

HM 427:8.2021a
Rabbi Micah Peltz

Vaccination and Ethical Questions Posed by COVID-19 Vaccines¹

Approved on January 1, 2021, by a vote of 18-0-0. Voting in favor: Rabbis Jaymee Alpert, Pamela Barmash, Suzanne Brody, Nate Crane, Elliot Dorff, David Fine, Susan Grossman, Judith Hauptman, Steven Kane, Jan Kaufman, Daniel Nevins, Micah Peltz, Avram Reisner, Robert Scheinberg, David Schuck, Deborah Silver, Ariel Stofenmacher, and Iscah Waldman. Voting Against: none. Abstaining: none.

Question:

Now that vaccines for COVID-19 are available, is there an obligation to be vaccinated? Can Jewish institutions require vaccination for employees, students, and congregants? What should be the guidelines for their distribution?

Response:

The Torah commands us to “Be careful and watch yourselves,”² which is understood by the Talmud to mean that we should avoid danger whenever possible.³ Elsewhere in Deuteronomy, we find the *mitzvah* of placing a parapet, or guardrail, around one’s roof.⁴ This is understood to mean that we should actively take steps to protect ourselves and others.⁵ As Rabbi Moses Isserles clearly articulates in the *Shulhan Arukh*, “one should avoid all things that endanger oneself, as we treat physical dangers more stringently than ritual prohibitions.”⁶

The Torah emphasizes that we need to take responsibility for the well-being of those around us when it says, “Do not stand idly by the blood of your neighbor.”⁷ This is understood to mean that we do everything we can to safeguard the health of others.

This is a short summary of the many sources that make it clear that taking preventative measures during this time of pandemic, like wearing masks, washing hands, and maintaining physical distancing, are not just recommended but are obligated by *halakha*,

The Committee on Jewish Law and Standards of the Rabbinical Assembly provides guidance in matters of halakhah for the Conservative movement. The individual rabbi, however, is the authority for the interpretation and application of all matters of halakhah. This teshuvah was approved by the CJS in a fast-track process intended to provide answers expeditiously.

¹ With gratitude to Dr. Toby Schonfeld for her generous guidance and wisdom of these complex ethical questions, and to Rabbis Elliot Dorff, Daniel Nevins, Avram Reisner and Dr. Jeffrey Skolnik for their helpful feedback.

² Deuteronomy 4:9

³ Talmud *B’rakhot* 32b

⁴ Deuteronomy 22:8

⁵ Maimonides *Hilkhhot Rotzeah* 11:5-6

⁶ *Shulhan Arukh* YD 116:5

⁷ Leviticus 19:16

Jewish law.⁸ If there is even a chance that our behavior can protect our lives, and the lives of others, then that would take precedence over any other consideration.

When it comes to vaccines, we can say much of the same thing. In 2005, the CJLS overwhelming approved a *teshuvah* by Rabbi Joseph Prouser entitled “Compulsory Immunization in Jewish Day Schools.” The question posed was whether Jewish Day Schools could grant an exemption of religious grounds for a child whose parents refuse to permit vaccinations. Rabbi Prouser, after a thorough examination of the sources and contemporary medical research, concluded, “Failure to immunize children against vaccine-preventable disease is a serious, compound violation of Jewish Law: there is no basis in Halakhah to support a parent’s request for a religious exemption from state-mandated immunizations.”⁹ Though the issue for Rabbi Prouser is vaccinating children, it is clear from the sources that he presents that vaccination would be a *mitzvah* for adults as well. Indeed, this is the conclusion that Rabbi Elliot Dorff comes to in his book, *Matters of Life and Death*, when he writes:

With its strong sense of community and duty, the Jewish tradition would have us use communal measures to preserve our lives and health as much as possible. It would be a violation of Jewish law, for example, for a Jew to refuse to be inoculated against a disease, at least where the inoculation has a proven track record of effectiveness. Jews, on the contrary, have a positive duty to have themselves and their children inoculated against all diseases where that preventative measure is effective and available.¹⁰

This is the position taken by many halakhic authorities today.¹¹ It would seem, then, that there is an obligation to be vaccinated against COVID-19. We must note, however, that Rabbi Dorff’s guidance of being inoculated against a disease is obligatory when “the

⁸ For more in-depth study of these sources see *Matters of Life and Death: A Jewish Approach to Modern Medical Ethics* by Rabbi Elliot Dorff. Also, [Rabbi David Golinkin in “Does Halakhah require vaccination against dangerous diseases such as measles, rubella, polio and Covid-19” Responsa in a Moment Vol. 15 Num 1.](#) See also Rabbi Elliot Dorff and Rabbi Susan Grossman “Wearing Face Covering, Physical Distancing, and Other Measures to Control the COVID-19 Pandemic” CJLS, forthcoming.

⁹ Rabbi Joseph H. Prouser “Compulsory Immunization in Jewish Day Schools” 2005. Approved 20-0-1. https://www.rabbinicalassembly.org/sites/default/files/public/halakhah/teshuvot/20052010/prouser_immunization.pdf We will not reproduce all of the sources here but encourage the reader to find them in Rabbi Prouser’s *teshuvah*. Also see Rabbi Golinkin’s *teshuvah* on vaccination cited above.

¹⁰ Dorff 253

¹¹ For good summaries of opinions in the Orthodox community, including in response to the measles outbreak in 2012, see Rabbi Asher Bush “Vaccination in Halakhah and in Practice in the Orthodox Jewish Community,” *Hakirah* 13, 2012; 185-212. Rabbi Shlomo Brody, “Vaccinations: Does Jewish law mandate preventative vaccines?” in *A Guide to the Complex: Contemporary Halakhic Debates*, 60-62. The “Statement on Vaccinations from the OU and Rabbinical Council of America,” issued in 2018, says, “The OU and the RCA strongly urge all parents to vaccinate their healthy children on the timetable recommended by their pediatrician.” Note that it stops short of mandating vaccinations. <https://www.ou.org/news/statement-vaccinations-ou-rabbinical-council-america/> In 2015, the Union for Reform Judaism adopted a resolution supporting mandatory immunization laws for children and adults. <https://urj.org/what-we-believe/resolutions/resolution-mandatory-immunization-laws>

inoculation has a proven track record of effectiveness.” The safety and effectiveness of a vaccine are primary concerns.

While immunizations approved by government health authorities might always bear a statistically recognizable risk, it is generally very small, and therefore the benefit of vaccination to the health of the individual and to society takes precedence. However, that risk is determined by research studies and experience, which are regulated by government agencies. Because of the pandemic, COVID-19 vaccines have been approved in the United States by the Food and Drug Administration (FDA) under Emergency Use Authorization (EUA). The U.S. is not alone in its fast track approval process. Countries around the world have had to use an expedited approval process for COVID-19 vaccines in order to combat the pandemic. EUAs are used very rarely in the U.S., though they have already been invoked to approve various therapeutic treatments for COVID-19 such as convalescent plasma. To be granted an EUA, the known and potential benefits of a drug must outweigh the known potential risks. Additionally, the FDA has said that for a vaccine to be approved under an EUA it must show at least a 50% reduction in coronavirus infection and have a strong track record through at least a median of two months of follow-up time. The FDA consults with an independent advisory committee before making decisions about the approval of the vaccines.¹²

How do we weigh the potential risk of a fast-tracked vaccine against its potential benefits for the individual and for society? Two sources are helpful in addressing this question. Both were written in response to Edward Jenner’s invention of a safer smallpox vaccine at the turn of the 19th century. As David Ruderman has shown, at the time there was debate among Jewish authorities about the risk of introducing a small amount of smallpox into a healthy person.¹³ Rabbi Israel Lipschutz was an enthusiastic supporter of Jenner’s vaccine. In the “Boaz” section of his *Tiferet Yisrael* commentary to *Mishnah Yoma* 8:3, he wrote that the infinitesimal risk, which he described as “one in a thousand” is appropriate against the much greater risk of contracting the illness.¹⁴ From here, we can say that we must weigh the real risk of contracting COVID-19 with the presumed risks of a vaccine approved under an emergency process.

The second source is Abraham ben Solomon of Hamburg, also known as Abraham Nanzig, who published a letter in London in 1785 entitled *Aleh Terufah*. Nanzig himself was mourning the death of his two sons to smallpox, and his letter was a passionate argument for inoculation against it. Rabbi Prouser ably summarizes Nanzig’s arguments, but there is one point that is particularly important for our discussion here. Smallpox was a leading cause of death in Europe in the 18th century, where an estimated 400,000 people died

¹² Johns Hopkins Bloomberg School of Public Health: What Is Emergency Use Authorization? <https://www.jhsph.edu/covid-19/articles/what-is-emergency-use-authorization.html>

¹³ David B Ruderman, “Some Jewish Responses to Smallpox Prevention in the Late Eighteenth and Early Nineteenth Centuries: A New Perspective on the Modernization of European Jewry.” *Aleph: Historical Studies in Science and Judaism*, 2; (2002): 111-144.

¹⁴ See Rabbi Avram Reisner in *The Observant Life*, “Medical Ethics,” 759

annually.¹⁵ This led Nanzig to an important conclusion. For Nanzig, smallpox is so widespread, and so contagious, that everyone should be considered at risk, and therefore the benefit of the vaccine, even one that is new and without a long track record, as Jenner's vaccine was at the time, outweighs that risk.¹⁶ In other words, the greater societal benefit of taking the vaccine, along with the serious consequences of contracting the disease, outweighs the risk it might pose to a few individuals.

Nanzig's evaluation of smallpox in late 18th century Europe can be compared to our experience with COVID-19. Given the exponential infection and mortality rates, the impact it has had on our behavior and on society, and the necessary precautions individuals, governments, businesses, and schools have taken, it seems fair to say that we too are all at risk from this disease. This places a responsibility on each of us to take preventative measures such as wearing masks, limiting gatherings, and frequent hand washing. This responsibility would also extend to being inoculated against the coronavirus. It is important to note that these obligations are not mutually exclusive. Some of the potential vaccines are effective against developing severe disease, but it is unclear if they prevent transmission.¹⁷ Because of this, preventative measures will need to remain in effect for some time into the future.

From an *halakhic* perspective, the question is whether each of the COVID-19 vaccines, even though they were approved under emergency processes, would be considered a *refuah b'dukah*, an established treatment. In *The Observant Life*, Rabbi Reisner writes that "the halakhic concept of an 'established' treatment is much narrower than the current concept of an approved medication...From the vantage point of *halakhah*, an established treatment must be known to be generally effective."¹⁸ Rabbi Golinkin shows that the testing of the COVID-19 vaccines, though not as rigorous as usual, still meets the requirement of *refuah b'dukah*, and therefore we would be required to vaccinate.¹⁹ Additionally, the Orthodox Union and the Rabbinical Council of America have also ruled that there is a requirement to be vaccinated for COVID-19.²⁰ It is important to note that all of these obligations to vaccinate also require the individual to do so in consultation with their personal health care provider.

Given all of this, it is clear that all those whose doctor recommends vaccination are obligated by *halakhah* to be vaccinated against COVID-19.

¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200696/>

¹⁶ Ruderman 120

¹⁷ <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>

¹⁸ *The Observant Life* 757

¹⁹ Golinkin. Also, in private correspondence 12/6/2020: "If the vaccine is 95% effective and the only side effects so far are headaches and the like, then it's a *refuah bedukah*." It is important to note that not all of the COVID-19 vaccines are 95% effective. Still, the testing the vaccines go through to receive approval in the U.S., plus the fact that we are in a pandemic (*sh'aat hadahak*), would qualify them as *refuot b'dukot*.

²⁰ "COVID-19 Vaccine Guidance" Presented by the Orthodox Union and the Rabbinical Council of America. December 15, 2020; <https://www.ou.org/assets/Guidance-re-Vaccines.pdf>

Requiring Vaccination for Employees, Students, and Congregants

As noted above, Rabbi Prouser's 2005 *teshuvah* thoroughly addressed this question for students of Jewish Day Schools. He concludes: "Unless a specific immunization is medically contraindicated, and so documented by a reliable physician, unvaccinated children – even those who, in violation of Jewish law, have secured a religious or philosophical exemption from the state – are properly denied admission to Jewish Day Schools."²¹ The *halakhic* sources and reasoning behind this *teshuvah* resonate with our current situation and the requirement to vaccinate against COVID-19. Therefore, from the standpoint of Jewish law, it is appropriate to extend Rabbi Prouser's ruling to any Jewish institution to require vaccination against COVID-19 for its participants, whether they be employees, students or congregants. Jewish institutions should consult with their legal counsel for guidance on this question from the perspective of secular law.²²

Jewish Ethics and Vaccine Distribution

The ethical questions that guide the fair distribution of the COVID-19 vaccines are complicated. They can be asked on at least three different levels: global, national, and personal. What obligations, if any, do rich countries have to poor countries in sharing the vaccine? Within a country, how do we decide who gets the vaccine first? As individuals, do we each have an obligation to wait our turn, or are their circumstances where one could jump the line? These are complex questions that many committees on ethics and governments are in the process of working through. Here we will present Jewish sources that give us insight into these questions. It is important to note, however, that the principle of *dina d'malkhuta dina* (the law of the land is the law)²³ applies to vaccine distribution. In other words, we are obligated by the decisions made by our government on these matters. Still, especially when it comes to the personal ethics of vaccine distribution, our tradition gives us guidance and provides perspective.

In March 2020, the CJLS approved two *teshuvot*, one by Rabbi Dorff²⁴ and one by Rabbi Nevins,²⁵ on triage during a pandemic. These *teshuvot* were dealing with allocating lifesaving treatment, such as ventilators, during a pandemic. In their writings, Rabbi Dorff and Rabbi Nevins lay out criteria for making this determination that are helpful in thinking about our issue.

Though Rabbi Nevins refers primarily to the allocation of scarce medical resources to already-infected patients, his discussion of pre-infection triage of PPE and vaccines is

²¹ Prouser 29

²² Note that the U.S. Equal Employment Opportunity Commission recently updated its guidance on vaccines, saying that emergency authorization does not change an employer's legal ability to require a vaccine. <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

²³ *Bavli Gittin* 10b, *Bavli Nedarim* 28a and elsewhere.

²⁴ Rabbi Dorff, "Triage in the Time of a Pandemic" <https://www.rabbinicalassembly.org/sites/default/files/2020-03/Triage%20in%20the%20Time%20of%20a%20Pandemic.pdf>

²⁵ Rabbi Nevins, "Triage and the Sanctity of Life" <https://www.rabbinicalassembly.org/sites/default/files/2020-04/Triage%20and%20the%20Sanctity%20of%20Life%20%281%29.pdf>

helpful for our question. Of the three questions to consider when considering treating Person A or Person B, based on different sources, these two are germane to our topic:

1. Who is in most immediate and grave danger?
2. Is one victim terminally ill? Jewish law differentiates between brief survival (*hayyei sha'ah*) and long-term recovery (*hayyei olam*), with a year of survival as the criterion.²⁶

Determining who is in most immediate and grave danger is an important consideration. It substantiates the initial phase of vaccination which prioritizes health care personnel, who are working with COVID-19 patients, and residents of long-term care facilities, who tend to be more vulnerable to the spread and severe consequences of the virus. The second point has raised more difficult questions, as some studies have shown that the elderly may not benefit as much from vaccination if their immune systems are already compromised. This, though, is unproven and controversial.²⁷

In his *teshuvah*, Rabbi Dorff revisits the five frameworks for determining how to allocate a community's limited resources that he developed in his book *Matters of Life and Death*.²⁸ He identifies four moral principles to guide triage decisions:

- 1) Treating people equally, either through "first come, first served" or through a lottery.
- 2) Favoring the worst-off on the basis of the "rule of rescue."
- 3) Maximizing total benefits (utilitarianism), measured either by the number of lives saved or the number of life-years saved.
- 4) Promoting and rewarding social usefulness, based either on instrumental value for the future of the society or on reciprocity for past contributions, including those on the front lines of fighting COVID-19.³⁰

These principles, based in Jewish sources, are helpful in thinking about the ethical distribution of the vaccines. While ideally everyone in the world would get equal access to the vaccine immediately, this is not possible given the vaccines' initial scarcity and logistical challenges. Still, the final three principles are helpful guidelines in thinking about global and national distribution. Favoring the worst-off would lead us to prioritize those most vulnerable, such as the elderly, the immunocompromised, and/or minority groups who have historically been discriminated against in health care.³¹ Maximizing total benefits compels us to protect the public's health, which also includes socioeconomic well-being in the short and long term. Promoting social usefulness makes us consider how we can best vaccinate those who help others for the benefit of all.

²⁶ Quoted from Number 5 on Page 11 in Rabbi Nevins' *teshuvah*.

²⁷ <https://www.webmd.com/lung/news/20200929/covid-19-vaccine-trial-shows-promise-for-elderly>

²⁸ For a full treatment of these frameworks with sources see Dorff, *Matters of Life and Death* 282-299

³⁰ Dorff "Triage" 3

³¹ At the same time, as Dr. Toby Schonfeld pointed out, minority groups in particular have a history of being experimented upon without their consent, so it may not maximize benefits overall.

When it comes to global distribution, the rise of “vaccine nationalism” has made implementing these principles even more complicated.³² Vaccine nationalism occurs when countries seek to inoculate their citizens before everyone else. While protecting its citizens is a top priority for all countries, and this concern has accelerated efforts in the development of the COVID-19 vaccines, it also leads to greater inequality of distribution.

According to the Duke Global Health Innovation Center, which tracks vaccine procurement worldwide, there will not be enough vaccines to cover the world’s population until 2023 or 2024.³³ This is due to a variety of factors, but one major factor is wealthy countries stockpiling vaccines. To help level the global playing field, GAVI-The Vaccine Alliance, the World Health Organization and the Coalition for Epidemic Preparedness Innovations have promoted COVAX, a worldwide platform to support the research, development, and manufacturing of COVID-19 vaccines. As of this writing, more than 180 countries have signed a pledge to participate in this initiative, including Canada, Israel and much of Europe. The U.S. and Russia are the largest countries who so far have refused to commit to COVAX.³⁴ This initiative would help put our values into action in working towards a more ethical global distribution of vaccines.

Only somewhat less complicated is the ethical distribution of COVID-19 vaccines within a country. In the U.S., guidelines for distribution are made by the Centers for Disease Control (CDC) based on recommendations from the Advisory Committee on Immunizations Practice (ACIP). The ACIP is an independent group of medical and public health experts. The ACIP reports that the recommendations they give are based on the following ethical principles, which are similar to those of Rabbi Dorff cited above:

1. Maximize benefits and minimize harms.
2. Mitigate health inequities
3. Promote transparency³⁵

These principles align with the recommendations of the National Academy of Sciences Framework for Equitable Allocation of COVID-19 Vaccine published in October 2020. This Framework is an independent and objective analysis whose purpose is to provide recommendations for federal and state government to prepare places for distribution of the COVID-19 vaccine.³⁶ The overall goal of this framework is “reduce severe morbidity

³² “Vaccine Nationalism Is Doomed to Fail.” Yasmeen Serhan in *The Atlantic*. Dec. 8, 2020
<https://www.theatlantic.com/international/archive/2020/12/vaccine-nationalism-doomed-fail/617323/>

³³ <https://launchandscalefaster.org/COVID-19>

³⁴ For a full listing of countries:

https://www.gavi.org/sites/default/files/covid/pr/COVAX_CA_COIP_List_COVAX_PR_09-10-2020.pdf?

³⁵ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e3.htm>.

³⁶ Press release for the Statement: <https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>

To read the full study: <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus#sectionPublications>

and mortality and negative societal impact due to the transmission of SARS-CoV-2.”³⁷ Here are the ethical and procedural principles they use to achieve this goal:

- **Ethical Principles**

- o **Maximum benefit** encompasses the obligation to protect and promote the public’s health and its socioeconomic well-being in the short and long term.
- o **Equal concern** requires that every person be considered and treated as having equal dignity, worth, and value.
- o **Mitigation of health inequities** includes the obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities.

- **Procedural Principles**

- o **Fairness** requires engagement with the public, particularly those most affected by the pandemic, and impartial decision making about and evenhanded application of allocation criteria and priority categories.
- o **Transparency** includes the obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the allocation framework as it is being developed, deployed, and modified.
- o **Evidence-based** expresses the requirement to base the allocation framework, including its goal, criteria, and phases, on the best available and constantly updated scientific information and data.³⁹

Here we see some overlap with our Jewish moral principles cited above. The committee also developed four risk-based criteria to apply among population groups. They are:

- **Risk of acquiring infection:** Individuals have higher priority to the extent that they have a greater probability of being in settings where SARS-CoV-2 is circulating and of being exposed to a sufficient dose of the virus.
- **Risk of severe morbidity and mortality:** Individuals have higher priority to the extent that they have a greater probability of severe disease or death if they acquire infection.
- **Risk of negative societal impact:** Individuals have higher priority to the extent that societal function and other individuals’ lives and livelihood depend on them directly and would be imperiled if they fell ill.
- **Risk of transmitting infection to others:** Individuals have higher priority to the extent that there is a higher probability of their transmitting the infection to others.⁴⁰

These risks not only reiterate the obligation to be vaccinated, with one’s doctor’s permission, but they also help inform who should get it first. This is articulated clearly in the allocation phases the Framework develops.⁴¹ It is important to note that, in keeping

³⁷ Framework Page S-6

³⁹ Framework S-5, S-6

⁴⁰ Framework S-7

⁴¹ Framework S-9 contains the full summary of recommended allocation phases.

with the primary principle of treating people equally, within each phase all groups have equal priority. Additionally, equity is a crosscutting consideration. In other words, “in each population group, vaccine access should be prioritized for geographic areas identified through CDC’s Social Vulnerability Index or another more specific index.”⁴² This attempts to preserve the principle of equality while also balancing it with health and societal needs.

These risk criteria focuses our attention on the individual level of vaccine distribution. It is important to remember that these guidelines are all recommendations to states and local governments for the ethical distribution of the vaccines. The actual distribution will happen locally, and following these guidelines is ultimately up to individuals in local government and hospitals, doctor’s offices, and pharmacies where the vaccines will be given. It is also up to each person, who will have to wait for their turn to be vaccinated. Given the severity of the pandemic, and the strain it has had on all of our lives, there may be a desire even by well-meaning individuals to try and “jump the line.” That is, to use one’s connections, influence, or financial means to be vaccinated sooner than determined by government guidelines.⁴³ In addition to the ethical principles articulated above, there are other Jewish sources that would forbid this type of behavior. Though generally one should take care of one’s self before assisting others, this should not come at any cost, especially at the potential cost of someone else’s health. The Talmud addresses this dilemma in a well-known story about two people who were walking in the desert:

Two people were walking along a deserted path, and in the hand of one of them was a jug of water. If both of them drink, they will both die [before reaching another source of water]. If one drinks, he will reach an inhabited place [and survive]. Ben Petora explained: “It is best that both drink and both die, so that one will not see the death of his friend. But then Rabbi Akiva taught: “Let him live by your side” (Lev. 25:36) – your life comes before the life of your companion.⁴⁴

Though Rabbi Akiva thinks that an individual should put her life first, most commentaries assume that he ruled like this because the jug of water was clearly owned by one of the two individuals. If it had been a shared jug of water, then it is possible that Rabbi Akiva would have ruled differently. It is important to note that no one suggests that the person who did not bring the jug of water should take his friend’s jug. That would be stealing, and perhaps, since it would lead to his friend’s death, even a more severe offense. Even though the friend’s life is in danger, this is not a case where he would be justified in taking the other person’s jug of water.⁴⁵

We must take care of ourselves first, but not at the potential cost of other’s health and well-being. Using one’s connections, influence, or financial means to move up in the vaccine line

⁴² Framework S-8

⁴³ For one example of how this is already happening, see “With the COVID Vaccine in Short Supply, the Wealthy Are Angling to Jump the Line,” Ian Spiegelman, Dec. 18, 2020 <https://www.lamag.com/citythinkblog/vaccine-wealthy/>

⁴⁴ *Bavli Bava Metzia* 62a

⁴⁵ See Maimonides *Mishneh Torah Hilkhoh Yesodai HaTorah* 5:7

has the potential to put other people's lives in danger and is therefore forbidden by Jewish law.

P'sak Din

1. Taking preventative measures against the spread of COVID-19, such as wearing masks, frequently washing hands, and physically distancing, are *mitzvot* and mandated by *halakhah*.
2. We reiterate that Jewish law obligates Jews to vaccinate themselves and others in their care, with medical guidance, with vaccines that have a proven and safe track record.
3. COVID-19 vaccines approved by government health agencies under emergency processes are considered to be *refuot b'dukot*, established treatments. With proper medical guidance, Jews are obligated to be vaccinated against COVID-19.
4. Jewish institutions are permitted, by *halakhah*, to require their employees, students, and congregants to be vaccinated against COVID-19. Legal counsel should be consulted to understand the secular law in this matter.
5. Considering the ethical distribution of COVID-19 vaccines globally and nationally requires us to apply our Jewish moral principles of treating people equally, favoring the worse off, maximizing total societal benefit, and promoting social usefulness. *Dina d'malkhuta dina* requires us to accept the distribution priorities made by governments.
6. Using personal connections, influence, or financial means to receive the COVID-19 vaccine sooner than our allotted time is forbidden.