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Rabbi Daniel Nevins

Concurrence to Rabbi Micah Peltz, Vaccination and Ethical Questions Related to Covid-19

I support Rabbi Micah Peltz's analysis and conclusions urging Jews to follow government guidelines to vaccinate against serious diseases when the vaccine has been proven to be safe and effective, as is the case with a growing list of COVID-19 vaccines.

Rabbi Peltz reaches six conclusions. I agree to them all but am troubled by the wording of the fifth conclusion, regarding the triage of vaccines, which draws on prior work by Rabbi Elliot Dorff:

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.

The four moral principles listed by Rabbi Peltz here are in tension with each other, and only the first two are truly attested in Jewish law. The principle of equal treatment is based on our core belief that all humans are created in the divine image. Favoring the worse off is grounded in the well-established Jewish norm of helping those in most immediate danger. I discuss both in my responsum, "[Triage and the Sanctity of Life](#)." However, "total social benefit" is a grand claim that is impossible to assess fairly. Indeed, it could threaten elderly and disabled people considering that utilitarians such as Peter Singer prioritize saving "years of life" rather than total lives saved. This is presumably not Rabbi Peltz's intention, given his first principle calling for equal treatment, but I feel obliged to challenge the concept of maximizing social benefit.

As for "promoting social usefulness," I understand Rabbi Peltz's intention to be the protection of front-line health care workers, a concern which I share, but again, this formulation is problematic. Who decides which people are most useful? Rather, it is because such front-line health workers are exposed to greater risk of infection that their vaccination deserves higher priority. Risk assessment, not social utility, is the relevant ethical distinction. For the same reason, the CDC has included the oldest adults in the first round of vaccinations. It has extended this concept also to include a "[Social Vulnerability Index](#)," which accounts for risk factors such as crowded housing in the ethical allocation of health care resources. Protecting those at greatest risk is a way to promote health equity, which aligns with the equal treatment principle that Rabbi Peltz correctly identifies as a core Jewish value.

The main rabbinic source to discuss prioritization in the redemption of captives, Mishnah Horayot 3:7, focuses on which captive is at most immediate and severe risk. As I argue in my responsum (n.17) the following mishnah's suggestion that captives who are sages be given priority in redemption over priests and laity has been set aside by later halakhists as inconsistent with Jewish norms. There is no acceptable way to rank people by their usefulness, and the temptation to do so should be resisted. The prioritization offered by the American CDC, Israeli Health Ministry, and many other nations' public health officials based exclusively on risk assessment, not on social benefit or utility, accords with Jewish morals and law.

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