

ונשמרתם  
מאד  
לנפשותיכם

SERVING  
OUR CREATOR  
— WITH A —  
HEALTHY  
BODY, MIND  
AND SOUL

Given by Rabbi Larry Rothwachs

Monday Nights at 8:30

Congregation Beth Aaron, 950 Queen Anne Road, Teaneck NJ

This lecture series is generously  
sponsored by the following families:

**Rabbi Jay and Linda Goldmintz**

**Rabbi Mark and Linda Karasick**

in honor of their children and grandchildren

**Dr. Steve and Cathy Schuss**

in memory of their parents, Naftali Herz ben Yizchok,  
Miriam bas Avraham, and Shalom Tzvi ben Aharon

NOV  
24

The Torah Imperative and the  
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Health Management

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Five Unhealthy Habits  
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To Vaccinate or Not to Vaccinate?  
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*Shemiras Shabbos* vs. *Shemiras  
HaNefesh*: Health Management and  
Medical Treatment on *Shabbos*



TO VACCINATE OR  
NOT TO VACCINATE:  
A HALACHIC PERSPECTIVE

# WHICH ONE OF THE FOLLOWING DISEASES HAS BEEN COMPLETELY ERADICATED FROM THE PLANET?

DISEASE	CASES WORLDWIDE 2009-2014
Diphtheria	25,000
Polio	2,000
Smallpox	0
Whooping Cough	80,000,000
Measles	785,000
Rubella	2,500,000

- [HTTP://WWW.CDC.GOV/VACCINES/VAC-GEN/WHATIFSTOP.HTM](http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm)



SO... WHY ARE  
WE EVEN HAVING  
THIS DISCUSSION?

# THE LANCET



Volume 351, Number 9103 • Founded 1823 • Published weekly • Saturday 28 February 1998

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**Early report****Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children**

*A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith*

**Findings** Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in the colon in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ( $p=0.003$ ), low haemoglobin in four children, and a low serum IgA in four children.





**Italian Court Rules MMR Vaccine Causes Autism**



**THE RISE IN AUTISM**

1980: 1 in 10,000  
 1995: 1 in 500  
 2001: 1 in 250  
 2004: 1 in 166  
 2007: 1 in 150  
 2009: 1 in 110  
 2012: 1 in 88  
 2013: 1 in 50

**The greatest crime ever committed against the American public.**

Source: "The AutismOne - Generation Rescue 2003 Congressional Panel Report" (<http://www.generationrescue.org/waterhouseandfombro>)

FREE ONLINE SPECIAL REPORT

SPECIAL REPORT IS ANYONE FAITHFUL ANY MORE?

NEWSPAPER OF THE YEAR

# The Observer

Monday 9 July 2007

## New health fears over big surge in autism

London celebrates joins the new France

- Experts 'concerned' by dramatic rise
- Questions over triple jab for children

By Denis Campbell  
Health Correspondent

THE NUMBERS of children in Britain with autism is the highest that has ever been recorded, according to new evidence by the country's leading experts in the field.

A study, as yet unpublished, shows that as many as one in 50 children may suffer the surprisingly high figure may be linked to the use of the controversial MMR vaccine. This view is rejected by the vast majority of experts, including the country's leading autism expert, Professor Simon Baron-Cohen.

The study found that one in 50 children has other autism-related conditions, such as hyperactive disorder, Asperger's, that could be as many as 200,000 children under 16. The research is significant because the figure is well above the existing estimates of one in 100, a high-profile battle such as the National Autistic Society have until now accepted as correct. It is also significantly more than the previous highest estimate of one in 80, which was reported in research published last year in the *Lancet*.

Some experts who previously explained the rise in autism as resulting from better diagnosis and a broader definition of the condition now believe the spread could be linked to the triple jab as this indicates that there has been a real rise in the numbers of children who are autistic. Although the new research appears statistical and does not examine possible explanations for the rise, two of the authors believe that the MMR jab, which babies receive at 12 to 15 months, might be partly to blame. Dr Hans van de Loo, from the Central Brain Bank, says it could be a factor in small numbers of children.

Professor Baron-Cohen, director of the autism and the cognitive sciences research centre at the University of Bristol, said he did not believe the rise in autism was linked to the MMR vaccine. This view is rejected by the vast majority of experts, including the country's leading autism expert, Professor Simon Baron-Cohen.

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Professor Baron-Cohen, director of the autism and the cognitive sciences research centre at the University of Bristol, said he did not believe the rise in autism was linked to the MMR vaccine.



This article was retracted

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## RETRACTED: Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

Dr [AJ Wakefield](#) FRCS [a](#) , [SH Murch](#) MB [b](#), [A Anthony](#) MB [a](#), [J Linnell](#) PhD [a](#), [DM Casson](#) MRCP [b](#), [M Malik](#) MRCP [b](#), [M Berelowitz](#) FRCPsych [c](#), [AP Dhillon](#) MRCPsych [a](#), [MA Thomson](#) FRCP [b](#), [P Harvey](#) FRCP [d](#), [A Valentine](#) FRCR [e](#), [SE Davies](#) MRCPsych [a](#), [JA Walker-Smith](#) FRCP [a](#)

### Summary

#### Background

We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

#### Methods

12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

#### Findings

Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12

### Article Options

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[Review](#) Measles, mumps, and rubella in Finland: 25 years of nationwide elimination programme 

[Seminar](#) Measles: not just another viral exanthem 

[Seminar](#) Rubella 

RETRACTED



# Revealed: MMR research scandal

ST investigation exposes scientist's 'fatal' conflict of interest

Dr Andrew Wakefield, the lead author of the 1998 study that linked the MMR vaccine to autism, has been found to have a "fatal" conflict of interest. A Sunday Times investigation has revealed that Dr Wakefield, a former paediatrician, was secretly paid by a law firm to sue the manufacturers of the vaccine. The investigation also found that Dr Wakefield had a financial interest in a company that was suing the manufacturers of the vaccine. The findings have led to a major retraction of the study and a loss of support for Dr Wakefield by his colleagues.

# MMR DOCS IN U-TURN

## ANTI-MMR SCIENTISTS CHANGE THEIR MINDS

Major U-turn on triple jab risk

Dramatic retraction KO's autism link

Colleagues withdraw support for doctor who sparked MMR scare

Retraction from MMR authors

MMR research scientists retract link with autism

MMR doctors disown Wakefield study

Jab scare climbdown

MMR authors deny finding autism link

MMR doctors disown Wakefield study

### MMR: THE TRUTH BEHIND THE CRISIS



Dr Andrew Wakefield, the lead author of the 1998 study that linked the MMR vaccine to autism, has been found to have a "fatal" conflict of interest. A Sunday Times investigation has revealed that Dr Wakefield, a former paediatrician, was secretly paid by a law firm to sue the manufacturers of the vaccine. The investigation also found that Dr Wakefield had a financial interest in a company that was suing the manufacturers of the vaccine. The findings have led to a major retraction of the study and a loss of support for Dr Wakefield by his colleagues.

### MMR doctor fixed data on autism

Dr Andrew Wakefield, the lead author of the 1998 study that linked the MMR vaccine to autism, has been found to have a "fatal" conflict of interest. A Sunday Times investigation has revealed that Dr Wakefield, a former paediatrician, was secretly paid by a law firm to sue the manufacturers of the vaccine. The investigation also found that Dr Wakefield had a financial interest in a company that was suing the manufacturers of the vaccine. The findings have led to a major retraction of the study and a loss of support for Dr Wakefield by his colleagues.

- In May 2010, the General Medical Council of Great Britain found that the lead author of the study, Dr. Andrew Wakefield, had acted "dishonestly and irresponsibly."
- In June 2010, his medical license was revoked.



## NOTEWORTHY

- The now discredited study had focused on the link between Thimerosal (a mercury-based ingredient) and autism.
- As of 2001, that ingredient was removed from all vaccines other than influenza.



## WHAT STARTED THE RUMORS?



**1998**



Lancet published a paper by Dr. Andrew Wakefield, a dramatic study that found a connection between autism and vaccines

### The Study Had Some Problems



Not based on statistics



No control group



It relied on people's memories



Made vague conclusions that weren't statistically valid

## NO LINK WAS FOUND

So people started investigating his claims

Following Dr. Wakefield's study, here's what other more rigorous studies found

**1999**

a study of **500 CHILDREN**  
no connection was found

**2001**

a study of **10,000 CHILDREN**  
still found no connection

**2002**

a study from Denmark of **537,000 CHILDREN**  
found no connection

a study from Finland of **535,000 CHILDREN**  
once again found no connection



**2012**

A review of 27 cohort studies, 17 case control studies, 6 self-controlled case series studies, 5 time series trials, 2 ecological studies, 1 case cross-over trial covering over **14,700,000 CHILDREN**

**2005**

A review of 31 studies covering more than **10,000,000 CHILDREN**  
Also found no connection

**2004**

Lancet released a statement **REFUTING** the original findings

**NO LINK TO AUTISM WAS FOUND IN ANY CASE, IN ALL OF THE STUDIES.**

“ They had conducted invasive investigations on the children without obtaining the necessary ethical clearances... picked and chose data that suited their case; **THEY FALSIFIED FACTS.** ”

**VACCINE VILIFICATION SURVIVES**

**1/4**

U.S. parents believe some vaccines **cause autism** in healthy children

**1.8%**

of parents opt out of vaccines **for religious or philosophical reasons**



There have been 0 credible studies linking vaccines to autism

Recently an anti-vaccine religious community has seen measles outbreaks



## Although declared eradicated in 2000...

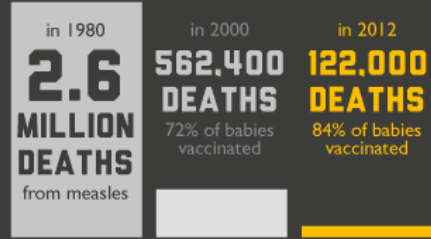


France reported a massive measles outbreak with nearly 15,000 cases in 2011

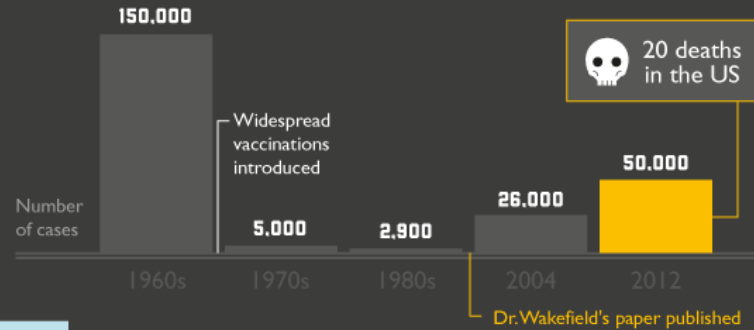


The U.K. reported more than 2,000 measles cases in 2012

Before widespread vaccinations of babies



## In the United States, whooping cough shot up in 2012 TO NEARLY 50,000 CASES



a new study concluded that



**VACCINE REFUSALS** were largely to blame for a 2010 outbreak of whooping cough in California

## COMMON VACCINE MYTHS

### MYTHS THAT STILL SCARE PARENTS

Vaccines are ridden with **toxic chemicals** that can harm children



Thimersol, the chemical being referenced, does contain mercury. However, thimersol has been removed from scheduled vaccines and only resides in the seasonal flu vaccine.



The decision to not vaccinate my child **only affects my child**

Un-vaccinated children who contract a disease can infect infants yet to be inoculated, the small percentage of people whose vaccines did not take, and people with compromised immune systems.

Receiving too many vaccines at once can **override a baby's immune system**



Baby's immune systems are strong enough to defend from the day to day viruses and bacteria with which they come in contact; they can also handle the vaccines. Remember, vaccines use deactivated viruses in their ingredients.

Drug companies **just do it to make profits**

According to the WHO, estimated 2013 global revenues for all vaccines is around \$24 billion, which only accounts for approximately 2 - 3% of the total pharmaceuticals market.



OF PARTICULAR RELEVANCE TO THE  
ORTHODOX JEWISH COMMUNITY...



# NEW YORK TIMES OCTOBER 21, 2011

## Health Department Reports Spike in Measles Cases in Brooklyn

By ANEMONA HARTOCOLLIS OCTOBER 21, 2011 6:20 PM 5 Comments

Six cases of childhood measles have been reported in Brooklyn over the last two weeks, the New York City health department said Friday, contributing to a spike in measles cases this year.

The health department usually sees four to six cases of measles per year in years when there are no outbreaks, said Susan Craig, a spokeswoman for the department. There were recent outbreaks in 2008, when there were 30 cases, and 2009, with 18 cases. Last year there were six cases. So far this year, there have been 24 cases. Many of the cases this year have been among travelers and were not linked together.

The latest outbreak took place within a close-knit Orthodox Jewish population in Brooklyn, officials said. There have been similar outbreaks among Orthodox Jews in the past. Some of the children had not been vaccinated, perhaps because of a preference within the community to delay vaccination, health officials said.

At least two of the cases are directly related, and it is suspected that all are related, “with unknown common exposures,” Ms. Craig said.

She said the health department had put out an alert to doctors because it is the middle of a Jewish holiday season, raising the risk that children may be exposed to measles through large gatherings and holiday parties.

“Measles is a highly infectious and potentially life-threatening disease,” Dr. Jay Varma, the city’s deputy commissioner for disease control, said in an e-mail Friday. “Because it is so easily transmitted from one person to another, we continue to see outbreaks in communities where parents delay vaccinating their children.”

Children are supposed to routinely receive the first dose of measles vaccination at 12 months and the second dose at 4 to 6 years old.

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[N Engl J Med.](#) 2012 Nov;367(18):1704-13. doi: 10.1056/NEJMoa1202865.

## Mumps outbreak in Orthodox Jewish communities in the United States.

[Barskey AE](#)<sup>1</sup>, [Schulte C](#), [Rosen JB](#), [Handscur EF](#), [Rausch-Phung E](#), [Doll MK](#), [Cummins KP](#), [Alleyne EO](#), [High P](#), [Lawler J](#), [Apostolou A](#), [Blog D](#), [Zimmerman CM](#), [Montana B](#), [Harpaz R](#), [Hickman CJ](#), [Rota PA](#), [Rota JS](#), [Bellini WJ](#), [Gallagher KM](#).

### Author information

#### Abstract

**BACKGROUND:** By 2005, vaccination had reduced the annual incidence of mumps in the United States by more than 99%, with few outbreaks reported. However, in 2006, a large outbreak occurred among highly vaccinated populations in the United States, and similar outbreaks have been reported worldwide. The outbreak described in this report occurred among U.S. Orthodox Jewish communities during 2009 and 2010.

**METHODS:** Cases of salivary-gland swelling and other symptoms clinically compatible with mumps were investigated, and demographic, clinical, laboratory, and vaccination data were evaluated.

**RESULTS:** From June 28, 2009, through June 27, 2010, a total of 3502 outbreak-related cases of mumps were reported in New York City, two upstate New York counties, and one New Jersey county. Of the 1648 cases for which clinical specimens were available, 50% were laboratory-confirmed. Orthodox Jewish persons accounted for 97% of case patients. Adolescents 13 to 17 years of age (27% of all patients) and males (78% of patients in that age group) were disproportionately affected. Among case patients 13 to 17 years of age with documented vaccination status, 89% had previously received two doses of a mumps-containing vaccine, and 8% had received one dose. Transmission was focused within Jewish schools for boys, where students spend many hours daily in intense, face-to-face interaction. Orchitis was the most common complication (120 cases, 7% of male patients  $\geq 12$  years of age), with rates significantly higher among unvaccinated persons than among persons who had received two doses of vaccine.

**CONCLUSIONS:** The epidemiologic features of this outbreak suggest that intense exposures, particularly among boys in schools, facilitated transmission and overcame vaccine-induced protection in these patients. High rates of two-dose coverage reduced the severity of the disease and the transmission to persons in settings of less intense exposure.



דברים כב:ח - כִּי תִבְנֶה בַּיִת זָדֵשׁ וְעָשִׂיתָ מֵעֵקֶה לְעֵקֶה  
וְלֹא-תַשִּׂים דָּמִים בְּבֵיתְךָ כִּי-יִפֹּל הַגָּפֹל מִמֶּנּוּ





שו"ע חו"מ תכז סעיף ז – אחד הגג ואחד כל דבר שיש בו סכנה וראוי שיכשול בה אדם וימות, כגון שהיתה לו באר (או בור) בחצירו, בין שיש בו מים בין שאין בו מים, חייב לעשות חוליא גבוה י' טפחים, או לעשות לה כיסוי, כדי שלא יפול בה אדם וימות.

סעיף ח – וכן כל מכשול שיש בו סכנת נפשות, מצות עשה להסירו ולהשמר ממנו ולהזהר בדבר יפה, שנאמר: השמר לך ושמור נפשך (דברים ד, ט). ואם לא הסיר והניח המכשולות המביאים לידי סכנה ביטל מצות עשה ועבר בלא תשים דמים (דברים ד, ט).

סעיף ט – הרבה דברים אסרו חכמים מפני שיש בהם סכנת נפשות, וקצתם נתבארו בטור יו"ד סי' קט"ז, ועוד יש דברים אחרים ואלו הם: לא יניח פיו על הסילון המקלח וישתה, ולא ישתה בלילה מהבארות ומהאגמים, שמא יבלע עלוקה והוא אינו רואה.

סעיף י – כל העובר על דברים אלו וכיוצא בהם, ואמר: הריני מסכן בעצמי ומה לאחריים עלי בכך, או: איני מקפיד בכך, מכין אותו מכת מרדות, והנזהר מהם עליו תבא ברכת טוב.



## WHAT IS THE THRESHOLD FOR HALACHICALLY SIGNIFICANT סכנה?

שו"ת אג"מ או"ח ב:ק – "...וה"נ גבי מים מגולין דעכשיו שאין נחשים מצויין בינינו אנו שותין מהם אפילו לכתחלה, דשם בארתי שכוונת התוס' הוא, דהדבר שבמנין שהיה באיסור גילוי היה רק שאף שהחשש דשתה הנחש הוא חשש רחוק שלא היה זה חשש לאסור אף בשביל סכנה תיקנו שגם חשש קטן זה הוא חשש לענין סכנה וממילא הוא אסור מדין פ"נ, ולכן במקום שלא מצוי נחשים וליכא אף חשש הקטן לא היה ממילא בכלל התקנה."

IT WOULD SEEM THAT THE THRESHOLD FOR HALACHICALLY SIGNIFICANT סכנה IS VERY LOW

## WHAT IF THERE WAS NO SPECIFIC RABBINIC LEGISLATION?

שו"ע יו"ד קטז:ה – צריך ליזהר מליתן מעות בפיו, שמא יש עליהן רוק יבש של מוכי שחין. ולא יתן פס ידו תחת שחיו, שמא נגע ידו במצורע או בסם רע. ולא יתן ככר לחם תחת השחי, מפני הזיעה. ולא יתן תבשיל ולא משקים תחת המטה, מפני שרוח רעה שורה עליהם...

הגה: וכן יזהר מכל דברים המביאים לידי סכנה, כי סכנתא חמירא מאיסורא ויש לחוש יותר לספק סכנה מלספק איסור, ולכן אסור לילך בכל מקום סכנה כמו תחת קיר נטוי או יחידי זלילה, וכן אסרו לשתות מים מן הנהרות זלילה או להניח פיו על קלוח המים לשתות, כי דברים אלו יש בהן חשש סכנה (רמב"ם)...



IS THERE A DIFFERENCE BETWEEN REFRAINING FROM DANGEROUS  
ACTIVITIES AND ENGAGING IN PROACTIVE BEHAVIORS?

רמ"א יו"ד קטז:ה – עוד כתבו שיך לזרוח מן העיר כשדבר בעיה, ויש  
ללכת מן העיר בתחלת הדבר, ולא בסופו (תשובת מהרי"ל סי' ל"ה)

מ"ב או"ח תקעו:יד – וה"ה כשאצבעות פורחים בתינוקות ומתים  
יש לגזור תענית וכבר נדפס סליחה על תחלואי ילדים ובסל"ה כתב  
דכל אחד יזריח בניו מן העיר בעת הזאת דהיא מחלה המתדבקה:



“Given the negligible risks involved with vaccination, the question needs to be asked, is this procedure with its small risk of minor pain, swelling and slight fever (the more "common risks" associated with immunization vaccinations) any less safe than flight from town in times of plague, particularly when travel was far more unsure and safe destinations were not to be taken for granted? This even remains true today as the statistical odds of a fatal traffic accident are likely greater than that of vaccination fatality, and so too for accident-related injuries versus non-lethal side effects of vaccinations.”

Rabbi Asher Bush





Why then are we still having this discussion?  
Could there be any question whatsoever  
regarding the *halachic* requirement to  
vaccinate ourselves and our children?

The answer is yes.

Why?





**Statement on Risk vs Benefit of Vaccinations by David Satcher,  
M.D., PH.D.**

Assistant Secretary for Health and Surgeon General  
U.S. Public Health Service  
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Before the House Committee on Government Reform  
August 3, 1999

- Polio vaccine was licensed in the United States in 1955. During 1951 to 1954, an average of 16,316 paralytic polio cases and 1,879 deaths from polio were reported each year. As of 1991, polio caused by wild-type viruses had been eliminated from the Western Hemisphere.
- A physician entering practice today may never see a case of meningitis due to *Haemophilus influenzae* type b (Hib). Before the introduction of effective vaccines, in 1988, approximately one in 200 children, under the age of five, developed invasive Hib disease. Hib was the leading cause of bacterial meningitis in children under age five-- accounting for about 60 percent of all cases. From 15 to 30 percent of affected children became hearing impaired and about 420 children died every year despite antibiotic therapy. In addition, Hib vaccine has prevented the leading cause of acquired mental retardation in the U.S. By 1998, vaccination of pre-school children reduced the number of Hib cases by more than 99 percent.
- In the 1960s, many people witnessed first-hand, the terrible effects of rubella, commonly known as German measles. During an epidemic between 1964 and 1965, about 20,000 infants were born with deafness, blindness, heart disease, mental retardation, and other birth defects because the rubella virus infected their pregnant mothers. Today, thanks to nearly universal use of an effective vaccine, the rubella virus poses virtually no threat to the children of expectant mothers.



**Ironically therefore, the very success of vaccination has become the most compelling consideration for *poskim*.** Given the empirical reality that the vast majority of the school population does vaccinate, producing the phenomenon of 'herd immunity', the particular risk to any given unvaccinated child is relatively small. While the risk is indeed much greater than it would be for the vaccinated child, in absolute terms it is still small.



## נשמת אברהם מהד"ב חו"מ תכז

(5) חיסונים למיניהם. אמנם אין כל ספק שסידרת החיסונים שהילד מקבל באופן שגרתי מונעת מחלות ממנו ומהאוכלוסיה, אך יש הורים שמפחדים מאיזשהו סיכון שיש בדבר. אמר לי מו"ר הגרי"י נויבירט שליט"א שעקב הפחד הזה לא ניתן בהלכה להכריח הורים שילדיהם יקבלו החיסונים אעפ"י שחייבים להמליץ עליהם מאד כדי לשכנעם. וה"ה לגבי חיסונים נגד

- Many *poskim* (including Rav Shlomo Zalman Auerbach z"l, Rav Yehoshua Neuwirth z"l) feel that given the statistical unlikelihood that any one individual would contract these diseases, one is not *halachically* compelled to vaccinate themselves or their children.
- Nevertheless, in a situation where there was either a legal obligation or a school policy requiring vaccinations, individuals would be required to vaccinate.
- These *poskim* maintained that while we cannot force such vaccinations, parents should be strongly encouraged to vaccinate their children, personal hesitations notwithstanding.
- Additionally, physicians are obligated to try to persuade such parents to vaccinate their children.
- Many of these *poskim* are distressed and somewhat incredulous that parents should act so irresponsibly by refusing to vaccinate their children in the face of this universally accepted medical practice.

- This of course would change if more parents did not vaccinate, but as long as the system functions at a 90%-plus compliance rate, the increase in risk for the 10% may be halachically insignificant.



## נשמת אברהם מהד"ב חו"מ תכז

ושמעתי מהגרש"ז אויערבאך זצ"ל שודאי יש כאן סתירה בין מה שכותב הרמב"ם ומה שמוכא בחז"ל, אך צריכים לומר שהרמב"ם כתב את כל הפרק לפי הידע הרפואי שבזמנו. וכן אנו צריכים להתנהג לפי הידע הרפואי של זמננו ולא כפי שממליץ הרמב"ם כאן (אם יש סתירה), ואסור לעשות לפי רפואת התלמוד, עכ"ד.

רמב"ם הל' דעות ד:א – 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, ולהנהיג עצמו בדברים המבריין והמחלימים, ואלו הן: לעולם לא יאכל אדם אלא כשהוא רעב, ולא ישתה אלא כשהוא צמא, ואל ישהא נקביו אפילו רגע אחד, אלא כל זמן שצריך להשתין או להסך את רגליו יעמוד מיד.

שם הלכה ב – לא יאכל אדם עד שתתמלא כריסו אלא יפחות כמו רביע משבעתו, ולא ישתה מים בתוך המזון אלא מעט ומזוג ביין, וכשיתחיל המזון להתעכל במעיו שותה מה שהוא צריך לשתות...כללו של דבר יענה גופו וייגע כל יום בבקר עד שיתחיל גופו לחום וישקוט מעט עד שתתישב נפשו ואוכל, ואם רחץ בחמין אחר שיגע הרי זה טוב ואחר כך שוהה מעט ואוכל



“Dangerous Disease & Dangerous Therapy,” Rav Akiva Tatz; Targum Press. From page 48: “The question was put to Rabbi Elyashiv, who ruled that the parents should accede to immunization despite their concerns. When asked if the reason behind this ruling was the issue of fairness and the obligation to share responsibility, Rabbi Elyashiv indicated that it was; his reason was that *since immunization of children is normal practice* throughout the world, one should follow that normative course. In fact, Rabbi Elyashiv went so far as to assert that failure to immunize would amount to negligence.” He then continues, “Refusing childhood immunizations on the basis of unsubstantiated fears of vaccine side-effects is irresponsible and out of order halakhically. The danger of precipitating epidemics of measles, poliomyelitis and other diseases with potentially devas-



tating complications is far more real than the dangers attributed to vaccines on the basis of anecdotal claims. Until objective evidence to the contrary accrues, the halakhically correct approach is to do what is normal. In addition, a legitimate government's legislation concerning standards of medical conduct adds weight to their halakhic acceptability.”

As is well known, the “theories” that suggested that the MMR vaccine was responsible for autism have been thoroughly discredited by all medical authorities, not to mention that Thimerosal (the mercury-based ingredient alleged to have caused the problem) is no longer used in the production of these vaccines.

ר' שלום אליהו אלישיב זצ"ל - חוברת הלכה ומעשה, מחלות חורף: חיסונים וז"ל: "באם רוב הילדים בכיתה מחוסנים מפני נגיף כלשהו, וישנם ילדים יחידים שההורים שלהם לא חיסנו אותם, ובכיתה יש הורים שחוששים מכך, יכולים ההורים לדרוש מהיחידים לנהוג ככלל ולא להיפך למזיקים"



At the end of the day the differences between Rabbi Auerbach and Rabbi Elyashiv are small:

1) Both agree that parents should be encouraged to vaccinate their children because the benefits far outweigh the risks.

2) Both agree that schools and parents of vaccinated children can legitimately exclude non-vaccinated children from the classroom to minimize the dangers to their own children.

3) They disagree on whether vaccination is an absolute parental obligation (Rabbi Elyashiv) or “merely” a highly desirable thing to do (Rabbi Auerbach).

From the perspective of a Jew who seeks to do the will of G-d, both positions will lead to the same result.

Rav Yitzchak Breitowitz



At this point the matter would seem rather simple: according to one approach there is an obligation to vaccinate even when the statistical risks are relatively low, and according to the other approach it is not an obligation, but still remains the sensible and prudent path to follow. There is no thought in halakhah or *hashkafah* to suggest that there is something less than desirable in providing the best preventative care possible. Needless to say, there may be isolated cases where such vaccinations would not be in the medical best interests of the child and should not be done, but such cases are indeed few and far between.





News

# Are Ultra-Orthodox Turning Away From Vaccination?

*Rabbi Who Denounces Practice Gains Some Backing*



THINKSTOCK

**By Josh Nathan-Kazis**

Published September 17, 2014.



An anti-vaccine Orthodox glossy called P.E.A.O.H. Magazine launched in April in English, with copies distributed in Orthodox neighborhoods in Brooklyn. "We have heard what the pro-vaccine side has to say, and we are decidedly opposed to their largely unfounded claims," an introduction on the issue's second page reads.



- Ultra-Orthodox Jews who declined to vaccinate their children have been at the center of a handful of outbreaks of vaccine-preventable diseases in recent years, including one large measles outbreak in Brooklyn in 2013, another in London the same year and an earlier outbreak in Jerusalem in 2007.
- It's unclear how many ultra-Orthodox parents skip vaccinations for their children. A representative for the New York City Department of Health and Mental Hygiene said that 96% of students at yeshivas in Brooklyn are vaccinated, and ultra-Orthodox insiders in Brooklyn say that vaccinations are near-universal in the community.
- Vaccines work on the theory of herd immunity, the notion that disease outbreaks can be prevented if a population has a high proportion of people who are immune to a given disease. Large numbers of people who opt out of vaccination lower a population's level of herd immunity. "If you have a community where the herd immunity is very, very low and also if there's crowding or very, very large families... then the disease could spread rapidly," Gill said.
- That appears to be what happened in ultra-Orthodox communities in Brooklyn in 2013, when 58 people were sickened in the largest measles outbreak since 1996. According to a Centers for Disease Control and Prevention report on the incident, nearly 80% of the people who fell ill in the Boro Park section of Brooklyn were members of "three extended families whose members declined use of measles vaccine." Nine of those who got sick in Williamsburg had also refused vaccination. The ultra-Orthodox Jewish community in Hackney experienced a measles outbreak in 2013 that also spread among unvaccinated young people.
- **Orthodox opposition to vaccines, where it exists, does not appear to be based on religious objections.**





State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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JON S. CORZINE  
Governor

[www.nj.gov/health](http://www.nj.gov/health)

HEATHER HOWARD  
Commissioner

December 1, 2008

N.J.A.C. 8:57-4.3 and 4.4 Immunization of Pupils in Schools rule,  
Religious and Medical Exemption

The New Jersey Department of Health and Senior Services (NJDHSS) has received numerous inquiries regarding enforcement of N.J.A.C. 8:57 – 4, Immunization of Pupils in School. The issue of exemptions to mandatory immunizations has been reviewed by the NJDHSS Office of Legal and Regulatory Affairs and the New Jersey Office of the Attorney General. Below is a summary of the advice received from legal council regarding exemptions to immunization(s).

- Religious Exemptions:  
N.J.S.A. 26:1A – 9.1 provides an exemption for pupils from mandatory immunization “if the parent or guardian of the pupil objects thereto in a written statement signed by the parent or guardian upon the grounds that the proposed immunization interferes with the free exercise of the pupil’s religious rights.” All schools, child care centers, and local health officers may be advised that the religious exemption extends to private, parochial, and public institutions. When a parent or guardian submits their written religious exemption to immunization, which contains some religious reference, those persons charged with implementing administrative rules at N.J.A.C. 8:57 – 4.4, should not question whether the parent’s professed religious statement or stated belief is reasonable, acceptable, sincere and bona fide. In practice, if the written statement contains the word “religion” or “religious” or some reference thereto, then the statement should be accepted and the religious exemption of mandatory immunization(s) granted. The language requiring how the administration of immunizing agents conflicts with the student’s religious beliefs does not mandate specificity as to membership in a recognized church or religious denomination. NJDHSS will seek to amend the rules at N.J.A.C. 8:57 – 4.4 through the Administrative Rules process to be consistent with N.J.S.A. 26:1A – 9.1.



As is clear from the words of this code, the exemption is available for any and all professing a religious belief that vaccination is inappropriate, and such beliefs may not be questioned by any secular authorities. This language is most appropriate for the state, which neither has the interest nor the right to define religious doctrine; were it to do so it would likely soon find itself embroiled in legal action. However, this is not at all relevant to a yeshiva, which by definition sets the religious standards that are to be followed under its roof in all matters, both large and small. Even though the code itself does state that this exemption is to be given without questions being asked, there is no legitimate way that an Orthodox parent of an otherwise healthy child can claim that their religion prohibits or discourages vaccinations.

On the other hand, some states allow exemptions based on “personal beliefs” (not specifically religious beliefs). While there is nothing dishonest about a yeshiva parent having such a personal belief, it is a misguided one that should be corrected. ❧



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