

Talmudic Law 101*Medical Ethics, Vol. 1, Part 1*

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Semmelweis 2.0

“...why must we listen to the doctors? There are those who blindly follow and trust doctors, worshipping them like heathen idols, Heaven forbid.”

- Rabbi Moshe Feinstein, of blessed memory (1895-1986)¹

Every thought, decision and action is governed by *Halacha* (Jewish law). How to get dressed in the morning, what to eat, how to eat, business ethics, marriage, divorce, childbirth, death, and everything in between, is regulated by a plethora of guidelines detailing every possible scenario we may encounter.

Over the past year, we were confronted with major challenges, both globally and individually. These life changing decisions are no exception to the rule, and a proper response can only be ascertained by following the Divine principles and guidelines of *Halacha*. I would like to tackle the following topic:

From the perspective of Jewish law, what is the appropriate approach to protect oneself against Covid-19? Should everyone take the vaccine? Or is it better to rely on our innate immune system, and depending on each individual case, use supplements such as HCQ, zinc, or other prophylactics and therapies? Or is it best not to get involved with any medical intervention at all?

I would also like to discuss a few issues regarding lockdowns and masking.

It would be both impractical and futile to delve into the hundreds of papers and studies written on these topics, interview dozens of experts, and attempt to determine which approach is “right” and which is “wrong”. Rather, we will simplify the question by exploring a methodology which can offer guidance in accordance with *Halacha*. But that doesn’t mean we’re off the hook. Individual studies and relevant facts must be analyzed to a certain degree. Jewish law, or *any* law for that matter, does not exist in a

¹ "שכך מיעצים הרופאים...למה ישמעו להרופאים! ויש לאנשים נאמנות ואמונה ברופאים כמעט כמעשה עבודה זרה ח"ו!"
[מסורת משה ח"ב דף שיג]

vacuum. Specific factual information must be understood and clarified before anyone can claim to have reached an appropriate and responsible conclusion.

I believe the underlying "simplified" question we need to ask is the following: When there is a dispute between experts, which opinion should we follow? This is not necessarily going to be an easy question to answer, but who said life is supposed to be easy? My goal is to review various sources in *Halacha* which can help guide us in the right direction.

But before we get into all the intricacies and sources which address this point, there is a roadblock, approximately the size of Mount Everest, which needs to be cleared out of the way before we can begin our journey. This oversized roadblock is what R' Moshe Feinstein ל"צ was referring to in my opening quotation. R' Moshe noticed a problem back in the 70s, which has grown exponentially since then. I want to be perfectly clear what R' Moshe was saying, and why I am quoting him. Please do not misquote me, or R' Moshe, that we are advising people not to listen to doctors. On the contrary, we know that R' Moshe consulted with medical experts and followed their advice on a regular basis. Instead, he is simply telling us not to worship them.

Check with your local rabbi, but I believe idolatry is universally frowned upon in Jewish tradition. To be fair, R' Moshe does not seem to be literally comparing this to idol worship, just as people worshipped the sun, the moon, a cow or a sheep in ancient times. But even if he meant it in the not-so-literal sense, it is clear from his choice of words that we need to avoid doing it.

What did he mean, then, that there are those who *worship* doctors? First, what does it mean to worship G-d? On a basic level it means: to dedicate and subjugate one's intellect and desires to fulfill His will. G-d said to Abraham: קח נא את בנך את יחידך אשר אהבת – *please take your only son, whom you love...and bring him up as an offering*. Rabbeinu Nissim² explains that this was not a commandment which Abraham was required to obey. Rather, it was a request. This is evident from the language: קח נא – *please take*.³ G-d had already promised Abraham: כי ביצחק יקרא לך זרע – *through Isaac will offspring be considered yours*. Abraham was fully capable and entitled to make that argument, absolving him of G-d's request. But He was requesting from Abraham that he forgive that promise and sacrifice his son. Abraham had such a tremendous desire to fulfill G-d's will, he was able to overcome his emotional attachment to his son, as well as the intellectual argument he rightfully could have made. Normally, however, we are not given the option to dispute or disobey G-d's orders. When the Creator of the world commands you to do something, you do it. No questions asked. But the Talmud is full of questions and debates, one might ask. That is because we first need to understand how to interpret the laws we received at Mount Sinai, and how to apply them. Ultimately, the goal of the discussions and arguments in the Talmud are to understand

² דרשות הר"ן הדרוש השישי

³ סנהדרין דף פט:

G-d's true intention within the written and oral statements and laws. Once the Talmud reaches a conclusion on any given topic, that becomes the final definition of His will, and we must follow it.

Our intellect is insignificant and irrelevant compared to His divine knowledge. It is pointless to question or contest G-d's will. If we do not understand a certain law, it is a result of our inability to fully comprehend His ultimate wisdom.

R' Moshe ל"צ is pointing out that unfortunately, some people treat doctors in a similar manner. The basic mentality goes as follows: When the doctors make any type of recommendation, it is critical that everyone follow exactly what they say, no questions asked. If there is something about their advice which does not seem to make sense, you are obviously mistaken, and you have no right to ask questions. Any objection or dissenting medical opinion must be silenced, censored, and punished for foolishly suggesting that the mainstream medical system might have erred. The intellect and reasoning of other doctors and experts are trivial compared to the ultimate wisdom of the medical establishment. According to this ideology, there is no such thing as dissenting opinion. It simply does not exist.

There has never been a human being on the planet, and there never will be, to whom this level of faith should be bestowed, with only one exception: a true prophet who is conveying a direct message from G-d. But besides that, any statement, claim, or argument made by any human is always up for debate. We must subjugate our intellect to no one. If common sense tells us something is wrong, we are required to speak up. We pray three times a day that G-d grant us intellect and common sense. Those of us who are fortunate enough to have been granted this valuable gift are obliged to use it. A student who is sitting in front of *Bais Din* observing a trial, and believes the *Dayan* is making an error, is required to object. If the student does not speak up, he is in direct violation of the biblical mandate *מדבר שקר תרחק*.⁴ No human being is immune to error, even doctors.

As I explained, the primary question at hand is how to deal with conflicting opinions among doctors. Understandably, that discussion never gets off the ground if you are talking to someone who has a religious belief in the medical system. If only one opinion exists, the question makes no sense.

For example, a rabbi from NJ wrote: "...as the medical experts currently maintain – that if someone around you is unmasked, they pose a danger even to those who are masked...". The fact is, [thousands](#) of medical experts around the world disagree with that statement. They believe that not only do masks not work, they cause the disease to spread, and are harmful to those who wear them. How can he say "as *the medical experts* currently maintain..."? It is because in his view, the dissenting expert opinion does not exist. He even goes on to make the argument that the concept of *Elu V'Elu* does not apply to the mask discussion. He is literally saying there is only one opinion

⁴ טור וש"ע [ח"מ סוף ס' ט] ע"פ גמ' שבועות [דף לא].

on the matter. Later in the article, he admits that “*most* medical experts warn that it is dangerous to one’s health to be near someone who is unmasked”. But he later refers to those who disagree as “anti-maskers”. He could have just referred to them as the minority opinion, which happens to consist of thousands of doctors. But by labeling them as anti-maskers, he is portraying them as irresponsible, anti-science cavemen. We will see later that if anything, *Halacha* supports the position of the “anti-maskers”, and the claim that “most” medical experts support masks, is misleading.

Another rabbi wrote regarding the Covid vaccine: “expert opinion is clear that the enormous benefits presented by these vaccines far outweigh their risks”. It is a curious statement to make when thousands of doctors around the world disagree, including virologists, immunologists, and world-renowned vaccine researchers and developers. How can someone make a blanket statement that *expert opinion is clear* when in reality, it is entirely unclear and disputable? I asked the rabbi this question, but he declined to respond. He believes the mainstream medical community is all that exists. It is irrelevant that many experts who have spent their entire careers studying and developing vaccines believe the Covid vaccine poses tremendous risk. Those experts need to be ignored. As we will see later, *Halacha* clearly says otherwise.

Here is another example. I have seen a number of lengthy dissertations where the author will quote numerous sources from conventional Jewish literature showing how careful we need to be in safeguarding human life, concluding definitively and authoritatively that it is critical for everyone to wear a mask and get vaccinated. As if to say, those who are not in favor of masks and/or the Covid vaccine believe human life is dispensable. It is an immature and fallacious assessment. Of course, everyone agrees human life is invaluable. The question is, which approach is most effective in keeping everyone safe and healthy? Unfortunately, many people are not willing to acknowledge the simple fact that expert opinion exists on both sides of the issue.⁵

Before moving on, it is important to explain the context of R’ Moshe’s statement to ensure it is not misunderstood in any way: He was responding to a question regarding the vaccine for German Measles (aka rubella). A woman was asking if she should take the vaccine, since she would then have to avoid becoming pregnant for several months. R’ Moshe ruled as follows: had she already been infected with rubella, she should abstain from becoming pregnant. But if she is healthy, and her doctor recommended that she vaccinate for rubella, that would not be sufficient justification to put herself into a situation where she cannot become pregnant. R’ Moshe continues: it would be one thing if there was a compelling need to get the vaccine. But just to comply with the doctor’s recommendation, who says we have to listen to everything the doctor says?

⁵ ומטעם זה נ"ל פשוט שאין כאן משום חילול ה' ח"ו, שיאמרו בני"א שבני תורה אינם חוששים לפיקוח נפש. וטעות של שטות הוא, דומה למש"כ בענין גניבת דעת "אינהו הוא דקמטעו נפשייהו" [חולין דף צד:, שו"ע ח"מ ס' רכח סע' ו] וכי כל זמן שי שוטה ומשוגע בעולם שחושב שצריך לעשות דבר פלוני משום פיקוח נפש, מחוייבים אנו לעשות כרצונו משום ח"ה?

He then reprimands those who religiously follow every medical policy, comparing it to idolatry, G-d forbid.

Let's analyze some of the background information. This took place in 1977. The first rubella vaccine was licensed in 1969. A combined measles, mumps, rubella vaccine (MMR) first became available in 1971. In 1977, she would have had the option of getting a single rubella vaccine, or MMR. It is important to note that this took place more than two decades before vaccine hesitancy became popular, when Dr. Wakefield and [Dr. Walker-Smith](#) published their infamous [Lancet study](#) in 1998, where they wrote: "We did **not** prove an association between measles, mumps, and rubella vaccine and the syndrome described." Ever since, many physicians have taken the position that vaccination is not worth the risk. In 2019, WHO [declared](#) "vaccine hesitancy" one of the top ten threats to global health. Today, more doctors oppose the Covid vaccine than have ever opposed any vaccine in history. But in the 70s, very few doctors, if any, opposed vaccination. This is significant because it demonstrates how much worse the situation has become. R' Moshe criticized those who had a religious obsession over every vaccine, even at a time when medical opinion was practically unanimous. In the Covid era it reaches a new level. There is an obsession to follow one specific medical opinion, to the exclusion of all opposing views.

The beginning stages of the "anti-vaccination" movement, however, were quite influential. Predating the vaccination movement by a century, a technique called variolation was developed, which involved taking a small piece of smallpox infection and scratching it into the skin of another person. While countless victims of this archaic procedure died as a result, it was estimated by many doctors in the 1700s that the ratio was less than those who died from natural smallpox infection. However, many doctors opposed the procedure, claiming it caused greater spread of infection and death compared to natural exposure.⁶ In 1796, the procedure began to evolve into the first vaccine, which was also met with resistance among many doctors. Evidence showed that the vaccine was ineffective in preventing infection and death.⁷

"In 1840, as doctors and citizens realized that vaccination was not what it was promised to be, vaccine refusals increased. Governments passed various laws to force people to be vaccinated. Vaccination was made compulsory in England in 1853, with stricter laws passed in 1867. In the United States, Massachusetts created a set of comprehensive vaccination laws in 1855. . .Following the 1855 mandates, there were smallpox epidemics in 1859-1860, 1864-1865, and 1867, culminating with the infamous epidemic

⁶ "[The Practice of Inoculation Truly Stated](#)" *The Gentleman's Magazine and Historical Chronicle*, 1764, vol. 34. The author of the article writes: "It does not follow that Inoculation is a practice favourable to life", recording a 27% increase in mortality to smallpox during the 38 years after the start of inoculation, compared to the 38 years preceding the introduction of inoculation. Elizabeth A Fenn wrote in "The Great Smallpox Epidemic of 1775-82" that "the operation was as likely to start an epidemic as to stop one".

⁷ Charles Creighton, [Jenner and Vaccination](#), 1889, see pages 94-96. William Scott Tebb, MD, [A Century of Vaccination and What it Teaches](#), 1898. See pages 124-127. "In 1808, about ten years after the introduction of vaccination, the opposition became very strong, the opponents being men of education, and many of them belonging to the medical profession."

in 1872-1873. These repeat smallpox epidemics showed that the strict vaccination laws instituted by Massachusetts had no beneficial effect...In fact, more people died from smallpox in the 20 years after the strict compulsory laws than in the 20 years prior. . . The Eastern world did not fare much better. Compulsory vaccination began in Japan in 1872 with stricter laws in 1885 requiring compulsory vaccination every five to seven years. From 1885 to 1892, there were more than 25,000,000 recorded vaccinations and revaccinations, yet smallpox epidemics still wreaked havoc upon the Japanese.”⁸

Concerns over the effectiveness of the vaccine, as well as its safety, continued to grow, requiring governments to introduce stricter vaccination laws. The British government made refusing smallpox vaccination punishable by fines and imprisonment. Despite the stricter laws, a smallpox epidemic in the 1870s resulted in thousands of infections and hundreds of deaths in the small town of Leicester, England, causing confidence in vaccination to decline even more. The residents of Leicester had had enough. They rejected the compulsory vaccination laws and developed a new method in dealing with smallpox. “This method which came to be practiced by the Local Board of Health in Leicester from 1877 onwards, adopted the practice of quarantine and isolation in cases where an outbreak of an epidemic disease was suspected. This was neither a new nor a revolutionary approach. At the turn of the century a Chester physician, John Haygarth (1740-1827), had been amongst the first to recognize the importance of cleanliness, fresh air and isolation in the control and treatment of infectious diseases of a febrile nature.”⁹

“The last decade has witnessed an extraordinary decrease in vaccination, but, nevertheless, the town has enjoyed an almost entire immunity from small-pox, there never having been more than two or three cases in the town at one time. . .The small-pox van is at once ordered by telephone to make all arrangements, and thus, within a few hours, the sufferer is safely in the hospital. The family and inmates of the house are placed in quarantine in comfortable quarters, and the house thoroughly disinfected. The result is that in every instance the disease has been promptly and completely stamped out at a paltry expense. . .This, and a widespread belief that death and disease have resulted from the operation of vaccination, may be said to be the foundation upon which the existing opposition to the Acts rests.”¹⁰

Although it was clear that the “Leicester Method” was far superior to that of vaccination, many doctors predicted that the immunity enjoyed by Leicester would not last, and it was inevitable they would suffer dreadful results in future outbreaks due to the town’s very small vaccination rate. “The sick will be without nurses, and the very industry of Leicester will be molested by a plague which will stagger the radical authorities of the borough, and bring the thousands of unvaccinated and unrevaccinated inhabitants to cry for the blessings discovered by Jenner.”¹¹

⁸ *Dissolving Illusions: Disease, Vaccines, and the Forgotten History*, Chapter 4.

⁹ *Leicester and the Anti-Vaccination movement 1853-1889*, by Dale – L. Ross

¹⁰ “Anti-Vaccination Demonstration at Leicester,” *The Times*, March 24, 1885.

¹¹ “Leicester, and Its Immunity from Small-Pox,” *The Lancet*, June 5, 1886, p. 1091.

The predictions of doom and gloom never came to be. On the contrary, Leicester did much better than other highly vaccinated towns in England. During the 1893 smallpox outbreak, the death rate in a nearby town was recorded 32 times higher than that of Leicester.¹² In 1904, C. Killick Millard, MD, the minister of health in Leicester wrote the following: “the fact that these prophecies, which were first made nearly twenty years ago, have, as yet, been unfulfilled, is one of the strongest reasons for re-examining the question of the influences of the vaccinal condition of a community in determining small-pox incidence. . . unvaccinated persons run less risk of contracting small-pox, even in the presence of an epidemic, than is usually supposed. It was predicted that once the disease got amongst the unvaccinated children of Leicester it would “spread like wildfire.” I certainly expected this myself when I first came to Leicester, and it caused me much anxiety all through the epidemic. Yet although, during the ten months the epidemic lasted, 136 children (under fifteen years) were attacked, **inflicted largely by once-vaccinated adults**, it cannot be said that the disease ever showed any tendency to “catch on” amongst the entirely unvaccinated child population.”¹³ Smallpox mortality rates from numerous other towns were likewise recorded at much higher rates compared to that of Leicester.

Current events are reminiscent of England 150 years ago. In March of this year, Texas, along with a few other states, ended mask mandates and lockdowns precisely two months before “the science” caught up with them. The medical establishment reacted by having a heart attack, claiming that the governor has “blood on his hands”, predicting they would encounter severe increases of infection rates, hospitalization, and death from Covid-19. Thankfully, the opposite occurred. They enjoyed much lower rates of infection and hospitalization, compared to states who pushed indefinite restrictions. The official response of the medical establishment when asked to explain this paradox, as [reported by MSNBC](#), is: “I’m not really quite sure, it could be they’re doing things outdoors”. Apparently, Texas doesn’t have any buildings. He continued to explain: “It can be confusing because you may see a lag and a delay because often you have to wait a few weeks before you see the effect of what you’re doing right now. . . I hope they continue to tick down. If they do, that would be great. But there’s always the concern. . . you can see a delay and then all of a sudden tick right back up.” We did not end up seeing any of these states “tick right back up”. In fact, [many experts](#) point out there is no evidence from the last 18 months that masking and lockdowns reduced hospitalization rates and death. On the contrary, the real-time results from different states, as well as from different countries, show it made things worse. Is it possible that masking and lockdowns had the opposite effect of what was intended? If you have a religious belief in the medical system then no, it is not possible we made a mistake. How do you explain the evidence that seems to prove us wrong? We are “not really quite sure”. The only thing we are sure about is that if you disagree with us, you need to be silenced. Thousands of experts believe lockdowns caused more harm than good, based on solid data, but the only person who is allowed to speak in public is the guy

¹² William Scott Tebb, MD, [A Century of Vaccination and What it Teaches](#), 1898, p. 93-94

¹³ J. T. Biggs, *Leicester: Sanitation Versus Vaccination*, 1912.

who can't make up his mind if we should wear no masks, or three of them with goggles, not to mention all of his other wild [blunders](#).

Getting back to rubella, R' Moshe's statement requires clarification. He said "it would be one thing if there was a compelling need to get the vaccine." As opposed to the woman who was just trying to comply with the doctor's recommendation. But there is a good reason the doctor recommended it. Namely, in 1977, over 20 thousand cases of rubella were reported in the US. Imagine receiving an email from your child's school: "We regret to inform you that today, a child at school has unfortunately been diagnosed with German measles." I envision lockdowns, mass hysteria and panic attacks. Multiply that by 20 thousand. Even worse, just twelve years prior in 1965, the CDC [reported](#) 12.5 million cases of rubella, 2,100 newborn deaths, and 20,000 babies were born with CRS. The CDC [explains](#) further: "Congenital rubella syndrome (CRS) is a condition that occurs in a developing baby in the womb whose mother is infected with the rubella virus. Pregnant women who contract rubella are at risk for miscarriage or stillbirth, and their developing babies are at risk for severe birth defects with devastating, lifelong consequences. CRS can affect almost everything in the developing baby's body. The most common birth defects from CRS can include: Deafness, cataracts, heart defects, intellectual disabilities, liver and spleen damage, low birth weight, and skin rash at birth."

How could R' Moshe זצ"ל, the leading *halachic* authority of the last century, say there is no compelling need to prevent miscarriages, stillbirths, and severe birth defects? It is a good question, and unfortunately he can't give us the answer. Instead, we must do the best we can to figure out what he meant:

Let us first analyze a few of R' Moshe's comments on similar topics, which we can use to help us understand his view in general, as well as his opinion on this specific issue. The first place I would look is what he writes regarding smoking:¹⁴

Although he strongly advises against smoking due to the risk of developing lung cancer and other ailments, it is not strictly forbidden in Jewish law. He applies the concept of 'שומר פתאים ה' – an excerpt from Psalms [116:6], literally translated: *G-d protects the fools*. There are numerous laws requiring us to safeguard our health and wellbeing and forbid us from reckless and irresponsible behavior. However, the *Talmud*¹⁵ derives from here a loophole suspending these restrictions. If you have large numbers of people acting like "fools" who regularly engage in a dangerous activity, if one has an urge to partake in said foolish activity, one would be guaranteed Divine protection from harm or death. I admit, it does not sound very reassuring, which is why R' Moshe strongly opposes relying on this loophole. This is consistent with *Bais Yosef* who similarly dissuades any use of the leniency.¹⁶ R' Moshe, however, differentiates between two types of risk. He quotes Maimonides who says we are required to repair any life-threatening hazard found on our property. For example, an accessible rooftop would

¹⁴ אגרות משה [ח"מ ח"ב ס' עו], וע"ע אג"מ [יו"ד ח"ב ס' מט]

¹⁵ שבת [דף קכט:], נדה [דף מה.].

¹⁶ ב"י [אה"ע ס' ט] בשם תרומת הדשן [ס' ריא] "קשה הדבר לצדד כ"כ להתיר הואיל ואיכא חשש סכנה כדאמרינן בפרק אין מעמידין (ע"ז דף ל.). פירוקא לסכנתא בתמיה"

require a guardrail. A hole in the ground would have to be filled or covered. If repairs are not made, multiple biblical violations would be in effect.¹⁷ In contrast, there are many recommendations stated by Maimonides which are important for maintaining good health, but there is no explicit prohibition for someone who does not comply. He describes at length various eating habits and sleeping habits beneficial to one's health, as well as numerous types of food and habits that are bad for one's health.¹⁸

R' Moshe explains the difference: anyone who falls off a roof or into a pit is highly likely to be injured or killed. Unhealthy eating habits, on the other hand, do not affect everyone equally. There are those who can become sick, potentially causing an untimely death from a lifetime of eating junk food, but it is rare. Most people will live a long and happy life. They might be happier and healthier if they improve their eating habits, but for most people, their life is never in danger. Therefore, eating unhealthy food is not forbidden. Rather, it is just a recommendation for anyone who chooses to live a healthier life. He concludes that the risk of smoking is in the same category. It can cause lung cancer, but only for a small minority. Most smokers will live to a ripe old age. Therefore, it would be permissible to rely on *שומר פתאים ה'* in this type of situation. He adds that if a smoker asks for a light, you may oblige, and you would not be in violation of *לפני עור* – causing or assisting someone to sin, since smoking is not technically forbidden.

The next place to look is R' Moshe's ruling regarding medications or injections for a non-medical purpose.¹⁹ For example, someone is too sick to fast on *Yom Kippur*. His life is in danger and he therefore must eat. Would it be acceptable, or even required, to connect an IV before *Yom Kippur* so that he would not have to eat? R' Moshe rules that this would actually be forbidden. He says: "there is concern that **all unnatural interventions** carry a risk [of injury or death], and you can't rely on the doctors [to say it is safe] because it is impossible to know for sure. Rather, it is only based on speculation [that the intervention is safe]. Over a long period of time, they may eventually discover the damage that it causes. This happens all the time, after many years, doctors discover the damage they unknowingly caused through medical intervention. Every patient must take this concern seriously."

A similar question was asked if instead of an IV, a medication could be injected before *Yom Kippur* which will give the patient energy for the fast. He responded in a similar manner: "every medication has a risk of injury, even if the doctors are completely unaware of the risk. Therefore, one should only take a medication when necessary for a medical need. This applies to oral medications, and certainly when injecting [any foreign substance] directly into the body: this should never be done unless medically

¹⁷ רמב"ם [הל' רוצח ושמירת נפש פי"א ה"ד] "וכן כל מכשול שיש בו סכנת נפשות מצות עשה להסירו ולהשמר ממנו ולהזהר בדבר יפה יפה. שנאמר **השמר לך ושומר נפשך**. ואם לא הסיר והניח המכשולות המביאין לידי סכנה ביטל מצות עשה ועבר **בלא תשים דמים**". וע' בספר פתחי חושן [הל' מזיקין פרק ב סע' ד]

¹⁸ רמב"ם [הל' דעות פ"ד] "הואיל והיות הגוף בריא ושלם מדרכי השם הוא שהרי אי אפשר שיבין או ידע דבר מידיעת הבורא והוא חולה. לפיכך צריך להרחיק אדם עצמו מדברים המאבדין את הגוף..."

¹⁹ אג"מ [או"ח ח"ד ס' קא אות ג] ד"ה אם יש לחולה ליקח אינטרע ווינעס ביו"כ שלא יצטרך לאכול, וע' אג"מ [או"ח ח"ג ס' צ]

necessary since there is significant concern of unintended harmful consequences. It is therefore forbidden [to take this type of risk] in order to fast on *Yom Kippur*."

The obvious question is that these statements appear to contradict that which he wrote previously regarding smoking: he said that smoking is not strictly forbidden since the risk is not significant. But now he is saying that the use of any medication, when not medically necessary, is forbidden because of the risk involved, even though all doctors say it is perfectly safe. Why is it that a product which all doctors agree is safe, is a greater risk than smoking which all doctors agree is harmful?

I think he is making the following distinction: smoking has a known risk: lung cancer. Based on all of the data he was aware of at the time, R' Moshe assessed that the chances of developing lung cancer is not great enough to prohibit smoking. Similarly, driving a car has a known risk: collision. It is certainly a risk, and yet nobody would say it is forbidden to drive except for medical emergencies. This is because the chances of injury or death in a collision, assuming one is driving in a safe and responsible manner, is not great enough to prohibit it. In contrast, an open pit or a missing railing, which also have known risks, are common hazards which are likely to cause injury or death. It all depends on the likelihood of experiencing a known, foreseeable consequence, based on current statistics.

Medical intervention, on the other hand, is on a completely different level. No one can claim they fully understand human biology. Scientists are constantly discovering new aspects of the human body, and we still only know a small fraction of the big picture. Therefore, no one can claim they fully understand the ramifications of ingesting or injecting unnatural, man-made concoctions into the body. Even if every doctor says it is safe, they are mistaken. If they occasionally happen to be correct, it is only dumb luck. They have no way of really knowing for sure. In situations where they are wrong, how serious of a side-effect will the drug cause? We have no idea, and that's the problem. It is an entirely unknown risk. Doctors are often wrong when assuming a product is safe, and when they are, the results could be extremely serious, even deadly.

For example, R' Moshe was discussing a case where the sick person wanted to take an IV to provide nutrition and hydration during the fast, instead of eating. R' Moshe ruled it is too dangerous. Since it is unnatural, you never know what kind of damage it can cause. But we have been safely using IVs for decades, you might ask. Is it not one of the most basic and safe procedures utilized in every hospital around the world?

[ב"ב דף יב.] חכם עדיף מנביא – *A wise man is greater than a prophet.*

This conversation took place in 1975. 43 years later, [studies](#) came out showing that the saline IV bags hospitals have been using, the very product R' Moshe was discussing, was responsible for 50 thousand deaths and 100 thousand kidney failures each year in the US. Oops!

For a medical need, however, it is permissible to take oral or intravenous drugs. Although drugs are high risk, the medical need does not necessarily have to be of equal urgency. R' Moshe explains that a "medical need" is defined as any illness for which the patient has a concern or a fear.²⁰ Medication may be taken to treat an active illness, or to prevent future infection of common illnesses. The concern or fear over the illness can be completely irrational, and the actual risk of the disease can be significantly lower than the risk of the drug. He explains as follows:

The *Talmud* [ב"ק דף פה.] infers from [שמות כא-יט] – *and the doctor shall heal*, that doctors have permission to treat and patients have permission to seek medical assistance, but only when the goal is to treat an illness. But if the intention of the treatment is for any other purpose, it is forbidden. He gives the example of the sick person who wanted an IV to avoid eating on *Yom Kippur*. Although there is therapeutic benefit, the primary intention of treatment is nontherapeutic and is therefore problematic for three reasons: A. There is no authorization to visit the doctor. B. The risk of the intervention is too great. C. Inflicting any type of injury upon oneself is not permitted, even as small as puncturing the skin with a needle.²¹ However, when the primary purpose of treatment is for a medical need, and the patient is acting through the premise of *ורפא ירפא*, all three restrictions are negated.

This is an interesting concept. Being that Jewish law takes safety issues very seriously, one would think we must account for genuine danger, not perceived or illusory fears. For example, let's say I was terrified to walk outside, because you never know when lightning may strike. And you never know when a defective Chinese satellite may plummet to Earth. If I asked my rabbi if I am obligated to build an underground bunker and hide for the rest of my life, I would be advised to seek professional psychiatric help. The fact that I am scared does not automatically mean I am in danger. Similarly, if I build a second-floor balcony without guardrails because I am not scared of heights, and I am not afraid of anyone falling off, my lack of fear is irrelevant. The situation is inherently dangerous, and it must be properly addressed.

But when it comes to medicine, a patient who is irrationally scared of a disease may take a drug which otherwise would be forbidden due to its risk. Why is the patient's level of fear important? R' Moshe gives an interesting explanation. But first, we must understand the full context of his answer: He just got finished explaining the dangers of an IV, that it should not be used unless medically necessary, as we discussed earlier. We also know that injections are inherently riskier than oral medications.²² He goes on to explain that even injected medication may be used by someone "who is completely healthy, in order to prevent infection from common illnesses," clearly referring to vaccines. He brings a proof from the following case: The *Talmud* [שבת דף טו:] says that a woman may carry an *אבן תקומה* on the Sabbath, a type of stone which was believed

²⁰ "אלו שחוששין שלא יחלו גם זה נחשב כחולה ומותר." [אג"מ או"ח ח"ד שם] "מכיון שלמעשה מפחדות הנשים ממחלה זו, אז אשה שרוצה לקחת זריקה כנגד מחלה זו מותר לה לקחתה" [מסורת משה ח"ד דף שמח]

²¹ ש"ע [ח"מ ס' תכ סע' לא] וע' בספר פתחי חושן [הל' נזיקין פרק ב ס"ק ז] וע' אג"מ [ח"מ ח"א ס' קג]

²² "כל סמי הרפואה הוא ספק שמא מזיק לאיזו דבר...ולכן רק לרפואה צריך ליקח סמים אף בפה, וכ"ש בזריקה לגופו ע"י תחיבת מחט שאין לעשות זה שלא לרפואה שיש לחוש שיקלקל לאיזו דבר ואסור..." [אג"מ או"ח ח"ג ס' צ]

that carrying it would prevent a miscarriage. She may do so even if she never had a miscarriage before, and even if she is not pregnant. If she is concerned that she may become pregnant, and then have a miscarriage, it is permissible for her to carry the stone. The *Mishna Berura* [ע"ק ש"ק ע"ג] explains that this is similar to an amulet [קמיע], commonly utilized during the time of the *Mishna* as a form of protection against illness, usually comprised of a prayer written on a piece of parchment worn around the neck.

R' Moshe is arguing: We see from the case of אבן תקומה that a woman is permitted to carry, one of the 39 prohibited activities on the Sabbath [לט' מלאכות], even though there is no logical reason for her to be nervous. Certainly, when it comes to the restriction of visiting a doctor (which is less stringent than the restriction of carrying), those who are concerned or nervous about getting sick (a slightly more rational concern compared to miscarriage) would be permitted to take the preventative medicine, even though they are in perfect health.²³

I want to make a simple, yet critical observation: He concludes that preventative medicine, or vaccination, is "permissible". He does not say it is mandatory or obligatory. Rather, it is allowable and optional. For whom is it allowable? "Those who are afraid of getting sick." Why is it not mandatory for all of us to protect ourselves and everyone around us from infection? Also, what if you are *not* afraid of a particular disease? Is he saying that for such a person, the vaccine would not be permissible? Furthermore, if vaccination is included under the directive ורפא ירפא – *and the doctor shall heal*, it should be obligatory, not optional.²⁴

The following quote from R' Moshe will help resolve some of these questions: He is responding to the same question as earlier, if a woman should take the rubella vaccine, but this time he gave a different response. He said "if she would like to take the vaccine to protect against the disease, she may." **He accuses the doctors of fear-mongering and spreading misinformation** of the risks of the disease. It is improper, and they need to stop doing it. However, since she is genuinely and utterly terrified of the virus, she may take the vaccine.²⁵ I assume it depends how you ask the question: Earlier, she wanted to know if she should follow the doctor's advice. If that is her only reason, she should not take it, and he compares it to idolatry. But if she is sincerely afraid of the

²³ וצ"ע שהרי כ' באג"מ [או"ח ח"ה ס' כה] בד"ן הוצאת קמיע לחולה שאין בו סכנה: "נראה דהטעם פשוט דאין ההיתר מצד דחיה דאיסור הוצאה מצד פיקוח נפש. דאף ביש בו סכנה לא מסתבר שיתירו דברים שהרפואה אינה מצד הטבעיות לדחות שבת...אלמא דאין בזה דין דחייית שבת. אלא הטעם הוא משום שנחשב תכשיט דידיה ולכן אף באין בו סכנה נמי כיון שרוצה להתרפאות הוא תכשיט שלו." א"כ בשלמא שיש להביא ראיה מזה להתירו לילך אצל רופא ולומר שהוא בכלל רופא ירפא, "אף שאין לה שום טעם לחשוש", ופשוט שתלוי בדעתו להחשיבו כתכשיט, וכיון שנחשב תכשיט דידיה ממילא נסתלק איסור הוצאה, ומסתבר דגם היתר לילך אצל רופאים תלוי בדעתו. אבל אם בעצם הוא חולה שאין בו סכנה, ובאמת אינו חולה כלל, רק בדעתו הוא חושש לדבר, מה ההיתר להכניס עצמו למקום סכנה ממש, וחמירא סכנתא מאיסורא. ואפשר שמודה ר' משה צ"ל שת' זה דחוק, ומ"מ כ' שיש ראיה קצת להתיר בגדר מוטב שיהיו שוגגין ואל יהיו מזידין.

²⁴ ש"ע [יו"ד ס' שלו סע' א] "נתנה תורה רשות לרופא לרפאות ומצוה היא ובכלל פיקוח נפש הוא ואם מונע עצמו הרי זה שופך דמים" ואף שכל זה מצד הרופא, אבל פשוט שגם מצד החולה יש חיוב, וכ"כ המג"א [או"ח ס' שכח ס"ק ו] "אם לא רצה החולה לקבל התרופה כופין אותו"

²⁵ מסורת משה [ח"ד דף שמח] "והשיב רבינו שאף שזה לא צודק מה שהרופאים עושים חרדה גדולה ממחלת האדמת, מ"מ מכיון שלמעשה מיוחדות הנשים ממחלה זו, אז אשה שרוצה לקחת זריקה כנגד מחלה זו מותר לה לקחתה..."

disease, then it is permitted even though her fear is unfounded and irrational. But again, it is permitted, not required.

Not that R' Moshe needs my endorsement, I could not agree with him more. There are countless examples of the medical establishment using false and misleading information to generate fear: In the beginning of the pandemic, so-called "models" and projections forced us into useless and senseless lockdowns. In particular, Neil Ferguson with the Imperial College in London was guilty, as it turned out, of producing baseless numbers with [outdated and incoherent math](#). At best, it was a model, which by definition is a guess. Locking down the world would create poverty, unemployment, suicide, alcohol problems, drug addiction, child abuse, lack of access to critical surgeries and procedures, and much more. Logically, you do not attempt to potentially prevent a potential crisis, by creating a massive one. But fear has a way of defying logic. As we pointed out earlier, quarantine has its place. It worked with smallpox. And last year, despite Fauci's objection, blocking travel from China was effective. But you have to use common sense. It would have made sense to fully lock down the elderly and those who are more vulnerable. But instead, we implemented a quasi-lockdown on the entire population where the elderly were on the loose at crowded supermarkets and synagogues, badgering everyone around them to put their filthy, contaminated mask over their nose. We also forced nursing homes to take infected patients. Brilliant.

Then you had [reporting issues](#) on the number of fatalities from Covid. As a matter of policy, doctors were instructed to defy protocol and report Covid as the cause of death on the death certificate, even if there was only a 1% chance it was actually the cause. A patient could be deathly ill with numerous health problems, if they found the slightest trace of Covid in the system, it was counted as a Covid death. It is interesting how things quickly changed to the opposite extreme. As millions of people are getting vaccinated, every time someone dies within days, or even hours of receiving the jab, if there is even a 1% chance that the cause of death was *not* the vaccine, it is written off as a coincidence. Through careful analysis of data, many statisticians have come to the conclusion that vaccination is the leading cause of coincidence. A healthy, athletic teenager can receive the shot, and within hours become a vegetable, or die, as has been [reported](#) thousands of times around the world. But maybe, just maybe, the patient had a mysterious health condition which we are completely unaware of, and that's what killed him. It had nothing to do with the vaccine he received a few hours ago.

There was a clear, decisive effort among the health authorities, as well as the fake media, to generate fear by exaggerating the Covid death toll. As they say at [CNN](#), "fear sells". Incidentally, the [Nazis](#) shared the same philosophy. The [correlation](#) is uncanny.

I had a short conversation with a local doctor. She was encouraging me to vaccinate myself and my kids, even though Covid is harmless for my age group, and certainly for my children's age group. Her argument: "we don't know the long-term effects of Covid", hoping to scare me into compliance. I replied: "we also don't know the long-term effects of the vaccine". Behind the blank stare, I could see the wheels beginning to turn.

Interestingly, fear-mongering tactics are only implemented for diseases which have a vaccine, or if a vaccine is in the works. Two examples we talked about so far are rubella and Covid. Another good example is measles. It is fascinating how they attempt to distort the facts. It gets a little complicated, so try to keep up:

According to [CDC](#), “Nearly 1 to 3 of every 1,000 children who become infected with measles will die”. A slightly bolder prediction than the previous version of the prophecy posted on the [website](#): “For every 1,000 children who get measles, one or two will die from it.” It is ironic that they increased the estimate after the 2019 outbreak, when thousands of Americans had measles but there were no deaths. Also, what is the meaning of “nearly 1 to 3”? Is it less than 1, like 0.9? If so, why “to 3”? Is it between 1 and 3? If so, why “nearly”? But that’s a side point.

To make it simple, let’s go with **1 in 1,000**. This number is very problematic. The CDC writes: “In the decade before 1963 when a vaccine became available, nearly all children got measles by the time they were 15 years of age. It is estimated **3 to 4 million** people in the United States were infected each year. Also each year **an estimated 400 to 500 people died.**” Based on this statement alone, if you do the math, the mortality rate should be closer to **1 in 10,000**.

If you dig a little deeper in the CDC website, you will find the following [statement](#): “Before measles vaccine was licensed in 1963, an average of 400,000 measles cases were reported each year in the United States. However, because virtually all children acquired measles, the number of cases probably approached 3.5 million per year (i.e., an entire birth cohort).” This resolves the discrepancy. They are going with the number of *reported* cases, which is 400,000. Since there were 400 to 500 deaths, that gives you a mortality rate of 1 or 2 per 1,000. The obvious problem is that they are being extremely misleading. They admit in two different statements that the actual number of infections prior to 1963 was 3 to 4 million, not 400,000. How can they tell us that “for every 1,000 children who get measles, **one or two will die**”? It might be true that for every thousand *reported* cases, one or two will die. But at the same time, for every 1,000 reported cases, there were 9,000 *unreported* cases. Notwithstanding, the goal is to instill fear, and “1 in 10 thousand” doesn’t cut it.

But it gets worse. The CDC writes: “In 1912, measles became a nationally notifiable disease in the United States, requiring U.S. healthcare providers and laboratories to report all diagnosed cases. In the first decade of reporting, an average of 6,000 measles-related deaths were reported each year.” But we said there were 400 to 500 deaths during the years leading up to 1963. Why were there 6,000 deaths 50 years earlier? The short answer is that this is consistent with public mortality data from common infectious diseases like scarlet fever, diphtheria, and pertussis. [Public data](#) from numerous countries show a [steady decline](#) in mortality from these diseases from the 1800s through the 1970s. The common understanding is that the decrease in death rates was a result of improvements in plumbing, sanitation, clean water, better nutrition, and overall cleaner and healthier living conditions. Some people mistakenly attribute the decline in deaths to vaccines. This is where common sense comes in handy. If the

decline in deaths happened *before* the vaccine was invented, basic logic would dictate that your theory is repudiated. Think about it, if that's not too much to ask.

An important distinction to understand is infection rate vs mortality rate. Infection rate, or incidence rate, refers to the number of people infected with the disease. Mortality rate refers to the number of people who died as a result of the infection. With measles, for example, the record shows a steady decline in mortality from the late 1800s to the 1960s. This is why in 1912 there were 6,000 reported deaths, but in 1962, a year before the vaccine was developed, there were 400-500 deaths. 408 to be exact, according to "[Vital Statistics](#)", page 104.

It is critical that the vaccine is viewed as the savior of humanity. Had the vaccine been invented in 1912 it would have worked out perfectly. We could have claimed that the vaccine is saving the lives of 6,000 children every year. But the vaccine was invented in 1963, when there were only 400 deaths. In all likelihood, even without the vaccine the mortality rate would have continued to drop to zero, as it did with pertussis in various countries. The incidence rate, however, remained steady. In 1962, the entire birth cohort got infected, just as it did in previous decades. The difference is that earlier, it was a deadly disease. By the 60s, it was practically harmless. It might be true that the incidence rate dropped after the vaccine was put to use in 1963. But by that point, the vaccine was blocking a harmless rash, not a deadly disease, and the CDC was finding it difficult to generate the level of fear needed to persuade everyone to vaccinate.

To resolve this predicament, CDC rewrote history by adding three words to their website: I quoted CDC saying that in the 60s, there were 3 to 4 million infections. "**Also each year an estimated 400 to 500 people died.**" That is from an [older version](#) of the webpage. A few years ago, however, they [updated](#) the page to read as follows: "Also each year, **among reported cases**, an estimated 400 to 500 people died." This accomplishes the following: the mortality rate of 1 or 2 per thousand, or "nearly 1 to 3 of every 1,000", now makes sense. As we said, only 400,000 of the 4 million cases were reported each year. When the CDC said there were 400 deaths, that was only from the reported cases of infection. It did not take into account all the people who died among the 3,600,000 unreported cases. We can assume that they died at the same rate. Therefore, if 400 people died out of 400,000, there must have been 3,600 additional deaths out of the 3.6 million unreported cases. The death toll comes out to 4,000, with four million cases, giving you a mortality rate of one per thousand.

The first problem with this approach is that it makes absolutely no sense: When a person dies, the cause of death gets reported on the death certificate. For example, if someone dies in a car accident, it will get reported accordingly. Does it make a difference if the driver informed his doctor before getting into the vehicle that he plans on going for a drive? Of course not. The same is true with measles. 90% of cases were not reported because measles was a common childhood illness with almost no complications. In about 10% of cases, if the child had a slightly more severe fever or reaction, they might call their doctor or go to the hospital. But even those who stayed home certainly knew they had the measles. They were covered in red dots and felt

miserable for several days. If one of those children died, one of two things happened according to the CDC: A. The cause of death was reported as “unknown”. B. The parents buried their child in the backyard without telling anyone. In my humble opinion, neither of those options seem plausible. “Measles” would have been reported as the cause of death, even though the doctor was not previously notified of the infection.

The other problem is that it is factually incorrect. A century of data shows a steady decline in mortality from numerous diseases. The CDC wants us to believe that in fact there never was a decline in the number of deaths, just a decline in the *reporting* of deaths. Over a 100-year period, more and more parents around the world began burying their dead children in the backyard. I don't think so.

I can give several more examples of the medical establishment spreading fear and misinformation, but I think the point has been made. R' Moshe was correct in his assessment, and it has only gotten worse. [Here](#) is a good essay if you need help coping with the fear and anxiety associated with measles and other common viruses.

Now we can answer some of our questions: Why did R' Moshe say there is no compelling need to get the rubella vaccine? Why did he say vaccination is permissible for those who are afraid of a disease, implying that it is not required? For those who are *not* afraid of the disease, the implication is that vaccination is forbidden.

We are only required to take action to protect against harm if there is objectively a strong risk, like a hole in the ground or a balcony without a guardrail. We must act upon that risk and eliminate the hazard. In R' Moshe's opinion, although the medical establishment portrays certain diseases as highly dangerous, in reality they are not. The medical field consistently exaggerates risk, and we are therefore not obligated to avoid infection. In fact, if one would want to deliberately get infected, that would be perfectly appropriate. When I was younger, chickenpox parties were common. When my parents were younger, there were measles parties. During the recent measles outbreak, countless families around the world infected themselves. It is medically established that natural immunity is much stronger than vaccine induced immunity. In [Dr. Paul Offit's](#) words, it is at least “three-fold greater”. Others believe it is hundreds of times greater. Therefore, it is perfectly reasonable to prefer the disease over the vaccine. What about the risks of the disease which Dr. Offit goes on to explain in horrifying detail? R' Moshe says we should ignore him, and instead we should be concerned about the risks of the vaccine,²⁶ which Dr. Offit conveniently omits. In theory, it is possible that a disease can qualify as a serious danger. We will clarify in part 2 what that level of risk is, and what type of response is appropriate.

However, if you succumb to the fear-mongering and become terrified of the disease, you *may* get the vaccine. But since the disease is not intrinsically high risk, it is not required. It would appear that the level of risk of the disease is not even comparable to the risk of smoking, which R' Moshe highly recommends avoiding. He never says that vaccination is highly recommended, or even slightly recommended. Rather, the risk of

²⁶ "יש להחולה לחוש לזה" אג"מ [או"ח ח"ד ס' קא אות ג]

measles is in the category of driving a car or being struck by lightning. As a reference, smoking kills around 500k Americans each year, while car accidents kill around 36k. The risk of dying from measles in the US (408 each year) is much closer to the risk of being struck by lightning (around 50 deaths each year) than the risk of driving a car. If your doctor or rabbi recommend the measles vaccine, ask them if they drive a car, which is at least 80 times more dangerous than measles.

If you are *not* afraid of the disease, taking the vaccine is comparable to idolatry. In practical terms, I would apply this as follows: Using the case of rubella, a parent or guardian might make the following assessment: According to [CDC](#), rubella is harmless: "In children, rubella is usually mild. . . Most adults who get rubella usually have a mild illness, with low-grade fever, sore throat, and a rash. . .About 25 to 50% of people infected with rubella will not experience any symptoms." In other words, there is no risk. However, there may be risks for pregnant women. As we have shown, warnings from CDC need to be taken with a truckload of salt. But even if you take them mildly seriously, a reasonable parent might still decline the vaccine: if the child is a boy, current scientific literature indicates that men have a 0% chance of pregnancy. If the child is a girl, and your doctor recommends the vaccine at 12 months of age, pregnancy is not a risk factor. However, when she becomes a teenager, a responsible parent might vaccinate for rubella under certain conditions: **A.** She does not already have antibodies. If she has natural immunity which is much stronger than vaccine induced immunity, there is no need for the vaccine. **B.** If there is an option to take the single rubella shot, and **C.** it has been properly tested for safety. Then, the parent might choose to vaccinate around age 15. However, a single rubella vaccine is not currently available. You would have to take it together with measles and mumps, both of which require their own assessment. Also, CDC has admitted in writing that MMR has never been tested for safety. We will discuss that topic in gruesome detail in part 2.

Regardless of what the parent decides in the end, this is the ideal situation. R' Moshe wants every person to make an informed, educated and sensible decision. It should not be based on fear, and it should not be a religious obsession blindly following everything the doctor says. Although we concluded that vaccination is permissible when done out of fear, but that is certainly not the ideal situation, especially when the fear is baseless.

However, if one believes that every child must receive every recommended vaccine, exactly on schedule, no questions asked, then you have a problem. For example, back in 2018, the following statement was released to the public:

We consider it a Halachic obligation for every member of the community – adults and children – to be properly vaccinated according to the standards and schedules established by the medical community as outlined by the CDC...Ignoring or undermining the policy of universal vaccination endangers the community and is Halachically wrong.

As such:

1. *Schools, playgroups and shuls should refuse entry to unvaccinated children or adults.*
2. *Medical exemptions that are based on a specific individual's medical history, granted by physicians who are wholly supportive of the vaccine program, should be respected. Religious exemptions for people of the Jewish faith should not be respected.*
3. *Individuals who choose not to vaccinate themselves or their children must avoid public places and group settings of all kinds, as their presence poses a serious risk to the community at large.*

With all due respect, this is precisely what R' Moshe was referring to when he warned us not to turn medicine into a religion.

The author is saying that every single human being has a *religious* obligation to take every shot listed on the CDC website, as well as every shot that will be added in the future, no exceptions, no questions asked. Violators will be punished accordingly.

The only exception is if the "specific individual" had previously been injured or killed by a vaccine. I guess we can engrave the exemption on the child's tombstone. And the only physicians who are trusted to give the exemption are those who are "wholly supportive" of the religious faith and would never dare use their brain to ask basic questions.

Vaccines are amazing and perfect, but there is just one caveat: if anyone around you is missing any of the six dozen recommended shots, yours are useless. Anyone who is not fully vaccinated "endangers the community" and "their presence poses a serious risk to the community at large." Imagine if Elon Musk started installing a glitch in every Tesla which would not allow the engine to start unless both of your neighbors also own one. That would be a great business model. Every owner would harass their neighbors to purchase one, accusing them of being inconsiderate and irresponsible. Now is not the time to elaborate, but I am more than happy to debate this issue with any doctor, any time, any place: Herd immunity is a myth and a scam.

It is unfortunate that many people have turned vaccination into a religious cult. I apologize if I sound harsh, but I am just quoting R' Moshe.

To summarize: We have four statements on record from R' Moshe regarding vaccines:

1. Blindly taking every recommended vaccine is comparable to עבודה זרה – idolatry.
2. Doctors are guilty of spreading misinformation and instilling baseless fear over the risks of vaccine "preventable" diseases.
3. Those who succumb to the fear-mongering of the medical establishment are *permitted* to take a vaccine for the disease which they fear, but there is no obligation.

4. The risk of any injected medication, including vaccines, is a true risk which should concern every patient, even if it is medically accepted as safe.

If you are aware of any additional statements from R' Moshe relating to vaccination I may have missed, please let me know.

In conclusion:

Mandatory vaccination is out of the question. Even when making a personal decision for yourself and your family, it would be inappropriate to religiously follow the advice of your doctor and the CDC. And certainly, if you are in a position of authority, it is wrong to mandate or coerce other people to comply with your ideology. This includes a principal or board member of a school or shul, or a host of a wedding or Bar Mitzva. Anyone who pressures, mandates or coerces others to vaccinate, and anyone who supports or abets such a policy, is a *חוטא ומחטיא את הרבים*.

If you find yourself on the receiving end of coercion, it might depend on what is at stake. If the penalty is something you could live with, you should hold your ground and fight for your rights. If it's a question of losing your job, your marriage, or your children's education, each person needs to take their personal circumstances into account. But I will point out a new angle to this question: There are three prohibitions for which we are required to give up our life, idolatry being one of them. If someone is threatened to be killed if they refuse to worship *עבודה זרה*, the *Halacha* clearly requires that they give up their life. What difference does it make if they are trying to force you to worship a rock or a tree, or if they are trying to force you to [worship medicine](#)?

If you fear a particular virus, that specific vaccine would be permissible. If it is combined with one or more other vaccines which are *not* needed, would it be permissible since you have no other option? Similarly, if you have antibodies for 2 of the viruses, and you only need the vaccine for one of the three, is it considered a medical need? It is indirectly necessary because they don't sell them separately, but it is not directly a medical need. I do not know the answer.

And for the million-dollar question: If an employer requires vaccination as a condition of employment, and an employee gets injured by the vaccine, is the employer liable for damages? I think the answer is yes, if the employee had no intention of getting the vaccine, and only got it to avoid losing their job. This question deserves its own 20-page thesis. But I will spare you with the abridged version: Reuven wants to borrow money from Shimon. Levi reassures Shimon that Reuven is trustworthy, and he will have no problem recovering the debt. Based on Levi's advice, Shimon lends the money to Reuven. It turned out that Levi was lying and in fact, Reuven has a long history of fraud and theft. Sure enough, Reuven disappears with the money. Levi must pay Shimon for his loss. Shimon trusted Levi, and only agreed to lend the money based on his recommendation. Levi is a *mazik* – directly causing a monetary loss. Although

Shimon willingly handed over the money, Jewish law views it as if Levi forcefully took the money against his will.²⁷

There are two essential points: A: The act of transferring the money was involuntary since it was given under false pretense. B. The action is attributed to the one who caused the transaction to take place. In this case, Levi caused the action by tricking Shimon. Therefore, we attribute the action to Levi, and we view it as if Levi grabbed Shimon's money against his will and handed it to Reuven. The same is true if the recipient himself is the one who gave the false information. If I trick someone into giving me a payment under a false pretense, it is as if I took it from them by force.²⁸

This gets into the question if a doctor treats a patient without providing proper informed consent. For example, a patient dies on a ventilator. Later, the family finds out that an over-the-counter drug with vitamin C, D, and zinc could have cured the problem and the ventilator would never have been necessary. But the doctor failed to inform them of that option. Or, a doctor medicates a patient, but fails to mention that the drug is not approved by FDA, [the science](#) admits the drug is useless, as reported by [the headlines](#), and that 10 thousand deaths and hundreds of thousands of injuries have been reported as side effects in the last 6 months. If the patient would have refused treatment had this basic information been disclosed as required by law, the same logic would apply. The consent was based on false presumptions and is therefore invalid. This is certainly true if the doctor not only omitted pertinent information, but [outright lied](#) to the patient. In Jewish law, it is as if the patient is kicking and screaming as the doctor straps him down and injects him against his will. Should an injury occur as a result of the medication, any competent *Bais Din* would hold the doctor fully liable.

Coercion is even worse. We don't have to pretend as if it is non-consensual. The employee does not want the vaccine. It is literally against his will. The only reason he took it was to comply with the employer's demands, and we therefore view it as if the employer forcefully injected the worker against his will. Although, one might argue that this is better, not worse: in the previous cases, the consent was predicated on false information. But in this case, everything was fully understood, and the employee knowingly and willingly accepted to go ahead with the injection. That argument is incorrect. Since it was under duress, compliance does not indicate consent. There is only one exception to this rule in Jewish law: I approach my neighbor and say "I like your Tesla. Please sell it to me. I'll pay you full price. And if you refuse, I'll kill your family." In such a case, we assume that since the seller appears to be acting willingly, he received full value, and the threat is alleviated, that he truly is willing to sell. But if one is pressured or coerced to make a purchase, perform any other type of transaction, and certainly to injure or poison oneself, the fact that it is done with compliance does not

²⁷ רמ"א [ח"מ ס' קכט סע' ב] וכל הנתיבות [שם ס' ק"ב] "ומשמע דאין בזה חיוב טעם ערבות רק דין גרמי" וכל הערה"ש [שם סע' ג] "ואין לך גרמי גדול מזה"

²⁸ ע' סמ"ע [ח"מ ס' רלא ס' ק"א] וכל היש"ש [ב"ק פ"י ס' כ] "אבל מה שהוא בעת המקח דומה לגזל, כאלו אתה לוקח את שלו בעל כרחו, והיינו אתה גוזל זהב משלו... אבל היכא שמטעה את הגוי בחשבון שאינה הפקעת הלואה כגון שאתה קונה ממנו כלים או דבר אחר ואתה מטעהו שמוסיף לך במנין או שאתה מטעהו שמוסיף לך דמים, כגון שהוא קנה ממך, או חייב לך, אזי רש"י נמי מודה שהוא אסור, דהוי גזל הגוי ממש, ואסור." וכן אם מטעהו להזיק ממון חבירו כל הערה"ש [ח"מ ס' תי סע' ח] שחייב מדין גרמי, וע' מחנ"א [הלכות נזקי ממון ס' ז] ובספר פתחי חושן [הל' נזיקין פ' א ס' ק מד]

prove there is genuine consent, and it certainly does not relinquish liability for damages.²⁹ If I say to my friend: “stab yourself in your leg, or I’ll kill you”, just because he willingly complied to save his life, I am still liable to pay his medical bills. However, if explicit consent is expressed, we usually consider it to be sincere.³⁰ If so, one might argue that if a consent form is signed, that should remove liability from the employer. However, since the doctor will not administer the vaccine unless the form is signed, the signing together with the vaccine are both effectively under duress, and the signature is therefore meaningless.

Coercion includes not only a threat to one’s life, but even a threat of monetary loss.³¹ Getting fired from your job would certainly qualify. An employee who wants to get hired, but must first get vaccinated, I believe would also be included.³²

I imagine the opposition would argue as follows: As an employer, I am responsible for the safety of my workers. I must follow the advice of the medical experts who say that anyone who is not vaccinated puts everyone else in danger.

I would point you in the direction of the [CDC director](#) who recently admitted regarding the Covid vaccine that “what they **can’t** do any more is prevent transmission.” In other words, the vaccine allegedly blocks symptoms, but it won’t stop you from spreading the infection to others, essentially turning you into a super-spreader. We have the same problem with the [pertussis vaccine](#), but that’s a separate discussion. The “medical expert” who told you that your vaccine will protect other people is lying to you.

But I am responsible for the safety of every individual. Even if the vaccine does not protect others, it reduces the risk of those who are vaccinated. When I drive carpool, I am responsible for the safety of each child. I require each passenger to wear a seatbelt for their own safety. Sounds like a valid argument. Let’s talk about that. One of the children refuses to wear a seatbelt, but I won’t drive until everyone complies. Then, an uninsured motorist hits us, and the child is injured because of the seatbelt. You would think that the injury would have been a lot worse had they not been wearing a seatbelt. But let’s say you can come up with a scenario that the seatbelt caused the injury. Would I be liable for damages? According to my argument, I should be. Had I not coerced him to buckle up, he would have been fine.

Before we answer that question, let’s step back for a minute and discuss the importance of the rule of law. In Jewish tradition [סנהדרין דף נו.], the seven Noahide Laws were commanded by G-d on all of humanity. One of those laws require that a judicial system be formed to create and enforce a set of laws. The *Mishna* [אבות ג:ב], written almost 2,000 years ago, teaches that without viable law enforcement, “a person would swallow

²⁹ ש"ע [ח"מ ס' רה סע' א] ורמ"א [שם סע' יב]

³⁰ נתיבות [שם ס"ק א]

³¹ רמ"א [שם סע' ז]

³² ואף לפי מש"כ בשו"ת מהרי"ק [שורש קלג אות ב] דבשב ואל תעשה לא חשיב אונס, מ"מ עיקר טעם החיוב הוא משום גרמי כמש"כ לעיל, ואף אם לא היה אנוס ממש ועשה המעשה מדעתו, מ"מ לא עשה אלא בשבילו ויש לו דין גרמי, ולא מצאנו שמחל לו חיובי ההיזק. וכן צ"ל לפמש"כ הפוסקים שכל זמן שהוא מקבל הנאה דומה למכר, מ"מ חייב על ההיזק מדינא דגרמי.

his fellow alive.” The Democrats, through trial and error, have just recently figured that out, then [claiming](#) the Republicans were the ones who defunded the police.

The US legal system represents the will of the people. Lawmakers are elected to make laws on behalf of their constituents. If we don't like the laws, we can vote for new lawmakers through a free, fair, and (hopefully) accurate election. A certain former US President, together with 18 States, filed a claim in the Supreme Court regarding this very process. They ruled, without hearing any evidence, that nobody has standing, which is their way of saying they don't want to deal with it. Understandably, they didn't want the Democrat run cities and states to burn to the ground. This is just one example of many, demonstrating a failure of our judicial system. Serious changes need to be made. Society cannot continue to exist without the rule of law.

Jewish law, however, is different. We believe it represents the will of G-d, making it even more important that the rule of law be upheld. The גדולי הדור have the final say in how the law is to be interpreted and applied. R' Moshe Feinstein clearly understood that it is improper to require others to vaccinate. להבחל"ח, שליט"א [R' Chaim Kanievsky](#) ruled in a *Din Torah* that one cannot stop unvaccinated children from coming to school. No further explanation should be necessary. However, I will אי"ה explain in part 2 how the *Halacha* is consistent with the rulings of the גדולי הדור. It partially has to do with the fact that thousands of experts are against the Covid vaccine, and other vaccines as well. I am unaware of a single expert who is against wearing a seatbelt. It is unfortunate that the child was injured, but the *Halacha* and the rule of law require me to ensure everyone is wearing a seatbelt. But to compel others to vaccinate is contrary to *Halacha*, and contrary to the will of G-d. The *Talmud* relates that when a person dies, they will be asked by the heavenly court: did you conduct your business with faith? [שבת דף לא]. Would it not be more appropriate to say, “with honesty”? The famous answer is, when you have faith that the true source of income is from G-d, you will never feel the need to be dishonest. When you understand that the true source of health is from G-d, you will not feel the need to defy His will to “stay safe”. In fact, Rabbeinu Nissim [ibid.] explains that the source of every illness is spiritual, because we transgressed His will. But when the rule of law is upheld, we are protected against all illness.³³ Which law have we globally transgressed to cause this pandemic? I would suggest that the first three commandments were neglected. We put all our faith in the pharmaceutical industry forgetting that G-d is in control. We have been focusing on the advice of “health experts”, while ignoring the root of the problem. We are being tested right now. Are we going to worship G-d, or will we continue to worship medicine?

We must uphold the rule of law even when it is socially unacceptable.

לא תסור מן הדבר אשר יגידו לך ימין ושמאל [דברים יז:יא] ע' רש"י שם

With that merit, we should all enjoy a happy, healthy, safe, and prosperous new year!

³³ ע"פ הפסוק: ויאמר אם שמוע תשמע לקול ה' אלקיך והישר בעיניו תעשה והאזנת למצותיו ושמרת כל חקיו, כל המחלה אשר שמתו במצרים לא אשים עליך כי אני ה' רפאך [שמות טו:כז]