleague of mine, a very well known surgical specialist in Israel, who practices mainly in Bnei Brak, and who is close to Rav Chaim, to go and ask him his opinion about vaccinations. So he went to ask him—this is recently, a couple of months ago—and Rav Chaim said that his family is all vaccinated, his grandchildren are all immunized, and there is no question that this is an obligation. My friend then asked him, “What should be done with parents who refuse to immunize their children?” Rav Chaim said, with a bit of a twinkle, “They should be given ‘a *guteh frask*’ [a good slap].”

Reports of exchanges such as these are important. For example, it is instructive to know that Rav Chaim encourages vaccination, and that his grandchildren are vaccinated. But in all probability, Rav Chaim merely told his petitioner, “*Avadeh yeder einer zohl nehmen chisunim meineh einiklach zehnen alleh vaccineert!*” [“Certainly, everyone should vaccinate! My grandchildren are all vaccinated!”]

Somehow, Rav Chaim's lighthearted comment, “They should be given ‘a *guteh frask*’” was transformed into a *psak* that “non-vaccinating parents should be strongly corrected.” Rav Tatz apparently

felt that this is what Rav Chaim meant to say, and he communicated this to a private individual in a private email. (It is noteworthy that the written first-hand testimony of Rav Eliezer Dunner—recorded above—would indicate otherwise.) At any rate, it is discouraging that this exchange has been trumpeted as a psak—an obligatory call to vaccinate.

Rav Chaim's "frask psak" was, fortunately, not taken in the literal sense. But it may have been generally misunderstood. It is possible that Rav Chaim meant to give over an opposite message:

Parents should certainly be turning to *da'as Torah* to know what to do for their own children when it comes to the confusing and frightening decision of vaccination. But it is not any parent's responsibility to educate or coerce other parents into the "correct" vaccination policy to follow. Rav Chaim perhaps meant to tell his petitioner, in his inimitable manner, "Are these other parents under your jurisdiction?"

Harav Asher Weiss

Several other *poskim chashuvim* in *Eretz Yisrael* have taken a strong stance that parents are obligated to vaccinate their children. In all cases, their rulings are also based on the mandate to keep oneself healthy, and to protect oneself from danger, and on the conventional beliefs regarding vaccination.

Machon Minchas Asher publishes Harav Asher Weiss's halachic discourses. In *Vayechi 5779*, the article, "*Im Mutar Lehimana Mei'chisun Yeladim—May One Eschew Childhood Vaccinations?*" was printed. Rav Weiss bases the obligation to vaccinate on the mandate that we keep ourselves clear of danger.

Rav Weiss states:

Thus, it is elementary that one is obligated to vaccinate one's children to protect them from terrible diseases. Yet there are those who claim that since vaccination may itself cause damage, it is not defensible to inflict a direct harm on the child in an

attempt to protect the child from a potential future harm.

To my mind, this claim is completely baseless, for all of the scientific studies that have been responsibly conducted establish beyond the shadow of a doubt that whereas minor side effects may occur, there is no prevalence at all of serious harm resulting from vaccination. Furthermore, there are no deaths that have been absolutely proven to have been caused by vaccination, whereas hundreds of millions of children have been routinely vaccinated [with no negative results].

On the other hand, as the number of unvaccinated children increases within a population, the danger increases as well. If masses of people will forgo vaccination, there is the danger that great plagues will break out and cause widespread death, as was the case in the era before vaccination.



Harav Weiss informs us how he views the *metzius* in order for us to understand the formulation of his *psak*. It is important to note, however, that the facts that he sets forth are controversial, specifically:

- That the safety studies performed by the pharmaceutical companies were responsibly conducted,
- That there are no responsibly conducted studies that call the safety of any vaccine into question,
- That no serious harm or deaths have been proven to have resulted from vaccination, and,
- That we are in danger of returning to an era of widespread death-through-plagues if vaccination levels fall.

Our *Gedolim* in America **do not view these four facts as a given reality**, based on their discussions with the American doctors and scientists with whom they have conferred.

Harav Yitzchok Zilberstein

Another strong proponent of vaccination is Harav Yitzchok Zilberstein, *shlita*. Harav Zilberstein, like his father-in-law Rav Elyashiv, is prone to being taken out of context.

A letter from Harav Zilberstein was recently publicized in several venues, appearing with the headline: **“Whoever is not vaccinated is a murderer.”**

Rav Zilberstein’s letter quotes the *Shulchan Aruch*:

נתנה התורה רשות לרופא לרפאות ומצוה היא ובכלל
פקוח נפש הוא ואם מונע עצמו הרי זה שופך דמים

The above *halachah* is referring to doctors, not to patients. The *Shulchan Aruch* is saying that if a doctor withholds medical treatment, he is a murderer (see *Beis Yoseph*).

Undoubtedly, Rav Zilberstein meant to impress upon the *tzibur* that going to the doctor is a very stringent halachic imperative—for the doctor, and for the patient as well. But the headline above the letter is patently incorrect, and is reminiscent of a sensationalist tabloid headline.

The *Shulchan Aruch* is clear; if a Jew can access medical help, he must do so, and take advantage of the modern medical advances available to him in his generation. The fact that Rav Zilberstein saw fit to remind the public of this *halachah* is indicative of an underlying criticism that is often directed at parents who choose not to vaccinate, namely, that they mistrust doctors, and hold a worldview that eschews taking advantage of modern medicine.

In America this charge is unfounded. Non-vaccinating parents are not fearful of modern medicine. They consult doctors. In fact, by and large, their hesitation to vaccinate comes from their willing submission to standard medical protocol. They do not have to be told to go to the doctor. They have gone, have had an unsettling or damaging experience, and **have gone for a second opinion.** Their subsequent views were formed based on their experience and research, and their consultations with experienced and licensed conventional MDs and accredited scientists.

Irony

Although the above letter from Harav Zilberstein’s has been misconstrued, the fact remains that in many other public statements Harav Zilberstein has taken a very strong position and views vaccination as a *Torah* obligation.

Harav Zilberstein further ruled on the same *shailoh* that Rav Chaim Kanievsky ruled on. In one *shul* there were two *mispallelim*—one of whom was unvaccinated, and one of whom was immunocompromised. Can the unvaccinated *mispallel* be told to leave? Rav Zilberstein argued on Rav Chaim Kanievsky, and gave forth an opposite *psak*: The unvaccinated person can be forced to leave.

The ruling is recorded in an article in *Yated Ne’eman*, from July, 2019. Furthermore, Rav Zilberstein is quoted as saying—

Vaccinating is a simple matter and medical professionals in every country maintain that it causes virtually no harm and that it is necessary to receive vaccinations, **which is also the view of the *Gedolei Yisroel*.**

The observant reader will note the advertisement that appeared alongside Harav Zilberstein's quote in the Yated—a *chanukas habayis* was being graced by "the Gedolim"—Rav Malkiel, Rav Shmuel, and Rav Elya Ber!

The irony is almost too great to bear.

Once again, the time has come for us to share an assortment of *teshuvos* from the most recent issue of *Fivei Ha'amudim*, the monthly publication released by Mosdos Bais Dovid in the city of Cholon. I have mentioned in the past that Rav Yitzchok Zilberstein holds several positions. He is a member of the Moetzes Gedolei HaTorah of Degel HaTorah, the *mara d'asra* of the Ramat Elchonon neighborhood of Bnei Brak, and the *posek* and *rov* of Maanyanei Hayeshua Hospital. He is also a brother-in-law and *chavrusah* of Rav Chaim Kaniewsky, an authority on medical *halacha*, and the author of a large number of *seforim* that have become highly popular. And on top of all that, for the past several decades, he has overseen a group of Torah institutions in the city of Cholon.

The Bais Dovid complex in Cholon includes a *Talmud Torah* and a *kullei* for *baalei teshuvah*. It is also the site of regular *shulim*, as well as a *bais din* headed by Rav Zilberstein himself. *Fivei Ha'amudim*, the monthly publication of Bais Dovid, consists of a number of sections including "Maaseh Choshveh," a collection of *shailos* that were presented to Rav Zilberstein and his responses; "Kisufi Laminipat," which features actual cases that were adjudicated in his *bais din*; and "Shulchan Shabbos," a collection of *chiddushim* on the *parsha*.

These are the sections that appear in every issue. However, the publication sometimes includes other content as well. For instance, the *Iyar* issue of *Fivei Ha'amudim* includes a section titled "Lev L'Achim," which contains an assortment of questions that were presented at the Lev L'Achim convention held in Bnei Brak after *Pesach*. (The topics include: a response to a *rosh yeshiva* who expels a weak *talmid* from his *yeshiva* every time a stronger *talmid* is admitted; how to relate to a rebellious child who deliberately brings *chometz* into his home on *Pesach*; whether the child of a Muslim father and a Jewish mother may recite *Ancinu* on a Muslim fast day; what a *rov* should do if he is invited to deliver a *shur* on *Shabbos* and discovers that he is being recorded on video; and how to respond when a pizza delivery man attends a *shur* during his working hours, thereby effectively stealing from his employer.) The issue also contains an appreciation of the Skulener Rebbe zt"l (see sidebar), and two other special sections, one dedicated to stories of *Hatgocha Prutis* and the other containing incredible anecdotes regarding the concept of judging others favorably. I was personally amazed by the latter group of stories, which included some remarkable incidents in which it seemed utterly impossible to come up with favorable interpretation of a person's actions, yet those actions nevertheless turned out to be far from what they seemed. I hope to devote a separate article to that subject. For the time being, though, I will focus on the contents of this month's "Maaseh Choshveh."

THE OBLIGATION TO VACCINATE

Here is one of the *shailos*, as it appears in this issue of *Fivei Ha'amudim*: "I am a *jungerman*, and *boruch Hashem* I have a family with children. I have already married off several of my children and we live extremely frugally, but our expenses (food, tuition, and so forth) are significant. Our monthly expenses exceed our income, and we are always left with a deficit at the end of the month. My wife is currently working as a caregiver for a young girl who suffered a degree of brain damage as a result of an illness and even became blind, *lo aleim*. My

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wife is paid an average of 1,500 NIS every month [an abysmal salary even by Israeli standards -TV], and receives no benefits such as vacation days, sick days, a pension, and so forth. Not long ago, my wife, who previously worked as a nursery school teacher and babysitter, was offered an opportunity to open an official day care program in our home. The Bais Yaakov network was very impressed with her abilities and with the conditions in our home, and they are very interested in having us open the program. The gross monthly salary of a day care operator is 10,000 NIS, and after deducting the overhead costs, such as food and other expenses, we would be left with over 8,000 NIS. Naturally, the added income would help us finish the month, and would also contribute to marrying off the rest of our children. My question is whether it is appropriate for my wife to leave her present job, which is more *choshed* than employment, since the young girl has become very attached to her, and my wife not only tends to her physical needs, but also provides her with emotional encouragement and support. It might be difficult for her parents to find a different woman who is suited to the task. I should add that neither we nor the girl's family have any commitment to each other; they can dismiss my wife at any time, without any advance notice. I would like to know what the *halacha* dictates is correct in this situation."

Rav Zilberstein replied, "The concept of *chayecha kodmin* applies to *parnassah* as well, and since the questioner suffers from a lack of income, the family is exempt from the *mitzvah* of *tzdukah* at this time. Their first concern must be their own livelihood." Of course, every *psak* is accompanied by a section titled "Mekoros Venimukim," containing a lengthy explanation of the *rov's* reasoning and the sources upon which his ruling is based. However, I will not quote that section of the *kantar*, except some of the fascinating stories it contains.

I am certain that the next question will also interest you, since it deals with an issue that has been the focus of much attention in America in recent times: the subject of vaccinations. The questioner wrote: "I am the *rov* of a *shul*, and there are two members of our congregation who developed cancer and have been undergoing chemotherapy, which is known to suppress the immune system. These people must be very careful to avoid contact with anyone who might be a source of infection. There are also two families in our *shul* who refrain from vaccinating their children for ideological reasons. If those children were to contract some sort of illness, *chas veshalom*, even though it wouldn't be dangerous to people who have robust immune systems, it could be severely damaging to the two ill people, whose immune systems are compromised. As a result, the two people who are ill notified me that they will not be able to come to *shul* as long as those two families refuse to vaccinate their children. I spoke to the families about the matter and they explained their concerns about the vaccinations. My question is: I am now faced with the challenge of deciding who takes priority. Should I instruct the two families who resist vaccination to leave the *shul* until they vaccinate their children, or should the two people who are ill not come to *shul*?"

Rav Zilberstein replied, "Vaccinating is a simple matter, and medical professionals in every country maintain that it causes virtually no harm and that it is necessary to receive vaccinations, which is also the view of the *gedolei Yisroel*. Therefore, a person who does not receive vaccinations is considered the *meshaleh* [the one who deviates from common practice, which makes him liable for damages resulting from his actions]. If such a person infects the people whose immune systems are compromised, he will be considered an *adam hamazik*. Therefore, you may prohibit the two families from coming to *shul* until they vaccinate their children."

THIS WEEK

The entire Monsey Community is invited to join Gedolei Yisroel, including:

HARAV SHMUEL KAMENETSKY שליט"א

HARAV ARYEH MALKIEL KOTLER שליט"א

HARAV ELYA BER WACHTFOGEL שליט"א

כולל זכרון שניאור
ZACHRON SHNEUR

מצמד שיד תבדבת



ד' תמוז תשע"ט
SUNDAY, JULY 7
150 REMSEN AVENUE
MONSEY, NEW YORK

2:30 PM מצמד	2:50 PM דבריו ברבקה From the Becher Yeshiva	3:30 PM שידורים דיוקדוקים
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FOR MORE INFORMATION AND
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CALL 847-499-5630

YatedNe'emam

Rav Zilberstein has written several written *teshuvos* on the topic of vaccination. Like Rav Asher Weiss's, they are entirely based on the view that vaccination shots are reasonably safe, and a universally recognized necessity. Nowhere does Rav Zilberstein classify non-vaccinating parents as *rodfim*.

סימן יא

האם לחסן ילדים ומבוגרים למרות הפיכון הקטן הכרוך בחיסונים

לכבוד הרב יצחק זילברשטיין שליט"א

לאחרונה התעוררה שוב השאלה כאן בארה"ב אודות החיוב לקבל זריקות חיסון מפאת ושמרתם מאד לנפשתיכם, וכדי שלא נכשל בלא תשים דמים בביתך.

כהיום על פי נוהלי משרד הבריאות כל ילד מקבל חיסונים נגד מחלות שונות, כגון אבעבועות רוח, אדמת, וכדו' כדי לכא את המחלה משורשה.

נשאלת השאלה: א: האם אדם חייב להביא ילדו כדי לקבל זריקות חיסון?

צדדי הספק הם: מצד אחד, החיסון הוא מונע את המחלות והוא אכן פועל היטב, וכפי הנראה המחלות השונות שפעם חלו בהם הילדים כהיום כמעט ומוגרו לחלוטין.

מאידך כל חיסון יש לו גם סיכון מסוים ובתוך כל הילדים שיקבלו את החיסון, יש ילדים מסוימים שלא רק שהחיסון לא ישפיע עליהם אלא אדרבה זה יזיק להם.

מצד שני ברוב המקרים גם אם הילדים יחלו במחלות השונות ברוב הפעמים המחלה תעבור ללא סיכון ממשי, אבל יש אחוזים קטנים של ילדים שמחלות אלו עלולים להשפיע עליהם קשות, ולכן החליטו לחסן את כל האוכלוסייה.

לאור זאת נשאלת השאלה, האם אדם בריא צריך להכנס לסיכון קטן, מחשש שמא יחלה בעתיד, אמנם הסיכון בחיסון הוא קטן, מכל מקום גם אם יחלה במחלה רק אחוזים בודדים מהילדים יזקוק מהמחלה. אלא שמטרת החיסון הוא כדי לכא את המחלה משורשה, והוא תיקון עבור הרבים, על דרך משל, חיסון נגד אבעבועות רוח או חיסון נגד שפעת, רוב החולים שיחלו במחלה יעברו את המחלה בעזרת השם ללא סיכון, ורק לאחוזים בודדים [גבוהים יותר מאשר הסיכון בחיסון] המחלה היא בגדר סכנה?

מעשה חשוב \ סימן יא

וכתב כמנחת שלמה לענין עיקר הדבר מה נקרא ספק פיקוח נפש, ומה לא ועד איפה הגבול, גם אנכי בעניי הסתפקתי טובא בזה, אלא שמצד הסברה נלע"ד, וכל שדרך רוב בני אדם לברוח מזה כפוח מפי הסכנה, הרי זה חטיב כספק פיקוח נפש, וקרינן ביה כנהיג יחי בהם ולא שימות בהם, אבל אם אין רוב בני אדם נבהלים ומפחדים מזה אין זה חטיב סכנה, קצת דוגמא לכך הרבנת זריקת אבעבועות לילדים, אך רמ"ז דמצד הדין אפשר שצריכים באמת להודרו ולעשותו בהקדם האפשרי, אם הרופא אומר שכבר הגיע הזמן להחליטה, אך אפשרי אין רגילותן כולל לעשותן בבהילות ובוירוות, ולפיכך אף אם באמת יש בזה קצת סכנה הרי"ל כמי"ש חז"ל והאידנא שומר פתאים ה' החליטה לחלל שבת עבור כך, משא"כ אם אחר נמצא במקום כזה שירידת בור שם לא ירכיב עכשיו את האבעבועות בשבת יצטרך להכות ד' או ה' שנים כיון דבזמן מרוכזה כזה רדאי נבהלים ומפחדים לשהות אפשר דרשירי חטיב פיקוח נפש ודחה שבת.

כיוצא בזה כתב בחזון איש (אהלות סימן כ"ב סי' ק"ה) אם מצוי הדבר, בזמן שמחריעים עליו, [אף שאין בשעה זו תולה קמ"ן] הרי הוא בכלל חולי מחלטה והוי ליה כאיברים שצרו בעיר הסמוך לספר, ושמחללים שבת עבור זה. עכ"ל.

כלומר מחלה כזאת שמחריעים עליה, אף שאין פתאים ה' החליטה חשב סכנה, וזה בכלל מגיפה, ואם כל שכן בענינו כאשר אין צריך לחלל שבת על החיסון, ומכל מקום כיון שהרופאים מחריעים שאם לא יקבלו את החיסון, הרי המחלה תהיה מגיפה, צריך לקבל את החיסון, על אף הסיכון הקטן מאד שיש בחיסון.

השובה לשאלה ב

בנוגע לשאלה האם אפשר לכפות על ההורים לחסן את בנם, יעו"ן בשינוי תורה לרופאים (ח"ג סימן ט"ו) שכתבו שבין שהזקן של החיסון הוא מונע מאד, ויש לנו כלל "למעו"ט אלא חיישינן", וגם התורה נתנה רשות לרופא

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ווי העמודים

ב. במדה ואכן צריך לקחת את החיסון, האם אפשר לכופ את ההורים לחסן את בנם, כי יש מדינות בארה"ב שתשלטונות נותנים רשות לכות ספר למנוע ילדים שלא קבלו זריקות חיסון מלמוד בבית ספר. האם מותר למנהל בית הספר לשלוח הבהית לילדים עד שיתחסנו?

ג. מה הדין לגבי זריקות חיסון למבוגרים נגד מחלת השפעת, שצריך לקבל את החיסון מידי שנה בשנה, האם יש חובה/מוצוה למבוגר לקבל את הזריקה נגד שפעת, כאשר יש סיכון נמוך שהחיסון לא רק שלא ישפיע אלא גם יגרם למחלה להתפרץ, מאידך רובם לא יזקוקו מכן, אך לא בטוח שיחלו במחלת השפעת במהלך החורף, כיצד עליהם לנהוג?

תשובה לשאלה א

בתפארת ישראל (בנינו יוסף פ"ח אות ג ד') לשפק סכנה. ואף לר"ף ורמב"ם וטור בשאלה כעין זו, וז"ל: גיל היתר לעשות אינאקולאטיאן [חיסון] של פאקקן [אבעבועות רוח], אף שאחד מאלף מה ע"י האינאקולאטיאן [החיסון] עכ"פ אם יתהוו בו הפאקקן הטבעיים [המחלה הטבעית של אבעבועות רוח] הסכנה קרובה יותר, ולכן רשאי להכניס את עצמם בסכנה דחוקה כדי להציל את עצמם מסכנה קרובה.

מלשונו משמע שאין זה חיוב על האדם לעשות חיסון, ומכל מקום רשאי לעשות כן, כיון שהסכנה מהמחלה גבוהה יותר מאשר הסכנה מהחיסון.

אמנם בשו"ת מנחת שלמה (ח"ב סימן טט אות ד) הביא מה שכתב בשו"ת רע"א (מהדוריק סימן ט) בגדר של סכנה שכל דאיכא כאב וצער טובא ואפשר על צד הירחוק אחת מני אלף דיעמת מזה סכנה, ואף דאין אנו נדין אותה כעת בכלל סכנה, או ספק סכנה, מכל מקום כיון דאיכא צד אפשרות לכא לזה קורא בלשון סכנה.

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ולגבי השאלה אם מותר לסלק מבית הספר ילדים שלא חוטנו, הנה כתב הרמ"א (וי"ד סימן ט"ד סי' טז) שמי שרדיו אותו, יש רשות לבית דין להחמיר עליו שלא ימולו בניו, ושלא יקבר אם מותו, ולגרש את בניו מבית הספר, ואשרו מבית הכנסת, עד שיקבל עליו הדין.

הרי שלבי"ד מותר להעניש את הילדים למרות שהם לא עשו כלום, כדי להלחיץ את ההורים.

תשובה לשאלה ג

בנוגע לשאלה האם יש חיוב למבוגרים לקבל חיסון מידי שנה נגד שפעת, כאן נראה שהחיוב גדול יותר, כיון שהרופאים החליטו שהסיכון של

לסיכום

- א. אם יש באי החיסון משום סכנה, גם אם הסכנה דחוקה, כיון שרוב העולם מסתכלים על אי החיסון כדבר שיש בו סכנה, יש חיוב על ההורים להביא את בנם להתחסן.
- ב. יש רשות למרא דאתרא לקבוע גדרים וסייגים, ולכן אם רואה לנכון לסלק ילדים מבית הספר עד שיקבלו חיסון הרשות רק בידי הרב שליט"א ולא בידי מנהל בית הספר.
- ג. אנשים מבוגרים שהרופאים קבעו שהם צריכים לקבל חיסון, ואם לא נמצאים בסיכון, מצוה עליהם להתחסן, וכשיתחסנו יקיימו מצוה ושמרתם מאד לנפשתיכם.

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Part 4:

Eretz Yisrael and America

Diverse Perspectives

For the most part, there is no *halachic* argument regarding vaccination. The argument revolves around differences of opinions as to what the *metzius* is. There are four pivotal questions regarding the scientific reality:

- Does any given disease that we vaccinate against pose a serious and life-threatening risk to our children, or is it relatively benign? In other words, statistically, can it be classified as a “killer,” or not?
- Is any given vaccine reasonably safe, or potentially harmful (and severely so for a subset of the population)?
- Does a child who is unvaccinated for any given disease pose a significant, direct health threat to those around him, or not?
- Does the presence of a population of unvaccinated individuals in a community compromise the community’s safety in a significant manner, or not?

These are matters of scientific studies and statistical findings. The *halachah* flows naturally from the answers.

Of utmost importance is to stress that the first three of the above questions are assessments that need to be made **individually for every disease and its vaccine**. Chickenpox (varicella) is a far cry from polio. Hepatitis B is not a contagious disease; it is blood-borne. Diphtheria is an almost unknown disease, and the vaccine for it may only protect the vaccinated child from becoming sick—but the child can still transmit the virus to others. **Lumping all vaccines together as one group leads to the incor-**

rect assumption that what is true for one vaccine is true for all. This can lead to many other mistakes.

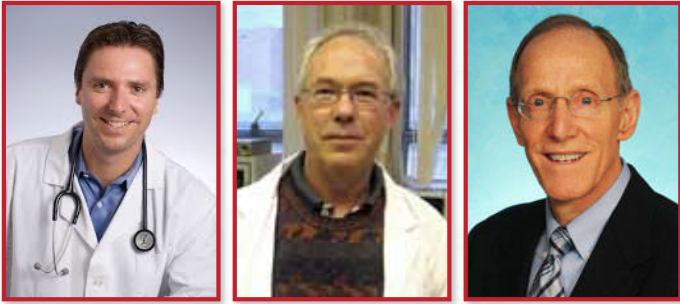
To be clear: Rav Malkiel Kotler, Rav Elya Ber and Rav Shmuel believe the metzius to be that vaccination has been shown to carry serious risk and that unvaccinated children do not pose a serious risk to others. Consequently, parents are not obligated to vaccinate their children, parents cannot be coerced into vaccination, and mosdos may not exclude unvaccinated children (in the absence of compelling legal issues).

Our *Gedolim* are acting on information that they have received from credible doctors and scientists, on first-hand information that they have heard from parents who have seen serious adverse reactions in their children, and on personal observation.

American Gedolim Meet the Doctors

In the winter of 2018, a meeting was held in Staten Island bringing together over forty *Rabbonim* to hear testimony from a panel of five professionals: two doctors, two scientists, and a lawyer. Reb Malkiel and Reb Elya Ber were there, as were three out of the four Beth Medrash Govoha *poskim*.

Here are some excerpts from the introductory remarks of that four hour meeting, where these medical, scientific, and legal professionals introduce themselves and present their credentials.



Dr. Bob Sears, MD

- “I have talked to thousands of families whose children have suffered very serious, severe vaccine reactions.”
- “I want to give you my experience and show you a lot of science from the Centers for Disease Control, and the FDA, that discusses the risks of vaccination—because there are risks.”
- “I, and this small panel here today, are not the only doctors who feel this way... There are doctors all over the world that agree that vaccines carry risks.”
- “The pharmaceutical companies have not really done the right kind of safety research... they haven’t studied children who received the vaccine against children who did not receive the vaccine. That is very unscientific.”

Dr. Chris Shaw, PhD

- “Aluminum is not good for your body... You don’t want aluminum in any form, but you really don’t want the aluminum that’s in vaccines because it has very different kinetics when it goes into your body by injection”.
- “For a scientist in a medical school to question a vaccine ingredient is not a very popular position to take. But my view is that this is where the science needs to go... I can speak to the area of aluminum toxicity and to the impact of aluminum in the nervous system”.

Dr. Alvin Moss, MD

- “I’m not here as anti-vaccine or pro-vaccine—I believe it’s a matter of discussion; I believe it’s a matter of getting informed just the way you’re here, today, getting informed.”
- “I became interested in the vaccine issue because of my field of medical ethics. In medical ethics, we’re very concerned about conflicts of interest. Conflicts of interest can unconsciously and unintentionally lead physicians to make judgments that are in favor of a pharmaceutical company as opposed to going against it.”

Robert Krakow, attorney

- “I’ve devoted the last 15 years of my career—a 40 year career—to handling vaccine injury cases. I can attest that vaccine injury is real. It happens every day, it happens to children, and it can happen, and has happened, from the MMR vaccine.”
- “I regularly hear from expert doctors who testify for my clients.”
- “The Vaccine Act passed in 1986 stipulated that the existence of this program [Vaccine Injury Program] must be publicized. Why isn’t it? Because if people would be focused on forums like this—devoted to discussing vaccine injury—that might deter people from getting vaccines.”

The Staten Island meeting was perhaps the largest meeting between Rabbonim and doctors, but it was by no means the first or the last. Our Gedolim have met with numerous other doctors and experts.

Ein La'dayan Ello Mah She'einov Ro'os

In addition to being open to the views of all doctors—both those who encourage vaccination, and those who caution against it—the *Gedolim's* views are informed by the first-hand accounts of parents.

- They give credence to the testimony of parents who have come forward with reports of vaccine injuries;
- They dismiss the notion that ‘correlation does not prove causation.’ According to their *da’as Torah*, **correlation is a reason to suspect causation, until proven otherwise.**
- They state some personal observations:

In times past, parents were not frightened or anxious about measles;

Polio was a frightening concern, but cases were few and far between. Epidemics of polio never decimated entire populations.

Before the advent of vaccinations—in the 1950’s— SIDS was unheard of.

- They believe that although a preponderance of doctors view vaccination as a necessity, they might not constitute a “*rov dei’os*.” Among the experts in immunology and vaccinology, there may be a *mi’ut* encouraging vaccination and a *mi’ut* cautioning against it, with no discernible *rov*. This is because **most doctors are simply following the medical establishment’s convention**, and relying on the information that the government agencies provide. **They have not formulated independent opinions.**

Rav Moshe Shternbuch

During the measles outbreak of 2018, given all of the reports coming in from *Gedolim* and poskim in *Eretz Yisrael*, Rav Malkiel reached out to Moreinu Hagaon Harav Moshe Shternbuch, an elder dayan on the *Badatz* of the *Eidah Chareidis* of *Yerushalayim*. Rav Malkiel spoke with Harav Shternbuch about developments in America, specifically the growing movement of doctors and scientists who are question-



ing vaccination, and who are pointing to the fact that the shots may carry great risks. Rav Malkiel asked Harav Shternbuch for his opinion regarding the alarming situation in America where thousands of children have been sent home from their *chadorim* due to the fact that they are not vaccinated.

[In Rav Shternbuch’s letter he mentions that Rav Malkiel told him that approximately 2,000 children are out of school.]

Harav Shternbuch sent back a detailed teshuvah addressing Rav Malkiel’s points.

The *teshuvah*’s conclusion is that parents are obligated to vaccinate their children, and that vaccinating parents in schools are within their rights to demand that unvaccinated children be barred from attendance. Nevertheless, the scope of the *psak* is limited:

- The *psak* is only discussing vaccinating against measles. Furthermore, Rav Shternbuch communicated verbally that his *psak* is only relevant at the time of a measles outbreak.
- Rav Shternbuch’s *psak* is based on the medical information that he received from the doctor(s) that he consulted:

Rav Shternbuch’s information was that out of every 1,000 cases of measles, one will prove fatal.

Rav Shternbuch’s information was that unvaccinated children pose a direct threat to other children. Thus, by bringing an unvaccinated child to school, the non-vaccinating parent subjects other children to a *safek sakanas nefashos*.

- **Rav Shternbuch states that his ruling is only intended for *Eretz Yisrael*.** He is not claiming the authority to rule for America; rather, the American *Gedolim* must rule for America—based on what the doctors in America are saying.

Harav Shternbuch’s *psak* yields several very important *halachic* points.

- Harav Shternbuch does away with a common halachic misconception: Many people erroneously believe that in medical issues we “go *bosor rov*”—i.e., we follow the majority of opinions. But the *Shulchan Aruch*—based on a clear *Gemara*—rules unequivocally, that we do not follow a majority opinion in cases of *sakanas nefashos*. In health matters, we ‘go *lekula*’ (*safeik nefashos le’kula*) and we do not ‘go *bosor rov*’ (*lo azlinan bosor ruba*. ‘*Lekula*’ in this case means that any safety concern, even the concern of a minority opinion, overrides all other concerns, such that we are *meikil* on Shabbos and Yom Kippur). Thus, as Rav Malkiel informed him, since there exists a minority of doctors who claim that the shots are not safe, they must be taken into account.

Rav Shternbuch writes, however, that the majority of doctors claim that allowing a child to remain unvaccinated is also a *sakanah*; thus there is a *sakanah* on both sides of the equation. (I.e., a majority of doctors claim that the shot is safe and that being unvaccinated is a *sakanah*; while the minority claim that being unvaccinated poses no danger, and the shots present a *sakanah*.) That being the case, we would revert to the standard *Torah* principle that we follow the majority.

- Rav Shternbuch notes, based on what he heard from the Brisker Rov, *zatzal*, that we must not only consider the mortality rate of measles but also the long term negative effects, such as brain damage, that can develop after years. While Rav Shternbuch does not mention it, clearly the same would also apply when considering the safety (or lack thereof) of the shots—we must consider long term effects that can develop undetected over the years.

For the American Olam

It was Rav Malkiel who “commissioned” Rav Shternbuch’s *psak*, which was sent to Rav Malkiel pursuant to their verbal discussion.

Rav Malkiel and Rav Shmuel reviewed the *psak*

carefully, as did Rav Elya Ber.

Rav Shmuel discussed the matter with a close talmid of his, a talmid chochom of stature. Rav Shmuel’s talmid wrote a detailed “*teshuvah keneged*”, endorsed by Rav Shmuel, analyzing Rav Shternbuch’s *psak*.

The talmid begins:

“Following up on your inquiry regarding the issue of vaccinating against measles, in light of Hagaon Harav Moshe Shternbuch’s *teshuvah*—who rules that children must be vaccinated as per the laws of *pikuach nefesh* and the concern of *sakanah*, and that parents have the right to petition their schools to disallow unvaccinated children from attending—whereas, on the other hand, it is well-known that my Rebbe, Moreinu HaGaon Harav Shmuel Kamenetsky, *shlita*, is among those whose opinion is that there is no obligation to vaccinate children, and that there is no *heter* [permit] for a school to bar unvaccinated students from attending.

“Therefore, you have requested the student to clarify the teacher’s position. Over the years I have explored the issue many times with my Rebbe, and we have “traveled the length and breadth” of the *sugya* at the end of *Maseches Yoma*, and in *Shulchan Aruch siman 618*, that deals with disputes among doctors. We have also considered what, exactly, constitutes a “*chashash sakanah*,” and other relevant questions.

“In short, [Rav Shmuel’s] opinion is this: Parents who choose to vaccinate may do so, but there is certainly no obligation to do so, and there is certainly no *heter* for any *mosdos* to bar unvaccinated children from attending yeshivah.

“I have analyzed Harav Shternbuch’s *teshuvah*, and I have seen that there is much that warrants consideration and judgment; I have therefore prepared the following *teshuvah*.”

Two primary points of the *teshuvah keneged*:

- Unvaccinated children are not considered to be in a situation of *sakanah*. This is certainly true when there is no outbreak in any given geographical area. But even when measles is present in the area, healthy unvaccinated children cannot be said to be in a situation of *yesh sakanah be'foneinu*. The author bases this on the Noda Be'Yehudah, and the Chasam Sofer.
- Harav Shternbuch makes it clear that according to the *Shulchan Aruch*, when a group of doctors are of the opinion that something is dangerous, we must abide by their opinion, even in the face of a majority opinion that views this behavior as safe. In the case of vaccination, however, we are dealing with a double-edged *sakanah*. Even if we are to accept the opinion of the doctors that vaccination injections are dangerous, we have doctors on the other side who believe that being unvaccinated is dangerous. Since there is a *sakanah* on both sides, we revert back to the general halachic rule that we follow the majority opinion. The *Machatzis Hashekel*, however, rules that in such a case *shev ve'al ta'aseh adif*—the matter remains a *safek*, and it is better to be passive and let things run their course, than to do something with our own hands.

In other words, according to Harav Moshe Shternbuch, if a group of doctors—even two—will come forward and present their opinion that vaccination could lead to a *sakanah*, we would be obligated to listen to their opinion. The mandate of *ve'nishmarthem me'od le'nafshoseichem* would then shift, and would disallow vaccination.

Harav Shternbuch was making the following point—since there is a majority opinion that the state of being unvaccinated is the greater *sakanah*, and we face a *sakanah* either way, we should revert to the rule that we find “in all areas of Torah law” to follow the majority. (A future publication will elaborate on the *halachah*, including the views of Harav Shlomo Zalman Auerbach and Harav Vosner.)

Keeping Away From the Science

In the beginning of the *teshuvah*, the author states his intention to keep away from the science and to focus on Harav Shternbuch's presentation of the *halachah*. He was apparently unable to keep to this restriction. Later in the *teshuvah*, he comments shortly on the science that Harav Shternbuch's ruling was based on, specifically, that unvaccinated children are considered a *sakanah*, because the mortality rate from measles is 1 in 1,000.

The author points out that according to current government information in America (from the CDC), mortality rates from measles, historically, range between 1 in 2,000, to 1 in 7,000.

This rate may be even lower. The CDC provides data from the period before the introduction of the measles vaccine in 1963. During that time, the CDC reports that 3 to 4 million people per year contracted measles in the United States, and that the mortality rate averaged 432 per year. (See <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056803.htm>)

3 million cases with 432 deaths yields a figure of **1 out of 7,000**; 4 million cases with 432 deaths yields **1 in over 9,000**.

But that is not the full statistical picture **because not everyone gets the measles**. The risk of being unvaccinated is to risk catching the measles, and **then** to risk dying from the measles. **In other words, we need to calculate the measles deaths against the population numbers, not against measles cases.**

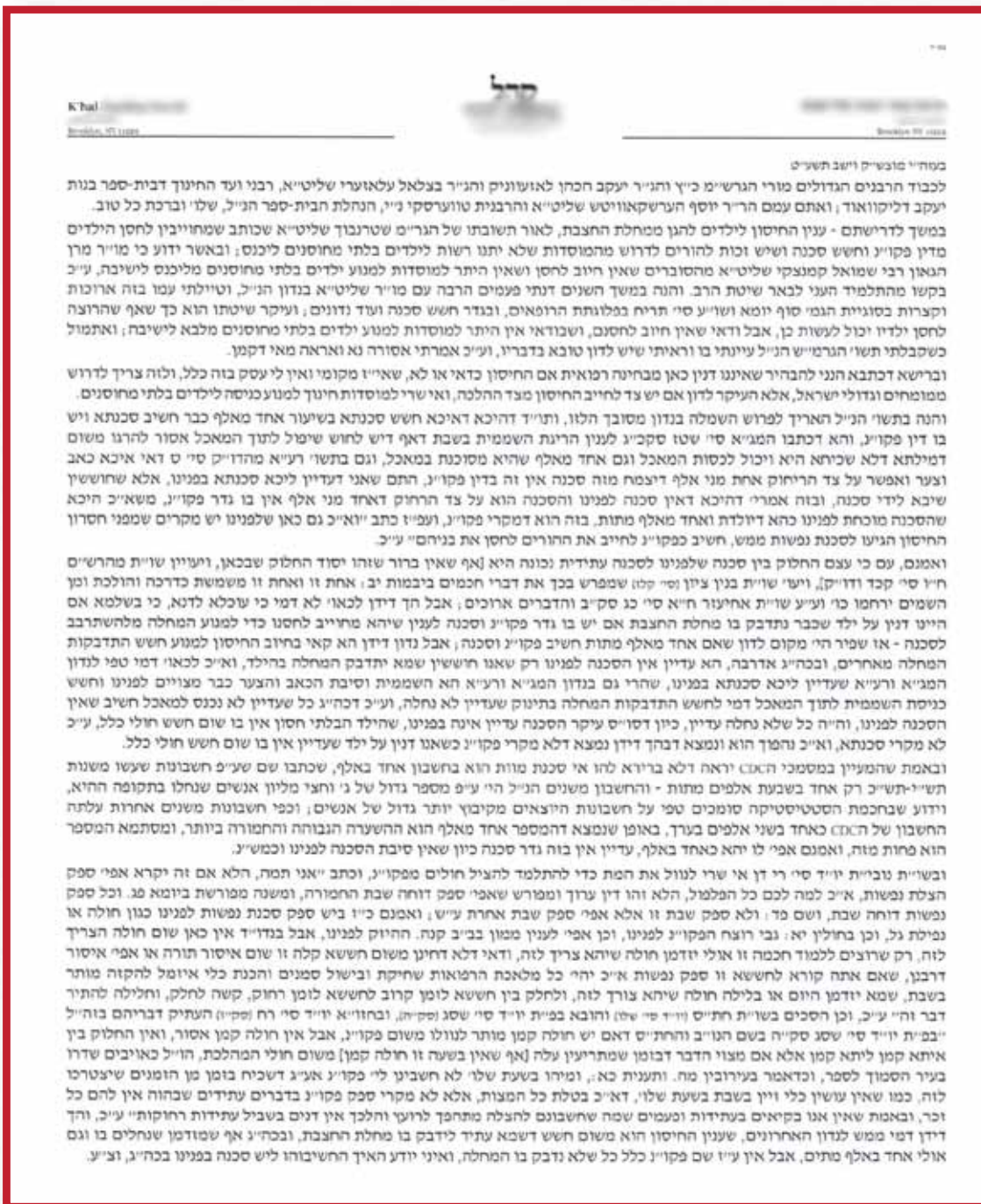
The “Vital Statistics Rates in the United States 1940-1960” is available for download on the CDC website. On page 547-8 (a pdf reader will count this as p. 553-4) the measles death rate in the United States is 1.7 per 100,000 in 1941, goes down to 0.3 in 1953, and down to 0.2 most years from then on, up to and including 1960.

0.2 per 100,000 of is 1 out of **500,000**.

As mentioned, Rav Shternbuch stated clearly that his *teshuvah* was relevant **only to the measles, and only during an outbreak**. It is obvious that this is so; it is for this reason that he used the number of 1 in 1,000. During an outbreak the danger is “clear and present” so he used the mortality rate to calculate the danger.

The *teshuvah* would not apply at all to other diseases whose prevalence is rare, or whose mortality rate is low.

It is an obfuscation to present this as a blanket ruling that there exists an obligation “to vaccinate” one’s children.



ועוד בזה, כיון שהנדון שלפנינו הוא רק חשש שמא יתדבק בו המחלה, אייכ צריך להביא בחשבון גם חשבוני האחוזים להתדבקות המחלה, ורק אייכ לחשב על סכנת המחלה. והנה כפי עדות CDC במסמכיהם, בהתפרצות מלאה בעולם בלתי מחוסן, יהא סיכוי דיבוק המחלה בילדים בלתי מחוסנים כתשעים אחוז, ואמנם כהיום שרוב בניי מחוסנים ואין מקבלים המחלה, מתמעטים צדדי ההתדבקות בהרבה אף אצל הבלתי מחוסנים, וכפי שראינו בפועל לאחרונה שאף בעיירות שנפרצה המחלה לא נתפשטה המחלה אצל רוב הילדים - אף הבלתי מחוסנים, באופן שאפי' נימא שהוא קרוב לאחד בארבעה [שכמדומה הוא הרבה פחות מזה] יהא חשש סכנתא לכל ילד בלתי מחוסן קרוב לאחד בשלשת אלפים דלא חשיב סכנתא כלל אף בחולי ודאית לפנינו, באופן שנמצא שאף כפי החשבוניות של הרופאים המומחים, שבדאי מיוסדים במסקנות ה-CDC, לא ידעתי איזה מקום יש לדון בכהייג דין פקוויי.

ומעתה, גם מה שהאריך שאין לחוש למיעוטא הדרופאים החוששים לצד הניק מן החיסון כיון שרוב רופאים חולקים עליהם, והא דאין חולקים בפקוויי אחר הרוב וכמבואר בשויע' סי' תריח סעי' ד מ"מ הוא דוקא היכא שהמיעוט חוששין לפקוח נפש ולדעת הרוב ליכא פקוח נפש, משאייכ היכא דבכל צד איכא פקוויי, דאף כשניזול בתר מיעוט הרופאים עדיין נשאר בחשש פקווייג לדעת רוב רופאים וכשניזול בתר רוב רופאים באנו לחשש פקווייג רק לדעת מיעוט רופאים, בכהייג בודאי שיש לילך בתר רוב עכתי"ד - הנה אפילו לו יהיבנא לי' כסברתו, אבל זהו במי שהוא חולה שהרופאים מחולקים אם יבא לידי סכנה במניעת טיפול, דבכהייג כשרוב רופאים סוברים שבמניעת הטיפול יבא לידי סכנה ועיי' הטיפול יצול ומיעוט רופאים חולקים עליהם וסוברים שבמצבו כעת לא יבא לידי סכנה ואדרבה עצם הטיפול יש בו חשש נזק וסכנה, בזה אפשר דייל שיש לקבל דעת הרוב ולעשות הטיפול - אף שיש לפקפק גם בזה שמא בכהייג שב ואל תעשה עדיף כיון שלדעת המיעוט אנו מכניסים אותו לסכנה בפועל מה שלא הי' מקודם ויעי' מתצהייש סי' שש סוף סקווי ודוויק היטב [ועוד צייע היטב בסוגי דעיי' כו : ושויית שבות יעקב חייג סי' עה הובא בפ"ת יו"ד סי' שלט סק"א וספר החיים להגאון מהרשי"ק או"ח סי' שש קו' חיי נפש פ"ח] - אבל הא מיהת דכל זה בדאיכא חולה קמן שסיבת חשש סכנה הוא לפנינו, משאיכ' בנדו"ד שמצד ההלכה אין בזה שם חשש סכנה ופקווייג כלל, אייכ הדר דינא דייל שיש לחוש לדעת מיעוט הרופאים הסוברים דהחיסון מניק.

ועייין שו"ת אג"מ [או"ח ח"ד סי' קא סק"ג] שדן בדבר חולה הרוצה ליקח אינטרעווינעס ביוהייכ כדי שלא יצטרך לאכול וכתב דרשאי לאכול אף כשצריך לאכול הרבה ואף כשאפשר ליתן לו האינטרעווינעס בעוהייכ י"כ לבד שודאי אינו דומה לאכילה ממש שדרך אינטרעווינעס לא מיתבא דעתי כאכילה ואצל חולה גם צער וכאב בעלמא אפשר לגרום לו סכנה מצד חולשתו, הנה יש לחוש על כל דבר שאינו כפי הטבע שיקלקל לאיזה דבר, ולא שייך לסמוך על הרופאים בזה שאין לידע זה בברור אלא בחשעה בעלמא ובמשך הזמן אפשר שיראו מה שנתקלקל מזה, וכן אירע בכמה דברים שבמשך זמן גדול נודעו הרופאים שאיכא גם היוק והפסד להגוף ממה שנתנו לו לרפואתו, ולכן יש להחולה לחוש לזה ואם יכול לאכול אין לעשות לו אינטרעווינעס עיי', וכעיי"ז כתב באג"מ או"ח ח"ג סוסי' צ יעווייש, ודברו שייכ אף בנדו"ד דכיון דמצד ההלכה ליכא גדר סכנה במניעת החיסון אייכ אפשר שיש לחוש להיזק אף מה שאין ידוע לנו מצד הרופאים, כייש בנדו"ד שה-CDC עצמם כותבים שלכל הפחות אחד בני אלפים המקבלים החיסון יהיו להם התקפיה-חום שגייכ יש בהם צד סכנת חניקה כדויע, והם עצמם כותבים שהרבה מקרים אין ידועים להם, ובכהייג לכאוי דנקי' יש רשות להורים לחוש שמא אין כדאי לחסן למנוע צד מיעוט דמיעוטא דסכנה כשעיי' החיסון ידוע שיש גייכ צד מיעוט דמיעוטא לנו - בנוסף למה שלא ידוע לנו שיש להביא גייכ בחשבון וכמייש האג"מ.

ואמנם אלו החוששים שלא יחלו י"ל דשרי להו ליקח החיסון וכמייש התמ"א סוף יומא, וגם באג"מ (שם) כתב דליקח סמי רפואות כשחושש שלא יחלה שרי ונכלל בהא דאמרה תורה ורפא ירפא יעווייש, אבל זהו רק לענין שיהא מותר לאלו הרוצים לעשות החיסון, אבל לא שיהו הכל מחוייבים לחסן, שאין בזה גדר סכנה או אף ספק סכנה וכמייש.

ועתה נבוא אל נקודת הכובד שנחלקו בזה אריות שבחבורה, והוא אם יש זכות להורים לדרוש שהילדים שאינם מחוסנים לא ילמדו יחד עם בנם, ובתשו' הגי"ל כתב בזה דכיון דבהתקפה חזקה של חצבת המחלה עלול להיזק באברים המנימיים, ופעמים שלא יורגש סכנת ההיזק מיד אלא רק לאחר שנים רבות, מחמת חשש זה יש זכות להורים לדרוש שהילדים שאינם מחוסנים לא ילמדו יחד עם בנם, והוסיף דכעיי"ז מציעו לבני עישון סיגריות שהדיון פשוט שאין המעשנים רשאים לעשן סיגריות במקום ציבורי כיון שמוזיקים בזה לשאר הציבור שאינם מעשנים, ואעיי"פ שישנם כמה יחידים הטוענים שאין העישון מניק, מי'מ אינם זכאים לכוף את הציבור לשמוע לדעת מיעוט הרופאים, גם כאן. כיון שרוב רופאים סוברים שיש להתחסן, אין האב רשאי להכריח את הציבור לסמוך על מיעוט הרופאים הסוברים שאין להתחסן, אלא הציבור יכולים לדרוש לקיים חובת פקווייג כהלכה לשמוע לדעת רוב הרופאים, וממילא אף הנהלת התי"ת אינם מחוייבים לקבל אצלם ילד שלא התחסן, כיון שהוא מסוכן ונגד לרצון החורים החוששים לנוק, עכתי"ד.

וגם בזה לא הבנתי דבריו, כי כפי דברי CDC צד התדבקות החצבת אצל המחוסנים הוא רק כאחד בשליש, וזהו כשבאו בנגיעה קרובה ודאית למי שודאי חולה בחולי הגי"ל, וכשנצרך חשבון אחד בשלישם לדיבוק המחלה יחד עם חשבון סכנתא דאחד באלף [אף שגם זה מופקפק בכתבי CDC וכמייש לעיל, ויתכן שהוא נמוך מזה בהרבה], נמצא דחשש סכנתא בילד מחוסן הוא אחד בשלישם אלף, ואף כשנצרך בחשבון חששות הסיכון לאברי הגוף שהוא עוד כמה אחוזים באלף [וכמדומה כפי מסמכי ה-CDC הוא אף פחות מזה יעווייש], עדיין אין החשבון שלה אלא לחשש אחד בעשרת אלפים ויותר, שאין בזה גדר חשש סכנה כלל, ובאמת החשבון הוא הרבה פחות מזה, כי כפי עדות ה-CDC גם אלו המחוסנים שלא הועילה בהם החיסון לגמרי למנוע מהם קבלת המחלה עיי"פ יועיל החיסון ברובם שכשיקבלו את המחלה לא יהי התקפה חזקה אלא התקפה חלשה באופן שאין בו צד סכנה כלל - באופן שנמצא דצד סכנה לאלו המחוסנים יותר קרוב לכמו אחד במאה אלף אף כשבאו בנגיעה ודאית עם מי שיש לו המחלה בודאי.

ונסף לכך, שבהך דידן אינו דנים ליתן כניסה לילדים החולים בודאי במחלת החצבת, רק על ילדים בלתי מחוסנים שאין בהם שום סימן חולי רק דמפחדים אולי כבר דבק המחלה בהו באופן בלתי ניכר, והנה עיי"פ ר"ב אף ילדים הבלתי מחוסנים אינם חולים בהמחלה כמו שעיינו רואות בכל המקומות שנפרצה המחלה שרוב ילדים הבלתי מחוסנים לא קיבלוה - והוא חשש על צד המיעוט בילדים הללו הבלתי מחוסנים שמא

נתדבק בהם המחלה באופן בלתי מורגש ויבואו במגע עם ילדים מחוסנים, ונמצא שנתמעט חשש סכנה פחות הרבה מאחד במאה אלף, ובכ"י יש רוב וחזקה שהילד בריא ויש לסמוך שאינו חולה, ונוסף לכך מה שכבר נתבאר מדברי גדולי האחרונים דכ"י שאין החולי לפניו אין בזה גדר חשש סכנה כלל - באופן שתמוה מאד לעני"ד לדון בזה צד פקו"י וסכנת נפשות.

ומה דמדמה לעישון סיגריות אינו דמיון כלל מכמה טעמים, ומאד תמוה לדמות להתם שעושה פעולה שיש בו היות לדעת רוב רופאים, וגם שמיעוט הרופאים אין אומרים שבמניעת עישון איכא סכנתא רק שאומרים ששימת עשן העישון ליכא סכנתא ובכ"י ודאי יש לחוש לדברי הרופאים החוששים לסכנה, וגם הא התם איכא עשן וודאית בפועל משא"כ הכא, וגם התם המעשנים עושים מעשה משא"כ הכא, ועוד הרבה טעמים לחלק ופשוט שהדמיון להתם תמוה ואינו מובן כלל.

סוף דבר לא הבנתי איזה מקום יש לחייב ההורים לחסן את הילדים ממחלת החצבת, שאין בזה גדר סכנתא כלל - לא לילד עצמו וכ"י לא לאחרים שחוסנו - וא"כ לכאן אין היתר לתי"ת למנוע ילדים שלא חוסנו מליכנס לשם, וכדברי מו"ר מרן הגאון רבי שמואל קמנצקי שליט"א, והעושה שלי במרומיו הוא יעשה שלי עלינו ועכ"י.

בהדרת הכבוד,

[Faint handwritten text]

כאמ"ל לפניך אלהי ישראל הסכים דב"י כמאמר דאשכנזי
בבב אין נכנס אסור סכנה פק"ל אצ"כ הג"צ קולוניס אדו"ק אר"ק
לערס, וגם א"ס גמלא הכי אין חשש סכנה קלה א"כ א"כ
אל"כ ל"כ אין א"כ א"כ א"כ א"כ א"כ א"כ א"כ א"כ
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[Handwritten signature]

But the CDC also informs us about the safety, efficacy, and necessity of vaccination based on scientific studies. Here, an element of trust is introduced, and the CDC is a link in a chain.

In general, the “chain of trust” follows this path: *Rabbonim* rely on the doctors whom they know well—either as *talmidim*, or members of their *kehillos*. The doctors, in turn, rely on the CDC and FDA whose job it is to inform and advise the medical community, and to keep America safe. As faithful Americans, we would like to believe that these agencies are doing a fine job, and performing rigorous, independent research. But individuals with an inside knowledge of government agency workings are warning that much of the science is being trusted to the pharmaceutical companies themselves, or to those whom they fund.

David Lichtenstein hosts “*Headlines Halachah Radio*,” an Orthodox talk show devoted to discussing issues of the day. During the measles outbreak of 2018, he interviewed Rabbi Tatz, who noted that vaccine manufacturers earn little or no money from their vaccine products and have no ulterior motives to promote or sell them.

It’s a commonly heard claim. On the other hand, many others claim that vaccines are at the top of their manufacturers’ “best seller” lists, and that the vaccine market is a robust, fast growing, multi-billion dollar industry. If that is the case, conflicts of interest and potential fraud are real concerns.

Are the pharmaceutical companies here to help save humanity or to turn a hefty profit?

Dr. Paul Offit is Director of the Vaccine Education Center and professor of pediatrics in the Division of Infectious Diseases at Children’s Hospital of Philadelphia. Dr. Offit is an internationally recognized expert in the fields of virology and immunology, and was a member of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention (CDC), a member of the Institute of Medicine (IOM), co-editor of the foremost vaccine text, *Vaccines*, and author of a number of books on vaccination.

Dr. Offit is arguably America’s foremost vaccine proponent and spokesperson.

In his book, *Vaccines and Your Child: Separating Fact From Fiction* (p. 28) he writes:

“Pharmaceutical companies that make vaccines should be trusted because they have an excellent record of making safe and effective products; because they have never been shown to knowingly misrepresent vaccine data in medical or scientific journals; because all studies, positive or negative, must be presented to the FDA before licensure; and because the vaccine side of pharmaceutical companies is often staffed with people who have a background in public health and are interested in disease prevention. Although this no doubt sounds Pollyannaish, it is true.”

But the view from other experts would indicate that these four claims are indeed Pollyannaish, and indeed untrue.

John Abramson, MD, is on the clinical faculty of Harvard Medical School and was a Robert Wood Johnson fellow. He worked as a family doctor in Massachusetts for twenty years, but left his practice to write *Overdosed America*, because he was alarmed at the “profound shift in the culture of American medicine.”

From the preface:

[This] book exposes many of the drug companies’ well-kept secrets such as the misrepresentation of their own research on Vioxx and Celebrex in our most respected medical journals and the pushing of cholesterol-lowering drugs on millions of Americans, unsupported by the scientific evidence. I spent nearly three years documenting the undue influence of the drug and other medical industries on American healthcare...

David Healy, MD, studied medicine at Cambridge University, is a Professor of Psychiatry in Wales, and is an internationally respected psychiatrist and author of

Pharmageddon. The book's description reads as follows:

“David Healy’s comprehensive argument against the pharmaceuticalization of medicine is an indictment of the problems in healthcare that are leading to a growing number of deaths and disabilities. Healy...attributes the current state of affairs to three key factors: product rather than process patents on drugs, the classification of certain drugs as prescription-only, and industry-controlled drug trials. These developments have tied the survival of pharmaceutical companies to the development of blockbuster drugs, so that they must overhype benefits and deny real hazards.”

Peter Goetzsche, MD, cofounder of the prestigious Cochrane Collaboration, an independent research group, wrote *Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare*. In the foreword, **Drummond Rennie, MD**, editor at the Journal of the American Medical Association (JAMA) writes the following:

“I have written repeated, and often indignant, editorials revealing unethical behavior by commercially-supported researchers and their sponsors. At least three editors whom I also know well, **Drs. Jerome Kassirer and Marcia Angell (The New England Journal of Medicine) and Richard Smith (British Medical Journal)** have written books in which they have expressed dismay at the magnitude of the problem.”

Marcia Angell, MD, is a nationally recognized authority in the field of healthcare, named by Time Magazine as “one of the twenty-five most influential people in America.” She was the editor-in-chief of the New England Journal of Medicine for close to twenty years. She wrote *Science on Trial* and *The Truth About the Drug Companies*. From the preface to the latter:

“As you will discover, this book is very critical of the pharmaceutical industry. I show that, contrary to its public relations, the industry discovers few

genuinely innovative drugs, spends less than half as much on research and development as on marketing and administration, and consistently has profit margins far above those of most other Fortune 500 industries...and I describe how the pharmaceutical industry uses its immense wealth and power to co-opt nearly every institution that might stand in its way—including the U.S. Congress, the FDA, and the medical profession itself.”

Dr. Offit is undeterred. In his book *Deadly Choices-How the Anti-Vaccine Movement Threatens Us All*, he again speaks of the trust that parents must invest in their vaccination choices (p. 199, in a chapter entitled “Trust”):

“When parents choose to vaccinate their children, one factor is vital to the decision: trust. A choice not to vaccinate is a choice not to trust those who research, manufacture, license, recommend, promote, and administer vaccines—specifically, the government, pharmaceutical companies, and doctors. If we are again to believe that vaccines are safer than the diseases they prevent, we’re going to have to trust those responsible for them. This isn’t going to be easy.”

Dr. Offit is right; it isn’t going to be easy. Many American parents are finding this trust to be a tall order.

Given Dr. Offit’s revelation, it becomes somewhat frightening that the legislative debate that should be happening is not happening. Parents who are opposed to vaccination on religious grounds do not want to trade their religious faith for faith in a medical system, and certainly not for faith in the pharmaceutical companies. They do not want to trust—they want proof.

In our own communities, the issue is a pressing one as well.

There are many questions that our communities' doctors freely admit that they cannot answer—instead they rely on the CDC that there “are answers.” Upon hearing this over and over, Jewish parents have sought out doctors who do have answers based on their own research—and have found many of the answers to be more disturbing than the questions. These parents are demanding the right to believe the doctors whom they choose to believe—just as the communities' doctors choose to believe the CDC.

Bottom Line

Rav Shmuel appended a handwritten note to his *talmid's teshuvah kenegged* and reiterated the following point:

It is absolutely clear that the status of unvaccinated children is one of “*ein hasakanah be'faneinu*—the *sakanah* is not before us,” as is apparent from the *Noda Be'Yebuda* [cited in the body of the *teshuvah*], and that their situation is not classified as a *sakanah* of *pikuach nefesh*. The words of the Chazon Ish [also cited in the *teshuvah*] are a “soothing salve to the eyes,” and are practically applicable [to our situation]. This is true notwithstanding the fact that there is nowhere near a one-in-one-thousand mortality rate for measles.

Therefore, it is my opinion that there is no justification at all to make the vaccination of children obligatory, although those who choose to vaccinate their children may do so. Furthermore, there is no *heter* for institutions to prevent *tinokos shel beis raban* who are unvaccinated from learning *Torah* in their school.

All of the points in the above *teshuvah* are clear and accurate, according to the *halachah*.

Shmuel Kamenetsky

Harav Shternbuch's *teshuvah* notwithstanding, our *Gedolim* in America maintained their *psak*—parents are not obligated to vaccinate their children, and schools should not seek to coerce them to do so.

Emunas Chachomim

In truth, America's *Gedolim* are not going against Rav Shternbuch's *psak*, which ends off with the following:

“All my words here apply to *Eretz Yisrael*. As pertains to America, the Rabbonim and *Admorim* there should consider the matter—they should listen to the opinions of the doctors, and they should decide on the *Torah* law. Their intent is only *lesheim Shamayim*, to clarify the *halachah*; they will have *siyata deShmaya*. “Those who keep the mitzvos—specifically, the mitzvah to listen to the words of our *Chachamim*—will know of no harm.”

What did Rav Shternbuch mean in this final comment? On a simple level, this is an expression of the Rav's humility—a relinquishing of his authority to *pasken* beyond *Eretz Yisroel*.

But there may be a deeper meaning as well. In a well-known episode, Rav Chaim Volozhiner once directed a man who had a certain impairment in his lungs to make sure to live in the city of Metz. The man's lung condition was a matter of controversy—the *poskim* disagreed as to whether or not such a condition would render an animal a *treifah*. The *Sha'agas Aryeh* ruled that it would not. Since the *Sha'agas Aryeh* had been the *Mara De'asra* of Metz, Rav Chaim told the man that if he lived there he would be afforded protection—in that city, this lung impairment was not fatal.

Halichos olam lo; al tikri halichos, ello halachos. The

natural *metzius*—the “ways of the world”—is not an immutable reality. The reality lies in the *halachah*; the *metzius* follows suit.



The *Gedolim* in *Eretz Yisroel*, for the most part, have dismissed, or have not considered, the notion that vaccines are not what conventional medical belief understands them to be. Thus, *Yidden* living in *Eretz Yisroel* are afforded protection. But if the *Gedolim* in America view things differently, and *pasken* that concerns about vaccination are valid, that can very well change the *metzius* for the American *tzibbur*. Thus, *Harav* Shternbuch may have meant to end his *teshuvah* with a word of caution—we should guard ourselves not against measles or vaccination, but against breaches in our *emunas chachomim*.

Epilogue

At the heart of any good conspiracy theory is the reality of the evil that lurks within the heart of man. The evil

is patterned after the three cardinal sins—undercover immorality, disregard for human life, and a lack of belief that human beings are accountable to a Higher Power. In modern terms this translates into corruption, greed, and dishonesty.

Corporate greed, government corruption and inefficiency, and, in more recent times, media collusion, are realities that aware and wary citizens are generally quick to recognize.

But for some reason, when it comes to vaccines, allegations of “conspiracy theorist!” tend to replace a reasonable sense of caution. Many people work with what can only be termed a “righteousness theory” that informs them that anyone and everyone involved in the design, study, manufacture, monitoring, and marketing of these powerful pharmaceutical products can be trusted to have the best health interests of the world’s children at heart.

Which theory is more implausible?

Sharyl Attkisson is an American media icon, a journalist for over three decades. She is a New York Times bestselling author, has won five Emmy awards, and is a recipient of the Edward R. Murrow Award for investigative journalism. She has reported nationally for CBS News, PBS, and CNN, and is the host of the nationally broadcast investigative television program *Full Measure with Sharyl Attkisson*.

Ms. Attkisson calls non-partisan investigative reporting a modern day casualty of industry’s and government’s deep involvement in the media, coupled with today’s unprecedented information technology. The hallowed “fourth estate,” meant to inform and thereby protect the individual citizen, has been co-opted.

She agrees with what we have been hearing from both sides of the vaccination controversy: In today’s troubled times, partisan opinions, vicious agendas, misinformation, mischaracterizations and smears blur together until there is virtually no distinction between credible reporting and propaganda.

In the first chapter of her recent book, *The Smear*, she quotes Mark Crispin Miller, a professor of media studies at NYU.

“Americans had always been quite receptive to the idea of elite conspiracies against their rights and property. The Declaration of Independence is a conspiracy theory from beginning to end. Americans never felt they had to apologize for suspecting that the elites may be up to no good.”

Ms. Attkisson further cites Professor Miller: “The ‘conspiracy theorist’ meme became a propaganda tool routinely used to assassinate the character of those who threaten the powers that be... Once labeled as conspiracy theorists, the targets are to be doubted, viewed with suspicion, and disregarded, even though proven conspiracies, as a matter of fact, are extremely common.”

Many parents in the mainstream find it difficult to believe that the global apparatus of pharmaceutical companies, media outlets, government agencies, government legislatures—and, above all, doctors and scientists—who are encouraging and mandating childhood vaccinations are doing so based on unwholesome motives. Are they all evil?

The answer is no. And when it comes to our good doctors, from our own *kehilos*, who have always tended to us and our families faithfully and selflessly, the answer is a resounding no.

But non-vaccinating parents pose an equal and opposite question:

Alongside the global apparatus encouraging vaccination, there exists an equally global movement of doctors and scientists, advocacy groups and legal experts—and, above all, hundreds of thousands of parents—who are questioning or discouraging vaccinations, and certainly mandatory vaccination, for our babies and children.

Are they all brainwashed?

Rabbi Meir Zlotowitz and *ybl"ch* Rabbi Nosson Sherman need no introduction. They are our own bestsell-

ing authors—and one of their crowning publishing achievements is the *Artscroll Siddur*.

From Rav Nosson's Overview:

Its Hebrew name is *tefillah*, a word that gives us insight into the *Torah's* concept of prayer. The root of *tefillah* is פלל, to judge, to differentiate, to clarify, to decide. In life, we constantly sort out evidence from rumor, valid options from wild speculations, fact from fancy. The exercise of such judgment is called *pelilah*. Indeed, this word is used for a court of law (Exodus 21:22) and what is the function of a court if not to sift evidence and make a decision?

A logical extension of פלל is the related root פלה, meaning a clear separation between two things. Thus, prayer is the soul's yearning to define what truly matters and to ignore the trivialities that often masquerade as essential (*Siddur Avodas HaLev*).

This is the function of the evaluating, decision making process of *tefillah*, prayer. The Hebrew word for praying is *mispallek*; it is a reflexive word, meaning that the subject acts upon himself. Prayer is a process of self-evaluation, self-judgment; a process of removing oneself from the tumult of life to a little corner of truth and refastening the bonds that tie one to the purpose of life.

Our communities have been thrown into tumult over the issue of vaccinations. Whether we choose to vaccinate our children or not, we owe it to ourselves and to our fellow parents to refasten the bonds of our purpose—to ensure that our *achdus*, our ‘community unity,’ does not crumble, and to pray to Hashem that He protect all of us.

אתה אחד ושמך אחד ומי כעמך ישראל גוי אחד בארץ.

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