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VACCINES, HYSTERIA AND RABBINIC RESPONSIBILITY: A PLEA FROM THE TRENCHES

JEREMY BROWN

Anti-vaccination hysteria

We are living in the midst of a wave of hysteria in which the need for childhood vaccinations is questioned or denied.¹ This is not the first such wave. There have been cases of mass hysteria in virtually every country and every society, from Malaysia to Kosovo and London to Mexico City.² In 1962 in Tanzania it was an outbreak of laughing;³ in 1983 in the West Bank it was an outbreak of fainting.⁴ In the late seventeenth century in colonial Massachusetts there were the Salem witch hunts; two-hundred people – the vast majority women – were accused of serving the devil. Before it was over, nineteen were hanged, and one was stoned to death.⁵ In the mid-twentieth century a wave of anti-communist hysteria swept this country, culminating in the McCarthy Senate hearings.⁶

Like any complex sociological phenomenon, there are many factors that created what has become a *de facto* anti-vaccine movement.⁷ These include a perceived lack of knowledge of the severity of the illness, fear of needles or the pain of vaccination, a distrust of the information produced by governments, and a belief that vaccines are not effective or have dangerous side effects.⁸ Since it first began in the 1990s, it has swept across the US, Europe,⁹ and the Middle East. [In France](#) over 40% of the population believe that vaccines are not safe.

¹ I use the term hysteria, as do others, fully aware of its connotations. Not all hysteria is somatic. See for example, F. Pandolfi et al., "The Importance of Complying with Vaccination Protocols in Developed Countries: 'Anti-Vax' Hysteria and the Spread of Severe Preventable Diseases," *Current Medicinal Chemistry* 25 (2018).

² Robert Bartholomew and Bob Rickard, [Mass Hysteria in Schools](#) (Jefferson, North Carolina: McFarland & Company, 2014).

³ A. M. Rankin and P. J. Philip, "An Epidemic of Laughing in the Bukoba District of Tanganyika," *Central African Journal of Medicine* 9 (1963).

⁴ David K. Shipler, "More Schoolgirls in West Bank Fall Sick," *New York Times*, April 4, 1983. Available at <https://www.nytimes.com/1983/04/04/world/more-schoolgirls-in-west-bank-fall-sick.html>. The *New York Times* had reported the cause was mass poisoning later. It wasn't, and The Times issued an apology. See also Raphael Israeli, [Poison: Modern Manifestations of a Blood Libel](#) (Lanham, MD: Lexington Books, 2002).

⁵ Jess Blumberg, "A Brief History of the Salem Witch Trials," <https://www.smithsonianmag.com/history/a-brief-history-of-the-salem-witch-trials-175162489/>

⁶ Richard M. Fried, [Nightmare in Red: The Mccarthy Era in Perspective](#) (New York, Oxford: Oxford University Press, 1990).

⁷ For some preliminary results see S. Blume, "Anti-Vaccination Movements and Their Interpretations," *Social Science & Medicine* 62, no. 3 (2006).

⁸ O. Yaqub et al., "Attitudes to Vaccination: A Critical Review," *Social Science & Medicine* 112 (2014).

⁹ "Anti-vax fears drive a measles outbreak in Europe," *The Economist*, August 25, 2018. Available at <https://www.economist.com/europe/2018/08/25/anti-vax-fears-drive-a-measles-outbreak-in-europe?source=acsh.org>.

[A quarter](#) of Greeks and Ukrainians are hostile. And characteristics of the deniers vary between countries: women in Hungary are more likely than males to believe that vaccines are effective, but in the Czech Republic, Germany, and Italy [the reverse is true](#).¹⁰

Anti-vaccination hysteria is also present among a small but vocal number of Orthodox Jews.¹¹ Among the most [widely reported anti-vaccination](#) declarations is that of Rabbi Shmuel Kamenetzky, Rosh Yeshiva of the Talmudical Academy of Philadelphia. “I see vaccinations as the problem” said Rabbi Kamenetzky, who is a [member of the Moetzes Gedolei HaTorah](#),¹² the rabbinical board of Agudath Israel. “It’s a hoax. Even the Salk vaccine [against polio] is a hoax. It is just big business.”¹³ In November 2018 the Rosh Yeshiva’s wife, Temi, led a teleconference in which she compared the German company that produces the MMR vaccine to *Amalek*, the ancient foe of the Jewish people.¹⁴ An anonymous group in Lakewood has distributed an eighteen-page color brochure encouraging parents to refrain from vaccinating their children.¹⁵ More recently, and in a far more subtle and nuanced way, the Orthodox Union issued a hesitant statement about the importance of childhood vaccinations. We will return to that later.

As a first step to combating this hysteria, rabbis of every synagogue and heads of every Jewish school must issue an unambiguous and unequivocal statement, declaring that only children who are vaccinated will be allowed to attend.¹⁶ The lives of our children depend on it.

The death rates from common infectious diseases

¹⁰ H Larson et al., "State of Vaccine Confidence in the EU 2018," (Luxembourg: European Commission, Directorate General for Health and Food Safety, 2018).

¹¹ See, for example K. Muhsen et al., "Risk Factors of Underutilization of Childhood Immunizations in Ultra-Orthodox Jewish Communities in Israel Despite High Access to Health Care Services," *Vaccine* 30, no. 12 (2012).

¹² See <http://agudathisrael.org/photo-moetzes-gedolei-hatorah-meeting-at-agudath-israel-headquarters/> for example,

¹³ Simone Ellen, “A Healthy Dose?” *Baltimore Jewish Times*, August 28, 2014. Available at https://jewishtimes.com/27549/a-healthy-dose/arts_life/food-feature/2/. Ellen’s article appears to have been the source for this quote which was widely circulated on websites for religious Jews.

¹⁴ A recording and transcript is available [here: https://www.facebook.com/mordyovits/videos/10156708121948536/](https://www.facebook.com/mordyovits/videos/10156708121948536/). “Is this being recorded?” asks one of the women on the phone. “I hope not, replied” the Rebbetzin. Among the many other baseless claims she makes there is this one: a pharmaceutical company was behind the murder of a doctor who had developed a cure for cancer.

¹⁵ The publication is hard to find online, but was available here: <https://www.dropbox.com/s/vbznuaboas99k5/PEACH%20Vaccines.pdf?dl=0>.

¹⁶ The only exception is the rare instances in which vaccinations may be medically contraindicated such as a history of anaphylaxis on prior immunization or immune suppression. Pregnant women should not receive the following vaccines: HPV, MMR, Varicella, and Zoster. For a full list of contraindications see <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.

At the beginning of this century measles killed over 550,000 children worldwide. That number has dropped by 84%. In the US there were about 500 measles deaths each year before the introduction of the vaccine. There hasn't been a reported death from the disease since 2015.¹⁷ But in 2018 almost every region in the world experienced an increase in cases of measles. In Europe the number of confirmed cases rose by over 60% compared with the previous year.¹⁸ In the US this year, the number of confirmed cases almost doubled; so far there have been 15 measles outbreaks. Parts of [Seattle](#) now have lower vaccination rates than [Rwanda](#).¹⁹ In Europe measles killed at least 37 people in the first six months of this year. And in Israel the incidence of measles (per million population) increased from 1.3 to over 62, and the number of actual cases increased from 15 last year to at least 526 this year.²⁰ This year in Jerusalem an unvaccinated toddler died of measles. Hers was the first measles death there in 15 years.

Anti-vaccination and conspiratorial thinking

Why is this happening? One clue is from a recently published paper from an Australian group which examined the psychological roots of anti-vaccination attitudes among over 5,000 respondents in twenty-four countries.²¹ Its results highlight the correlation between (among other things) conspiratorial thinking and holding an anti-vaccination position. Perhaps that is no surprise, but most alarming is the finding that levels of education had no such correlation. "The particularly strong role of conspiratorial beliefs" conclude the authors, "helps contextualize why corrective information and myth-busting about vaccinations has tended to be either ineffective or counterproductive." It doesn't matter what you say, what evidence you provide. Paradoxically, presenting facts to those who are anti-vaccine is actually counterproductive. Because it was never about the facts.²²

As the statements of Rabbi Kamenetzky and his wife demonstrate, conspiratorial thinking also plays a significant role within the Ultra-Orthodox community. But research in Israel has shown that there are other factors at play. These include having more than six children, the

¹⁷ Centers for Disease Control, "Measles Data and Statistics," <https://www.cdc.gov/measles/downloads/measlesdataandstatsslideset.pdf>.

¹⁸ World Health Organization, "Reported Measles Cases by Who Region, 2017, 2018" (World Health Organization, 2018)

¹⁹ James Bao et al., "Near Universal Childhood Vaccination Rates in Rwanda: How Was This Achieved and Can It Be Duplicated?," *The Lancet Global Health* 6, no. 2 (2018). Washington State Dept of Health. *Public Health Measures*. Accessed Dec 3 2018. Available at <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/ImmunizationDataDashboards/PublicHealthMeasures>

²⁰ World Health Organization, "Epidata," (2018); *ibid*.

²¹ M. J. Hornsey, E. A. Harris, and K. S. Fielding, "The Psychological Roots of Anti-Vaccination Attitudes: A 24-Nation Investigation," *Health Psychology* 37, no. 4 (2018).

²² Z. Horne et al., "Countering Antivaccination Attitudes," *Proceedings of the National Academy of Sciences of the United States of America* 112, no. 33 (2015) ; Muhsen et al., "Risk Factors of Underutilization of Childhood Immunizations in Ultra-Orthodox Jewish Communities in Israel Despite High Access to Health Care Services." But showing them examples of how the disease looks in children, preferentially with pictures does more.

mother's level of education, a belief that Judaism forbids vaccination, a perception that the risk of vaccine preventable diseases is low, and mistrust of the health authorities.²³

How are we to frame our thinking about this wave of anti-vaccine hysteria? How might we learn about a response from our rich Jewish intellectual heritage? Perhaps by turning to a small *sefer* written by a long-forgotten rabbi and published in London over two-hundred and thirty years ago.

***Oleh Terufah* – the first halakhic work on vaccination**

In 1785 Abraham ben Solomon of Hamburg published *Oleh Terufah* (*Leaf of Healing*).²⁴ It was a short book which discussed the urgent need to inoculate people against smallpox. We know very little of Abraham's biography, and what we do know comes from the book's introduction. He was born in Nancy in north-eastern France, spent some sixteen years in the Hague under the patronage of a Jewish banker there, and later moved to London where he was again supported by a member of the Jewish community. There is no evidence that he obtained rabbinic ordination, nor that he had undergone an apprenticeship in medicine. "Abraham was clearly not a prominent figure in either the rabbinic or medical world" wrote the historian David Ruderman, "so... his publication is all the more unusual, and the book's contents were "a rich mixture of rabbinical opinion, medical information and common sense."²⁵

Oleh Terufah was written in the most tragic of circumstances. Abraham had lost two children to smallpox and was determined to inform other Jews that it was possible to inoculate against the disease. Some medical history is needed to put this book into context. Smallpox was a highly contagious disease with a fatality rate of 30%. In 1980, after an intense international vaccination campaign, it was completely eliminated. For centuries it had been known that a degree of protection from the disease could be obtained through what later became known as *inoculation*. In this process, a pustule from the skin of a person infected with smallpox would be opened. Some material was then extracted and placed into a small incision made in the forearm of the recipients, usually a child. There was inevitably a local reaction, accompanied perhaps with fever and malaise, but these symptoms soon resolved, and the child would then become immune to smallpox. The method was widely practiced and had been brought to England at the start of the eighteenth century (though with little enthusiasm from physicians, who found the idea too unconventional for their liking). Although it was Edward Jenner who was credited with introducing the process, it had in fact been used for decades. In 1798 he published a now classic paper on a variation of the vaccination process, but as we learn

²³Muhsen et al., "Risk Factors of Underutilization of Childhood Immunizations in Ultraorthodox Jewish Communities in Israel Despite High Access to Health Care Services."

²⁴ Abraham ben Solomon, *Oleh Terufah* (London: Alexander bar Yehudah, 1785).

²⁵ 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* 2 (2002). Ruderman provides the background and social context of *Oleh Terufah*.

from the publication of *Oleh Terufah* thirteen years earlier, he neither discovered nor was the only champion of the procedure.^{26,27}

As Abraham ben Solomon noted, there were many physicians opposed to the procedure. It's not hard to understand why. Neither Jenner nor anyone else had any idea what caused smallpox or why the vaccine worked. Parents were being asked to allow their healthy child to be deliberately inoculated with the pus of smallpox victim. It was a leap of faith that I imagine many of us would have refused to take. And among Jews there was the question of whether Jewish law permitted it at all.

Abraham did not include a rabbinic approbation to his work, so often published in similar books of Jewish law. As he explained in the introduction, he had chosen to do so for two reasons. First, he considered himself "as a student who teaches in the presence of his rabbi." He claimed that he was engaged only in a theoretical discussion and never intended his book to provide a definitive ruling about the permissibility of the smallpox vaccine. Despite this commitment, *Oleh Terufah* is far from a work of theoretical Halakhah. This is most evident with Abraham's instruction to the reader that should he wish to avoid excessive *pilpul*, he should skip certain pages. Evidently Abraham wanted his readers to read his conclusions, rather than join him on a journey of exegesis. But he knew exactly what he was really doing. Despite his proclaimed modesty, "sometimes" he wrote "there is a slip of the pen" and writes, "it appears to me to rule leniently, or something similar."

The second reason for publishing without an approbation was this: Abraham was not interested in making money from his book. He believed that rabbinic *haskamot* usually served only to remind others of the issues of copyright. But Abraham never intended for his book to be a commercial success. "I give full permission" he wrote, "to whomever wishes, to publish this book at the end of the year 5545 [1785]" – the very year in which the book was published. The goal was not sales: it was saving lives.

Abraham's book was meant to persuade his readers that although inoculation carried a small risk, it was a far better option than opening up the possibility of catching smallpox.²⁸ Writing before an understanding of the germ theory of disease, he cited the opinion of a Jewish physician by the name of Jacob Zahalon of Rome who identified impure menstrual blood as the cause of smallpox. Zahalon was of course wrong – but no more wrong than anyone else, writing some two centuries before Pasteur's experiments which demonstrated the

²⁶ C. P. Gross and K. A. Sepkowitz, "The Myth of the Medical Breakthrough: Smallpox, Vaccination, and Jenner Reconsidered," *International Journal of Infectious Diseases* 3, no. 1 (1998).

²⁷ Edward Jenner, [*An Inquiry into the Causes and Effects of the Variolae Vaccinae, a Disease Discovered in Some of the Western Counties of England, Particularly Gloucestershire, and Known by the Name of the Cow Pox*](#) (London: Sampson Low, 1798).

²⁸ Abraham put the mortality risk from inoculation at one in one thousand. This was certainly a guess, meant to describe an extremely low risk rather than an actual complication rate. Abraham had published an essay on *Ha-Meassef* a year earlier in which he covered much the same ground. There he estimated the mortality rate at 5/60,000. See *Ha-Meassef* Tishrei 5545 (1784). Letters section II 5-15.

correctness of the germ theory.²⁹ But it didn't much matter what caused smallpox; what mattered was the success of the vaccination program. Abraham focused on the issue of doubt and certainty and cases where there may be an element of tiny risk (*s'feik s'feikah*). He cited the Talmud (*Hullin 9*), the *Shulkhan Arukh* and its commentaries (*Yoreh De'ah 110*), and examples from Torah, *Nevi'im*, and *Ketuvim*. He was working, he acknowledged, in uncharted territory; inoculation had not previously been discussed anywhere in the responsa literature.

³⁰ There was no precedent to be found in the Talmud or the *Gaonim*, but basing himself on what sources might have been germane, he ruled that any healthy child who had not yet caught smallpox was to be considered already sick. Halakhah therefore required that the vaccine be given, even if it carried, as it did, a risk of serious complications and even death.

Abraham branched out into a discussion of the effectiveness of the vaccination compared with blood-letting or laxatives.³¹ Both of these well-established procedures had complications that included death. "Should we" he asked rhetorically "prohibit bloodletting or laxatives because of this?" And then this prescient sentence: "there is no medical intervention that is entirely free of risk". The question was never about being certain that an intervention is completely safe, *because there is no such thing as a completely safe medical intervention*. After a further discussion on the irrelevance of relying on God to heal the sick, Abraham concludes with this poetic declaration:

After considering all of this, I sit in judgement before my teachers and rabbis who are expert adjudicators. In my humble opinion this medical intervention has been proved effective and is now widely used.

There were four arguments in support of vaccination in *Oleh Terufah*. First, experience had already demonstrated that the vaccine worked. Second, it was important to act quickly to save the lives of children. Third, any medical procedure carries risk, but the risk specific to vaccination was no greater than that associated with other widely accepted therapies of the time. Vaccines today pose nothing of the risk that Abraham was discussing of course. They are medicines, so of course they have side effects. The most common of these are allergic reactions, and there is no link whatsoever between vaccination and autism. Finally, Abraham wrote of the deaths of two of his four children from smallpox to emphasize the risks of not vaccinating. He made his story personal. But it was the fact that he took a position at all that makes Abraham's book so worthy of study. It was an example of leadership at a time of crisis. Which brings us to the Orthodox Union.³²

²⁹ Because Jenner also had no idea why inoculation worked, his discovery did not really advance the science. See David Wootton, *Bad Medicine: Doctors Doing Harm since Hippocrates* (Oxford; New York: Oxford University Press, 2006).

³⁰ Among the earliest *teshuvot* are *Teshuvah Me-Ahavah* of Rabbi Eleazar ben David Fleckeles, vol. 1, #135 dated 1805. He permitted a child to be inoculated on Shabbat itself, if there was no alternative day available.

³¹ See my remarks on [Talmudology](http://www.talmudology.com/jeremybrownmdgmailcom/2015/3/23/ketuvot-52-blood-letting?rq=blood%20letting), available at <http://www.talmudology.com/jeremybrownmdgmailcom/2015/3/23/ketuvot-52-blood-letting?rq=blood%20letting>. Bloodletting and laxatives were among the only interventions the physicians could offer, and they did so for a huge number of conditions. Remarkably, both were used as late as 1918 to treat influenza. See Jeremy Brown, *Influenza: The Hundred Year Hunt to Cure the Deadliest Disease in History* (New York: Touchstone, 2018).

³² Agudath Israel has not issued a statement on vaccinations.

The OU-RCA statement on vaccinations

In November 2018 the Orthodox Union and the Rabbinical Council of America issued a [“Joint Statement on Vaccinations.”](#) They “strongly urge[d] all parents to vaccinate their healthy children on the timetable recommended by their pediatrician.” “Jewish law” they wrote, “defers to the consensus of medical experts in determining and prescribing appropriate medical responses to illness and prevention.” And then this: “...the consensus of major poskim (halachic decisors) supports the vaccination of children to protect them from disease, to eradicate illness from the larger community through so-called herd immunity, and thus to protect others who may be vulnerable.”

What sounds like laudable support for a critical and life-saving program raises several questions on a second read. “The consensus” of course, means that there are those who disagree. And that term “so-called” is laden with meaning. What would you mean if you called someone a “so-called rabbi”? What would you be trying to communicate if you called someone a “so-called expert”? You would mean of course, they are anything but rabbis, and nothing like real experts. That’s at least how we use the term – and how the [Merriam-Webster Dictionary](#) helpfully defines the term: *falsely or improperly so named*. Or better yet the [Oxford Dictionary](#), which informs us that the phrase is used “to express one’s view that such a name or term is inappropriate.”

Anyone with a modicum of scientific background would know that *herd immunity* is as real as *innate immunity* or *acquired immunity*. It is not an object but a concept, and one that carries a great deal of importance in our fight against devastating infectious diseases. Herd (or group) immunity occurs when a sufficiently large number of members develop immunity to an infectious disease, due either to vaccinations or the development of natural immunity after an infection. In this setting, a bacteria or virus has so few hosts that it fails to penetrate the group that its ability to infect non-immune members is drastically reduced. The presence of immune individuals provides indirect protection to the non-immune.³³ But the OU-RCA statement questions the very existence of *herd immunity*.

If indeed, as the OU-RCA statement claims, “Jewish law defers to the consensus of medical experts,” why does it suggest a paragraph later that “everyone should consult with his or her religious, medical and legal advisors in determining what actions to take”? What role might these religious leaders have, if we were just told that Jewish law should defer to medical opinion? Why the need to include this disclaimer at all? Abraham argued in his book that Jewish law required every parent to vaccinate their child. The OU could have looked to earlier works – like *Oleh Terufah* - for a model of rabbinic responsibility. The OU statement prevaricated when it should have been crystal clear.³⁴

³³ The term appears to have been first used in 1923 to describe “immunity as an attribute of a herd...closely related to, but in many ways distinct from, the problem of the immunity of an individual host.” See Topley, W. W. C., Wilson, G. S. “The Spread of Bacterial Infection. The Problem of Herd-Immunity,” *The Journal of Hygiene* 21 (3) (1923): 243–249. The term had been used in a slightly different context as early as 1918.

³⁴ It’s not as if the OU is afraid to take a stand on controversial issues. Last year it published its position on whether a woman may be employed in a clergy function. It did so because the OU leadership felt that the Orthodox community “would benefit greatly by receiving comprehensive, fully elucidated responses regarding

Prayer and action

The Talmud relates that Reish Lakish, the great *amora* of the third century, and his secretary Yehudah bar Nahmeni went to comfort Rav Hiyah bar Abba, who was mourning the death of his child.³⁵ Yehudah bar Nahmeni offered some intended words of comfort, but they were nothing of the sort; they were words of rebuke. “In a generation in which fathers abhor the Holy One, Blessed be He, He gets angry at their sons and their daughters, and they die when they are young.” Reish Lakish, hearing Yehudah’s insensitivity, told him to change track. Here is the last of the four blessings with which Yehudah replied.

Master of the worlds, redeem and save, deliver and help your nation Israel from pestilence, and from the sword, and from plundering, from the plagues of wind blast and mildew [that destroy the crops], and from all types of misfortunes that may break out and come into the world. Before we call, you answer. Blessed are You, who ends the plague.

Blessed are You who ends the plague. Once, all that could be done when little children died was to pray for God to intervene and end the plague. It’s an understandable response to the tragedy caused by infectious disease, when all you can do is watch the children die.

A quite different blessing is made before undergoing a medical procedure. It was originally said prior to bloodletting (now mercifully a thing of the past). But it should be said by any patient before and after undergoing any medical intervention, and it is (or should be) part of normative Jewish practice to this day, as ruled by the Shulchan Arukh, which states:³⁶

“May it be your will Lord my God, that this procedure will heal me, for you are an unconditional healer.” And when it is finished, he says: “Blessed are you God, healer of the sick.”

In the fight against infectious diseases, we now have more than just the option of praying for a plague to end. We can vaccinate our children *and* offer a prayer to God asking that the vaccine perform its job. That is the message we need to tell, in every *shul*, in every Jewish day school, and in every religious organization in the country.

women’s professional roles that would inform and educate our increasingly sophisticated community membership.” It was a tightly worded and heavily referenced paper of almost 7,000 words, and concluded that there was “a legal preclusion to the appointment of women clergy.” There was no such prevarication or disclaimer on the clergy issue. On that there appeared to be no room for religious dissent. The OU statement on vaccinations was twenty times shorter, with not a single reference or declarative statement. Somehow, anti-vaccine hysteria managed to enter a statement that called for more parents to vaccinate. For a review of vaccination in Halakhah see Asher Bush, “[Vaccination in Halakhah and in Practice in the Orthodox Jewish Community](#),” *Hakirah* 13 (2012): 185-212.

³⁵ *Ketubot* 8b.

³⁶ *Shulhan Arukh, Orach Hayyim* 230:4.

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SHABBAT MORNING YOUTH GROUPS: IMPLEMENTING RAV MOSHE FEINSTEIN'S INCLUSION IMPERATIVE

ZEVI FISCHER

In 1981, Rav Moshe Feinstein *zt"l* extensively outlined the extent of the obligation to educate a child with special needs. Rav Moshe explained that those with diminished mental capacities, who may not fully comprehend all things but nonetheless have some intelligence, are required to observe at least certain *mitzvot* as adults. Accordingly, Rav Moshe held that we are obligated in the mitzvah of *hinnukh*, educating them when they are children ([She'eilot u-Teshuvot Igrot Moshe Yoreh Deah 4:29](#)).

Towards the end of the responsum, Rav Moshe presented a bold position concerning inclusion of people with special needs in our synagogues:

Regarding when they are in attendance at synagogue: the congregation certainly must greet them warmly, even those who are mentally incapable of learning. It should also be seen to that they answer “*amen*” and that someone recites *kedushah* with them—whether for their own sake, so that they fulfill what they can, and because attending the synagogue is itself a mitzvah, and so that they can kiss the Torah scrolls—or for the honor of their fathers (*ibid.*).

Subsequently, Rav Yuval Cherlow reinforced Rav Moshe's mandate of inclusion, quoting the above exhortation from Rav Moshe and stating [as follows](#):

Therefore, the community, in its support of the child and his participation in communal activities, not only offers *hesed* towards the child but also furthers his spiritual and mental development. His integration into communal activity, whether in the synagogue or in other activities, truly influences and promotes him, and contributes to bringing him to the level of attainment and understanding that obligates him to perform the mitzvah like the rest of his peers.³⁷

As explained by Rav Cherlow, Rav Moshe's mandate that the community include and welcome the child with a disability into the synagogue is not merely a benevolent act of kindness; it also enables the child to develop his capabilities to be a member of the Jewish people obligated in the performance of *mitzvot*. Regrettably, despite the remarkable strides the Jewish community at large has taken regarding inclusion, many communities continue to fall somewhat short in the synagogue youth department setting.³⁸ Fortunately, a relatively

³⁷ Yuval Cherlow, “*Aliyah la-Torah* of a Child with Special Needs,” June 18, 2007, accessible at <http://www.kipa.co.il/ask/show/121889>.

³⁸ In fact, in the most recent publicly available “Directory of Synagogues with Accommodations for Individuals with Disabilities” from the Orthodox Union, only one synagogue responded that it provided accommodations for children with special needs. See “Directory of Synagogues with Accommodations for Individuals with Disabilities,” accessible at <http://ou.org.s3.amazonaws.com/resources/disdirectory.htm>. While this directory is over thirteen years old and, as detailed herein, a few additional synagogues have since instituted programming for children with special needs, the directory mandates that it is to be updated regularly. As such, the silence and

new model has been introduced in a number of synagogue youth departments which promises to more fully actualize Rav Moshe's plea. Synagogues in major Jewish communities such as Teaneck, West Orange, Silver Spring, and Boca Raton have instituted a "Shadow Program" for Shabbat Morning Youth Groups (hereinafter referred to as "Groups") to include children with special needs, with the able assistance of shadows. These Groups present an optimal vehicle for satisfying Rav Moshe's charge to create an inclusive synagogue for children with special needs. Every community should strive to incorporate this transformative new model into their youth departments.

As in most synagogues, synagogue Groups implementing the Shadow Program start a few minutes after the commencement of Shabbat morning prayers, enabling the children to spend meaningful amounts of synagogue time with their parents, balanced against the limits of their capabilities to pray in the synagogue main sanctuary. Thereafter, the children proceed to Groups.³⁹ To properly accommodate and include children with special needs, Groups are staffed with "shadows." Similar to a "buddy system," each shadow is assigned to one child with special needs, guiding the child, keeping the child on task, and, most importantly, facilitating the inclusion of the child in all of the activities transpiring during Groups.⁴⁰ Ideally, a Shadow Program enables children ranging in age from as young as two and one-half to teenage to participate in all the Shabbat Group activities.⁴¹ If participation in regular Groups activities is not the best fit for the child, he and his shadow may meet in the hallways or other spaces in the synagogue. Importantly, each child's needs should first be explored by the shadows and Youth Directors.⁴² And if, for some reason, a participant is hesitant to join a group, the Youth Directors may sit with the shadow to devise a strategy to ensure the inclusion of that child. With the support of a shadow, children with special needs can be full participants in all of the youth department activities and programs.⁴³

The shadows are generally high school students who have been trained by the Youth Directors. They may learn by shadowing other shadows already in the program, and may also have prior experience volunteering for organizations such as the Friendship Circle and Yachad, and/or working at Camp HASC or Camp Simcha. Shadows arrive at Groups full of energy and ready to make every effort to include each child in every possible way.⁴⁴ For

lack of updated information and responses from all of our synagogues regarding accommodating children with special needs is deafening.

³⁹ Eta Krasna Levenson, "[Inclusion: Making a Difference in a Family's Shabbat, One Child at a Time](#)," *Jewish Link of New Jersey*, February 22, 2018.

⁴⁰ Bat Sheva Bayla Brenner, "[The Power of Belonging Welcoming Jews with Disabilities into Jewish Communal Life](#)," *Jewish Action*, Fall 2005.

⁴¹ Pearl Markovitz, "[Shabbat Morning Can't Come Soon Enough: Rinat's Shadow Program](#)," *Jewish Link of New Jersey*, January 5, 2017.

⁴² *Ibid.*; "Inclusion," accessible at <http://www.shaaretefillah.org/inclusion.html>. Youth Directors may receive training, as needed, in the area of children with special needs from special education experts and experienced professionals from organizations such as the Friendship Circle and Yachad NCSY.

⁴³ "Shabbat Morning Can't Come Soon Enough: Rinat's Shadow Program," *supra*.

⁴⁴ See "Inclusion: Making a Difference in a Family's Shabbat, One Child at a Time," *supra*.

example, a shadow will seek out a proper game and/or activity which the child with special needs can play with his or her peers. The shadow facilitates the activity, keeping the child on task, and acting as a bridge between the child with special needs and his or her neurotypical contemporaries, ensuring that each child thoroughly enjoys Groups.

Having a Shadow Program within a youth department does not just benefit children with special needs. Properly executed, an inclusive Groups provides a wonderful experience for neurotypical children, as well. Recently, during the prayers portion of Groups at one synagogue, a nine-year-old boy kindly reached over to assist a child with special needs with locating the page in his prayer-book.

And, for the parents, the unquantifiable impact can be life-altering. As one parent emotionally conveyed, “There is nothing more a parent wants than to see his children happily socializing with other children.”⁴⁵ Significantly, the teenage youth leaders and shadows also benefit from this opportunity, by appreciating and familiarizing themselves with another’s feelings and needs. As stated by one shadow, “I learned a lot... I learned patience and how to deal with life situations. My father tells me I don’t realize what a *chesed* I’m doing for the family. I look at it as something that needs to be done.”⁴⁶ Similarly, another shadow recently commented, “I love seeing the kids outside of groups and watching their faces light up when I give them a ‘high five.’ I love how everyone is very accepting of all the children that are there every Shabbat. Every time I see that I’m not on the schedule, I get a bit upset because I have one less chance to have the same effect on my kids as my group leaders had on me.”⁴⁷

In fact, when I personally approached one father in my synagogue to apprise him of the wonderful job his son performed as a shadow, he immediately replied, “being a shadow is an amazing experience for our son; it truly provides for him the opportunity to step out of his immediate world, and be more understanding of others.” Undoubtedly, everyone profits from inclusion. In the end, the approximately two and one-half hours spent at Groups are extremely positive, and all participants can hardly wait for the next Shabbat.

As with the institution of any new synagogue program, the implementation of a Shadow Program may present small challenges. However, none of them is an insurmountable barrier to this great endeavor. For example, the safety of all children will be continually monitored and safeguarded, and will not be affected by the presence of a child with special needs. Similarly, the additional costs for hiring shadows and/or providing training are negligible, and can easily be funded and assumed by the existing synagogue budgets. Simply put, while inclusion takes effort and asks that we step out of our comfort zones, there should be no impediment to a Shadow Program.

⁴⁵ “The Power of Belonging Welcoming Jews with Disabilities into Jewish Communal Life” *supra*.

⁴⁶ *Ibid*.

⁴⁷ “Shabbat Morning Can’t Come Soon Enough: Rinat’s Shadow Program,” *supra*.

In my experience, successfully implemented inclusion programs improve the quality of Groups for all children and benefit an entire community. Some common and effective inclusion best practices to consider in implementing a Shadow Program in a youth department include:

- Parents, Youth Directors and shadows should initially meet at least once to discuss the child with special needs, as well as his or her personality, strengths, likes, and dislikes.
- Prior to introducing a child with special needs into Groups, have him or her tour the Groups activity rooms, to familiarize herself with the surroundings.
- Immediately before Shabbat morning Groups, the parent(s) should inform the shadow of the child's mood and status for that day; immediately after Groups, the parent(s) should debrief the shadow and assess that day's Groups experience, as well as what everyone can improve or build upon for the following week.

Unquestionably, it is worth the time a community will invest in making its synagogue youth department a place where every child can succeed and be included.

Rav Moshe mandates that we utilize our resources to make our synagogues inclusive for children with special needs. To date, many synagogues have already incorporated such programming into their youth departments. By instituting a Shabbat Shadow Program in Groups, we can transform even more of our synagogues into fully inclusive institutions, thus realizing Rav Moshe's goal. The time has come for every synagogue to take this next step towards satisfying Rav Moshe's philosophy of inclusion. The time for inclusion is now.

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