

Ten Months Later – Where Do We Stand? The U.S. Jewish Community's Views on Coronavirus and COVID-19 Vaccines

January 18, 2021



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Introduction and Methodology

Introduction

Nishma Research has studied the Coronavirus and its impact on the Jewish community, via a broad study of many aspects of the pandemic (“Health, Emotional, Financial & Religious Impacts of the Coronavirus Pandemic in the Jewish Community” – June 10, 2020) and a post-election survey that shed additional light on the extent to which the pandemic has affected political views (“Priorities of Trump Voters vs. Biden Voters in the Orthodox Jewish Community: A Post-Election Analysis” – November 17, 2020).

As we entered 2021, COVID-19 vaccines had been developed and were starting to be administered. The subject of vaccines in general has been a contentious one in recent years, and we anecdotally observed varying levels of acceptance of and interest in a COVID-19 vaccine in the Jewish community. The purpose of this study was to explore that issue further, and to also conduct a “spot check” on some key communal views toward the pandemic.

Methodology

Reaching the Orthodox community is challenging given its relatively small size and the lack of centralized, accessible email or phone lists. Our primary approach was to contact via email approximately 2,500 members of the community who have opted in and have indicated a willingness to participate in occasional Nishma Research studies. In addition, we informed members of rabbinic/synagogue organizations (the Rabbinical Council of America, National Council of Young Israel, and The International Rabbinic Fellowship).

We follow the guidance of AAPOR (the American Association for Public Opinion Research) that opt-in surveys are not ideal but may be the best approach, lacking other options, as is the case in the Orthodox community. As is true for all surveys, responses should be viewed with appropriate understanding and caution, and through the lens of what is already known.

Responses

We received 1,619 responses between January 4 and January 13, 2021. Of these, 1,426 came from U.S. residents who self-identified their denomination within the Jewish community. This report covers those U.S. respondents. (We have reviewed the 113 Israeli responses and question whether they are a representative sample; hence, we exclude those respondents. All other countries accounted for 3% of the total response, and there are too few to analyze separately.)

The respondents include 1,072 who identified themselves as Orthodox, of which 716 identified themselves as Modern/Centrist and 356 identified themselves as Haredi (265 Yeshivish and 91 Chasidic). We also heard from 354 who identified themselves as Non-Orthodox (of which 45% were Conservative, 21% Reform, and 34% other or non-denominational). We are pleased at the enthusiastic response, which enables us to do comparisons across the Orthodox segments, within the segments (by demographic characteristics) as well as with Non-Orthodox. See page 18 for demographic information on the respondents as well as statistical notes that may be helpful in interpreting the data.

We refer to our sample as the “respondents” with the understanding that the extent to which they represent the larger community is not knowable and we therefore avoid inference to the larger population. Despite the challenges inherent in reaching and surveying a small community, the study uncovers intriguing findings, many of which find parallels in research on Americans generally (e.g., we offer some comparisons to recent Pew surveys) and some that are distinctive to the Jewish population. Our hope is that these findings will help to inform future research.

Contact

Nishma Research sponsored and conducted this research as a service to the community and is responsible for all aspects of the study and analysis. We welcome feedback from the community.

Mark L. Trencher – Email: mark@nishmaresearch.com
West Hartford, Connecticut – January 18, 2021

Summary of Key Findings

This report is based on findings from a January 2021 survey of 1,426 American Jews.

Incidence of COVID-19 in the Jewish Community – Incidence has been low in the Non-Orthodox (7%) and Modern Orthodox (12%) communities, but much higher in the Yeshivish (33%) and Chasidic (57%) communities. Majorities in all Orthodox segments have personally known someone who had died of COVID-19, as have over 40% of Non-Orthodox.

Perceptions of Coronavirus as a Threat – The Modern Orthodox, Yeshivish and Non-Orthodox all see coronavirus as a major threat to their community and are diligent about wearing face masks (with views comparable to those of the overall U.S. population). But the Chasidic community is notably less concerned (40% see it as a major threat) and less compliant with preventive measures (48% are diligent about wearing face masks).

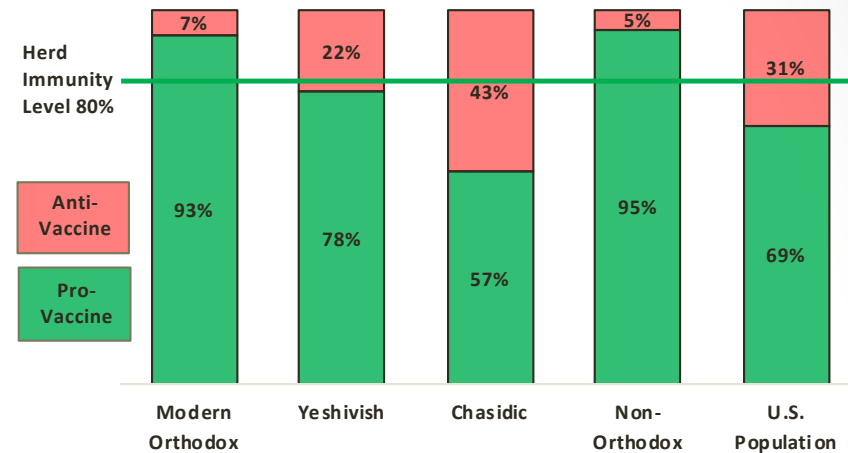
Sources of Coronavirus / COVID-19 Information – Top sources for Orthodox and Non-Orthodox are medical professionals and secular newspapers. Among the Orthodox, Haredi rely more on social media (WhatsApp is popular) and non-government websites, Jewish newspapers and religious leaders; Modern Orthodox rely more on secular newspapers, TV, and government websites. There do appear to be “information reliability differences” between the groups’ sources, suggesting a need for broadening education.

Perceptions of COVID-19 Vaccine – Fewer than two-thirds have a great deal of confidence in COVID-19 vaccine safety or effectiveness. This holds across all groups and is particularly low among the Chasidic (under 30%) and Yeshivish (about 40%). However, combining those with “a great deal of confidence” and those with “a fair amount of confidence,” percentages improve substantially, ranging from two-thirds to 90%+. So, it does appear that there are a significant number of people whose opinions could be affected by education and experience.

Plans Relating to Getting the COVID-19 Vaccine – Pro-vaccine intentions (the percentage that has already received the vaccine plus those who plan to get it) are lower among Haredi and higher among Modern Orthodox and Non-Orthodox.

Overall Vaccine Sentiment Score – Positive vs. Negative vaccine sentiment scores were assessed relative to the latest estimated herd immunity level of 80% (per CDC 01/15/21). Modern Orthodox (93%) and Non-Orthodox (95%) are well above that level, the Yeshivish (78%) are close, and these segments compare favorably to the overall U.S. population (69% in December). However, the Chasidic community (57%) falls far short.

Pro-Vaccine vs. Anti-Vaccine Sentiment



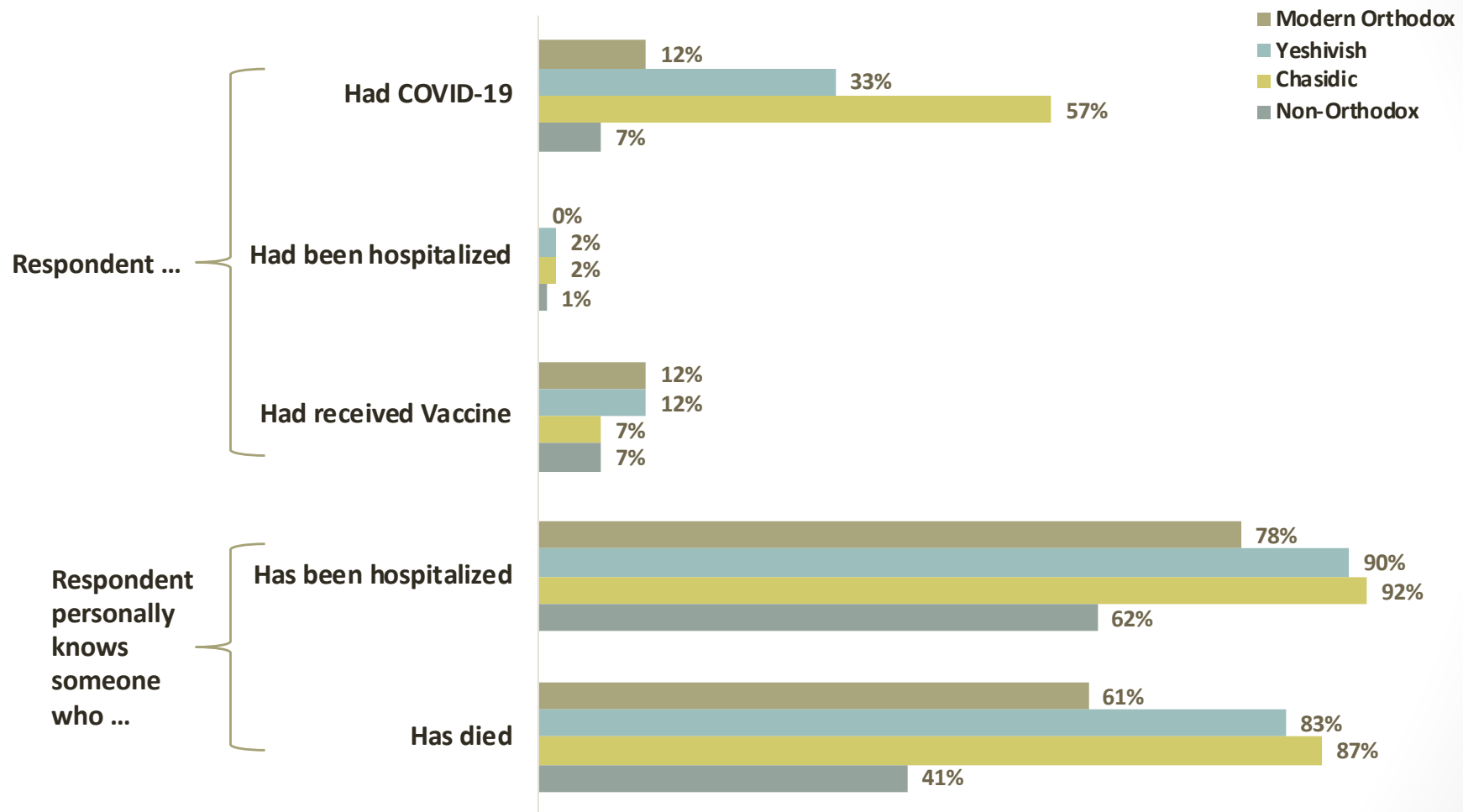
Differences Between Pro-Vaccine and Anti-Vaccine Respondents – Those who are pro-vaccine are a bit older, more diligent about getting a flu shot and wearing a face mask, and rely heavily on secular newspapers. Those who are anti-vaccine rate the vaccines poorly on both safety and effectiveness, get more information from social media, and don’t see Coronavirus as a major threat to their community. Knowing someone who has died from COVID-19 does not appear to affect opinions.

Top Reasons Given for Anti-Vaccine Positions – Orthodox Respondents’ top vaccine concerns are around safety, side effects, and unease about its rapid development. However, half are open to reconsidering a decision to not get the vaccine as more information becomes available.

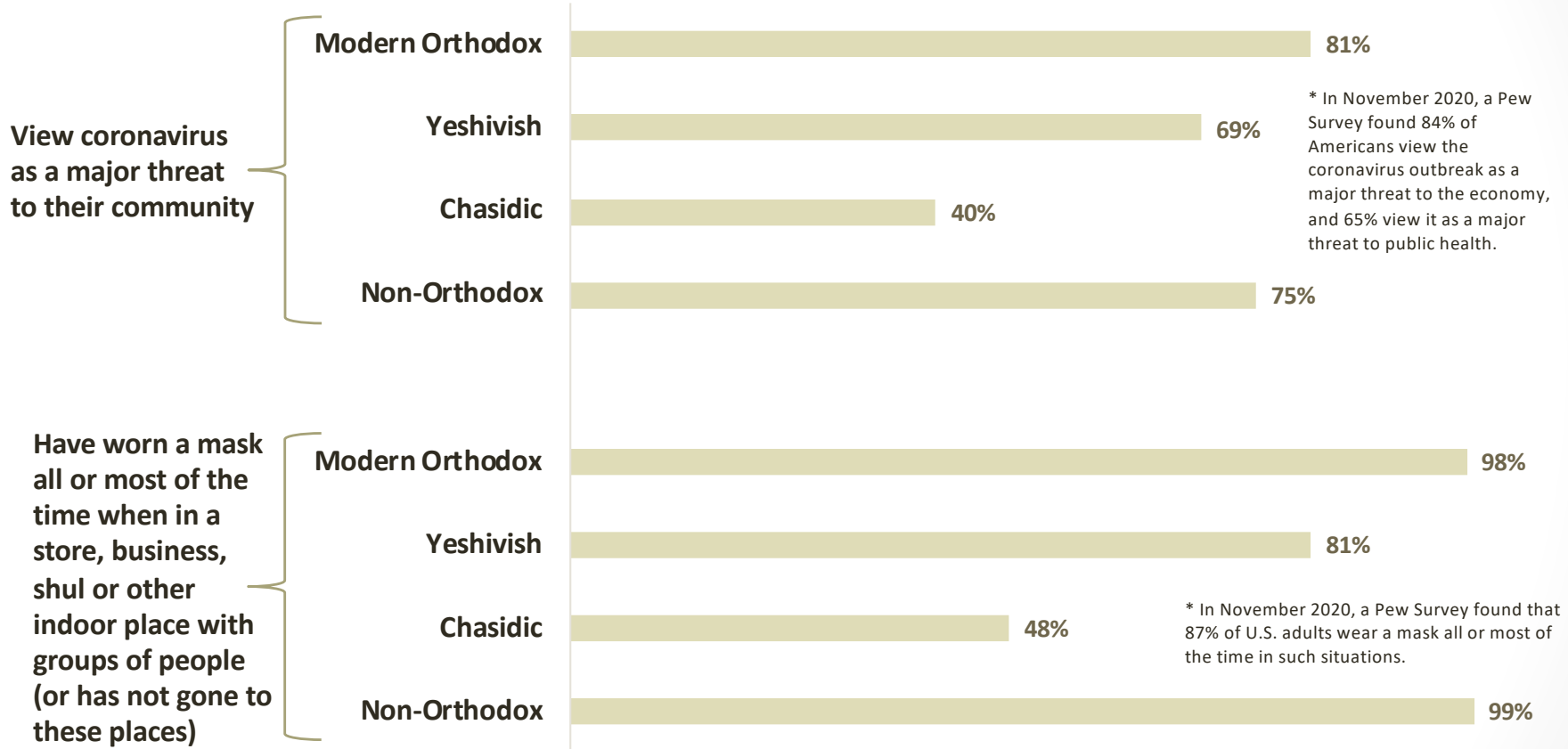
Vaccine Sentiment in the Chasidic Community – Anti-vaccine sentiment is much higher in this community. Factors promoting vaccines are age, education, and secular newspapers, while social media drives anti-vaccine views. Further research of this community’s antipathy toward vaccines could be worthwhile.

Verbatim Responses – We strongly recommend review of the verbatim responses (samples are on pages 12 and 14-15 and all of the responses are available at <http://nishmaresearch.com/social-research.html>). These present a valuable qualitative addition to the statistical data, inform us what is in peoples’ hearts and minds on issues relating to the pandemic, and highlight peoples’ support and informational needs.

Incidence of COVID-19 in the Jewish Community – Incidence has been low in the Non-Orthodox (7%) and Modern Orthodox (12%) communities, but much higher in the Yeshivish (33%) and Chasidic (57%) communities. Majorities in all Orthodox segments have personally known someone who had died of COVID-19, as have over 40% of Non-Orthodox.



Perceptions of Coronavirus as a Threat – While the Modern Orthodox, Yeshivish and Non-Orthodox groups all see coronavirus as a major threat to their community and are diligent about wearing face masks, fewer than half of the Chasidic group does so. Modern Orthodox and Non-Orthodox views are comparable to those of the U.S. public overall, while Chasidic views are notably less concerned and less compliant with preventive measures.



See Q5 and Q8 in Appendix II – Survey Questionnaire. For Q5 (see coronavirus as a threat), n = 701 Modern Orthodox, 258 Yeshivish, 88 Chasidic, 334 Non-Orthodox. For Q8 (wear face masks), n = 706 Modern Orthodox, 256 Yeshivish, 87 Chasidic, 336 Non-Orthodox.

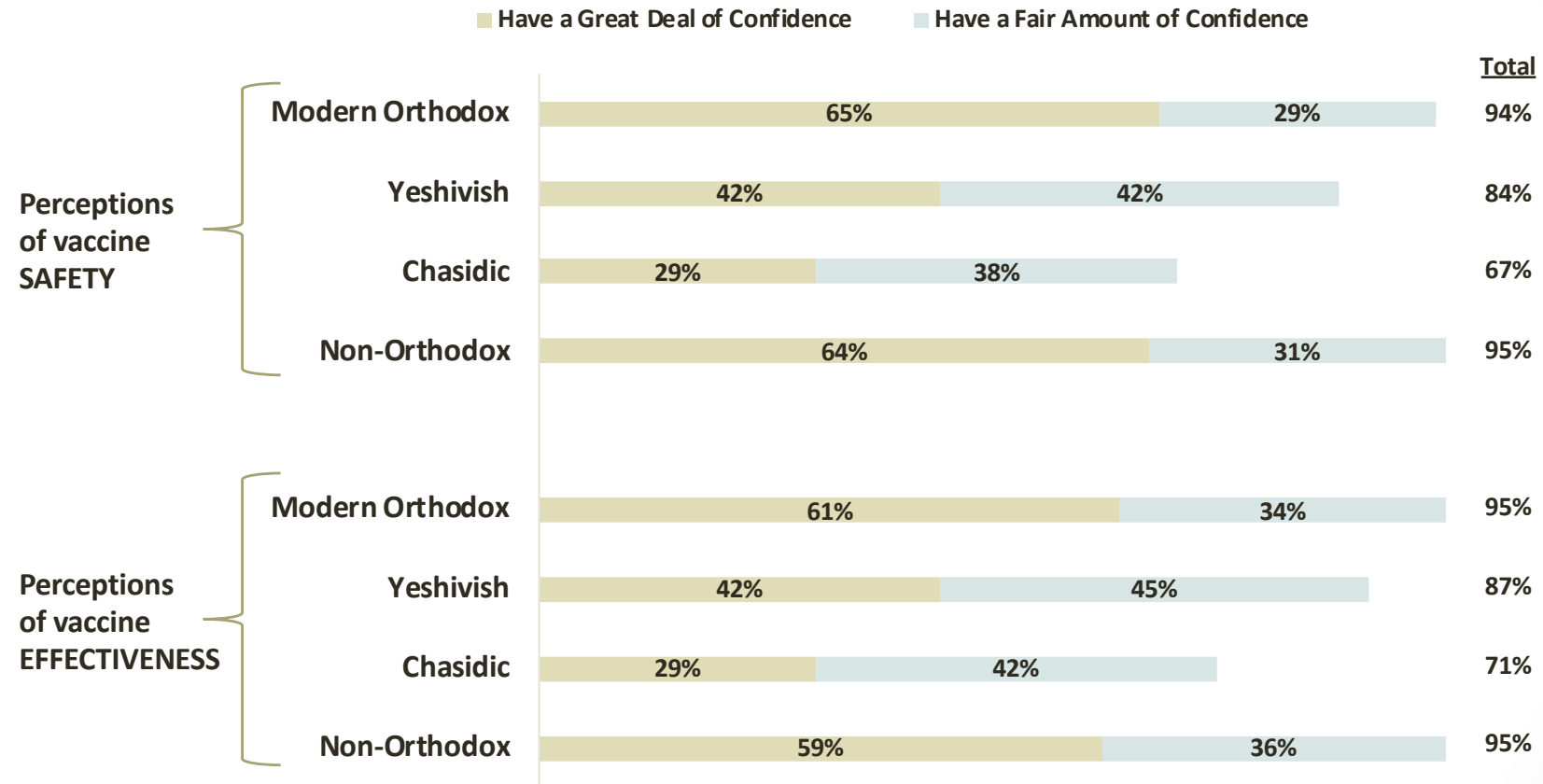
* <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>

Sources of Coronavirus / COVID-19 Information – The main information sources among all Orthodox and Non-Orthodox are medical professionals and secular newspapers. Within the Orthodox community, Haredi rely more on social media (WhatsApp is popular) and non-government websites, Jewish newspapers and religious leaders; Modern Orthodox rely more on secular newspapers, TV, and government websites.

Main Sources of Information				
Source of Information (Listed in descending order for overall Orthodox)	Modern Orthodox	Yeshivish	Chasidic	Non-Orthodox
Medical professionals	62%	59%	50%	59%
Secular newspapers	66%	37%	29%	67%
Social media (Facebook, WhatsApp, etc.)	38%	43%	54%	39%
Personal connections (other family, friends, people in community)	30%	38%	35%	32%
Government websites	37%	26%	31%	48%
Other websites	24%	34%	37%	23%
TV	35%	14%	7%	38%
Jewish newspapers	9%	28%	18%	3%
Radio	17%	20%	17%	15%
Religious leaders	6%	15%	13%	2%
Spouse	13%	12%	6%	8%
Political leaders	6%	6%	5%	4%
Other	7%	3%	5%	5%

See Q10 in Appendix II – Survey Questionnaire. n = 700 Modern Orthodox, 251 Yeshivish, 84 Chasidic, 329 Non-Orthodox.

Perceptions of COVID-19 Vaccine – Fewer than two-thirds have a great deal of confidence in COVID-19 vaccine safety or effectiveness. This holds across all groups and is particularly low among the Chasidic (under 30%) and Yeshivish (about 40%). However, if we combine those with “a great deal of confidence” and those with “a fair amount of confidence,” percentages improve substantially, ranging from two-thirds to 90%+.

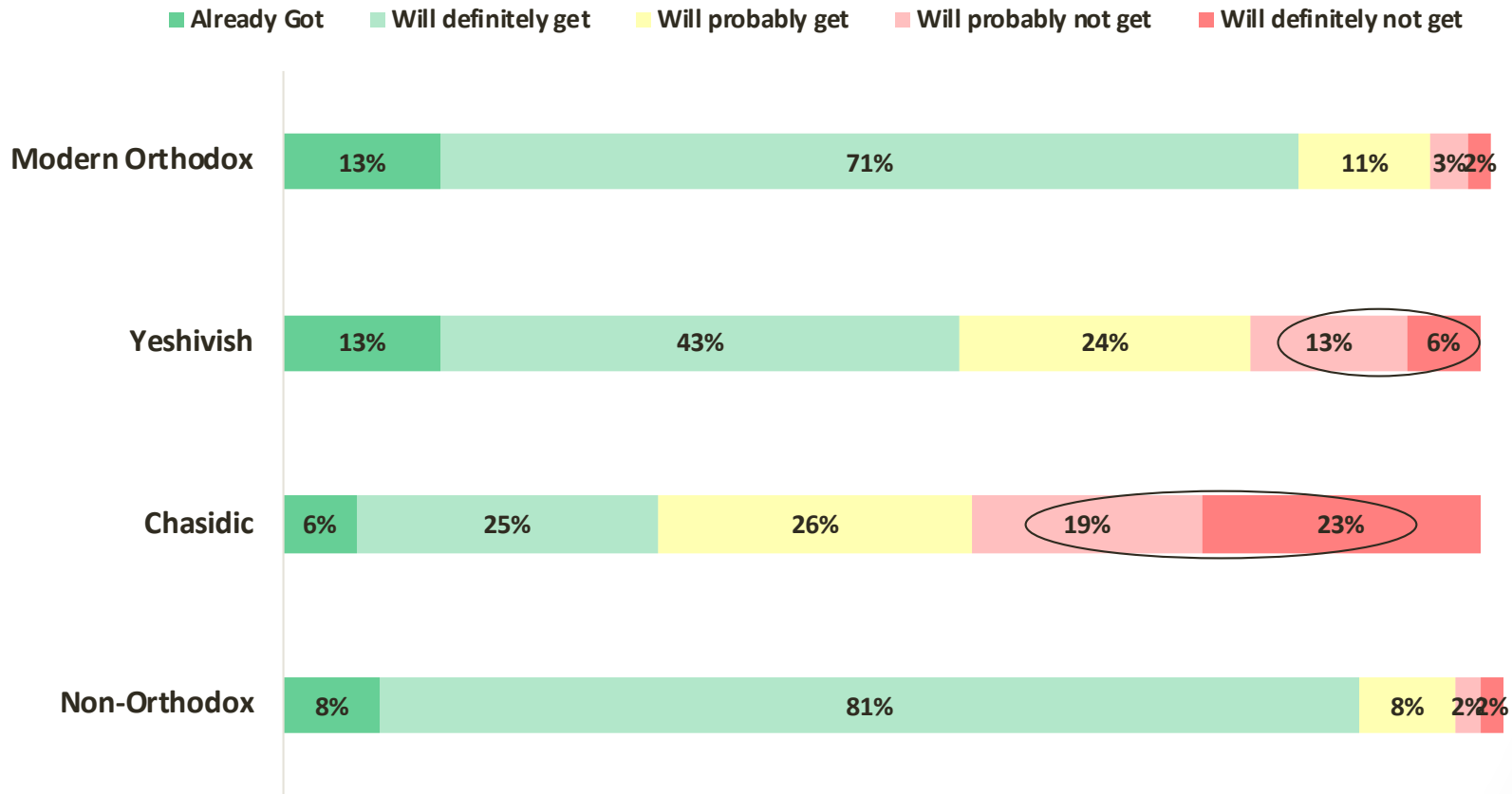


* In November 2020, a Pew Survey found that 30% of U.S. adults had a great deal of confidence that the vaccine was going to be safe and effective, and 75% had at least a fair amount of confidence. Currently (two months later), the Jewish community, except for the Chasidic, has higher levels of confidence than these earlier U.S. figures.

See Q11 in Appendix II. n = 700 Modern Orthodox, 250 Yeshivish, 83 Chasidic, 329 Non-Orthodox.

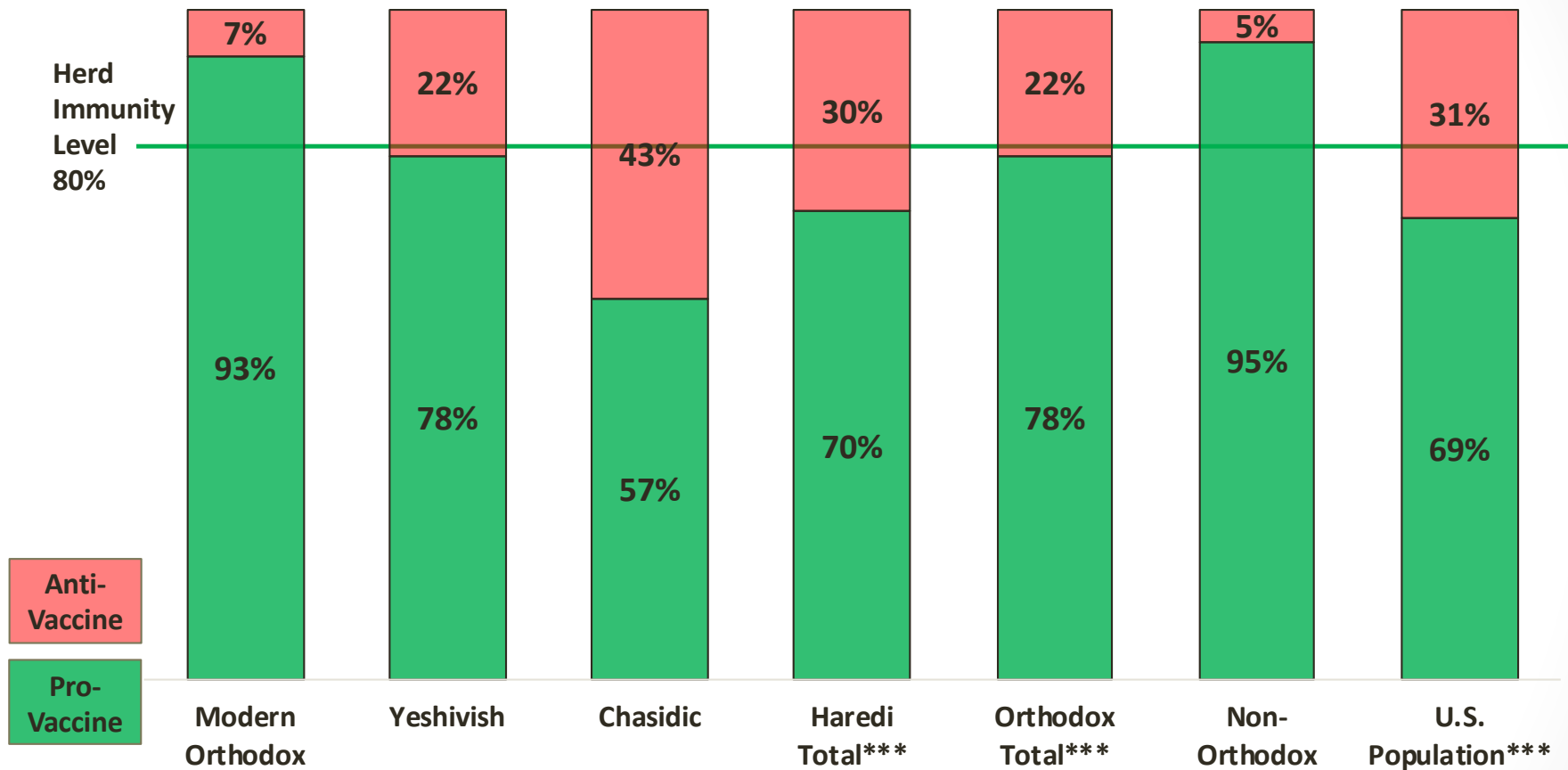
* <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>

Plans Relating to Getting the COVID-19 Vaccine – Pro-vaccine intentions (the percentage that has already received the vaccine plus those who plan to get it) is lower among Haredi and higher among Modern Orthodox and Non-Orthodox. (The data on the next page combines these responses into a single Vaccine Sentiment Score – Pro-Vaccine vs. Anti-Vaccine – for each group.)



See Q12 in Appendix II. n = 703 Modern Orthodox, 250 Yeshivish, 81 Chasidic, 330 Non-Orthodox.

Overall Vaccine Sentiment Score* – Positive vs. Negative vaccine sentiment scores were assessed relative to the latest estimated herd immunity level of 80%. Modern Orthodox (93%) and Non-Orthodox (95%) are well above that level, Yeshivish (78%) are close, and these segments all compare favorably to the overall U.S. population (69% in December). However, the Chasidic community (57%) falls far short.**



* The Overall Vaccine Sentiment Score is a weighted average, reflecting those who have already received the vaccine, and assigning relative weights to those who say they will definitely get the vaccine (1.0), those who say they will probably get the vaccine (0.8), those who say they will probably not get the vaccine (0.2), and those who say they will definitely not get the vaccine (0.0). It provides a single weighted measure of intention. For the sake of simplicity, we label the two groups as Pro-Vaccine and Anti-Vaccine.

** The percentage needed for herd immunity is subjective. The latest CDC (Centers for Disease Control and Prevention) estimate is 80%: "The spread of the new variant means that about 80% of the population would need to be vaccinated to stop COVID-19, CDC scientists said. That is about 10 percentage points higher than some federal officials originally anticipated." (Wall Street Journal, January 16, 2021)

*** Haredi total based on combining Yeshivish and Chasidic, with relative weights of 0.6 and 0.4; Orthodox total based on combining Modern Orthodox and Haredi, with relative weights of 0.37 and 0.63, based on demographic data and Nishma Research analysis. U.S. Population data based on Kaiser Family Foundation COVID-19 Vaccine Monitor: Dec. 2020.

Differences Between Pro-Vaccine and Anti-Vaccine Respondents – Those who are pro-vaccine are a bit older, more diligent about getting a flu shot and wearing a face mask, and rely heavily on secular newspapers. Those who are anti-vaccine rate the vaccines poorly on both safety and effectiveness, get more information from social media, and don't see Coronavirus as a major threat to their community. Knowing someone who has died from COVID-19 does not appear to affect opinions.

	Pro-Vaccine	Anti-Vaccine
Age 60+	30%	18%
Get a flu shot annually	80%	24%
View Coronavirus as a major communal threat	80%	30%
Knows someone who died from COVID	61%	68%
Wears face mask all or most of the time	96%	59%
Top sources of Coronavirus/COVID Information (cited by 30% or more of respondents)	Secular newspapers 62% Medical professionals 61% Government websites 40% Social media 39% Personal connections 31% Television 31%	Medical professionals 53% Social media 52% Non-Government websites 41% Personal connections 38% Secular newspapers 30%
Perception of COVID Vaccine Safety:		
– Has great deal of confidence	64%	3%
– Has great deal or fair amount of confidence	98%	29%
Perception of COVID Vaccine Effectiveness:		
– Has great deal of confidence	61%	5%
– Has great deal or fair amount of confidence	98%	37%

n = 1,229 pro-vaccine and 133 anti-vaccine. The data above are for all segments of the U.S. Jewish community combined, including both Orthodox and Non-Orthodox. We have not parsed the groups to explore denominational sub-groups (which in the case of anti-vaccine are sometimes quite small), and because the metrics and reasons given for positions do not vary meaningfully across denominations. The purpose of this analysis is to focus on the drivers of pro-vaccine vs. anti-vaccine attitudes irrespective of denominational affiliations.

Reasons Given for Pro-Vaccine Positions: Sample Verbatim Responses – “Can you please share with us the main reasons why you plan to probably or definitely get (or have already gotten) the vaccine?”

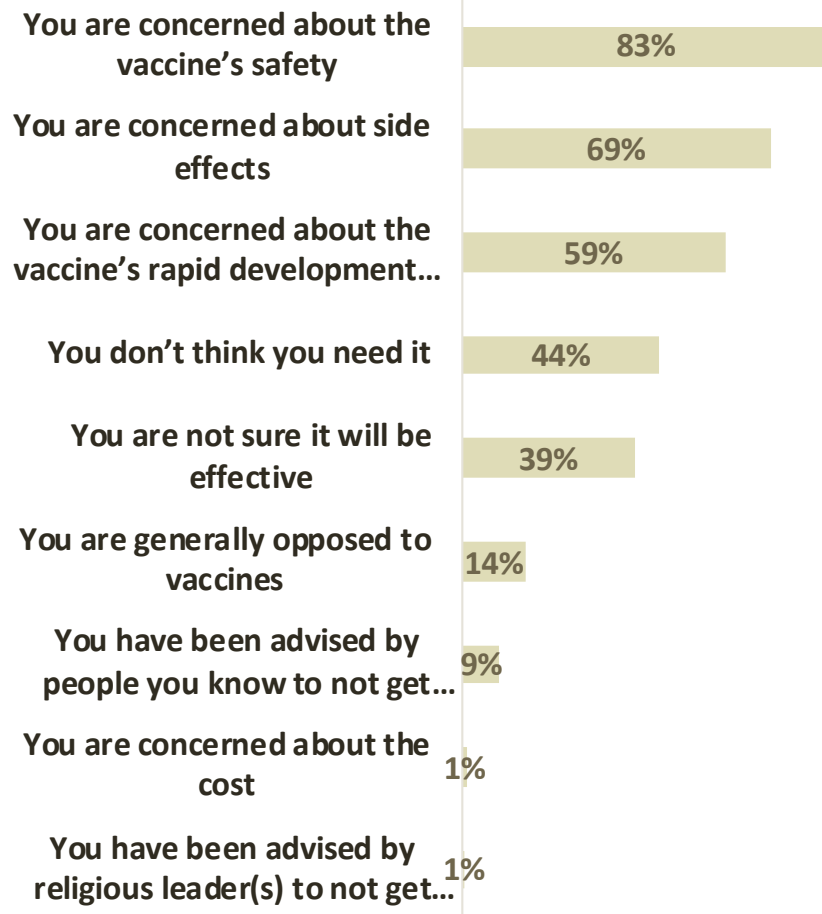
- *I want to live.*
- *I work in healthcare and speak regularly with some of the top vaccine experts and public health officials working on the pandemic. Every one of them is convinced that the vaccines are safe, effective, and necessary.*
- *It's 95% effective at preventing COVID-19, has no serious adverse side effects up to 2 months after injection. Why WOULDN'T I get the medicine that will protect lives & get everything back to normal? My only minor concern is that there may be longer-term side effects. These are likely rare and less of a concern than the effects of the virus itself.*
- *I am honestly disgusted with the selfishness and ignorance of my people ... I am in a chat ... and I am tired of lecturing and arguing 24/7 and listening to conspiracy theories ... there are other ethnic groups as well and people that anti mask. It disappoints me because I expect my people to hold to a higher standing of caring not just about themselves but about others :([Excerpted from a longer response]*
- *Will most likely get Pfizer vaccine since it's based on an existing drug.*
- *To protect myself and loved ones, help everyone get back to normal life.*
- *I believe that widespread vaccination is the only way to achieve the end of the pandemic*
- *Science*
- *Vaccination is a foundational building block to keep a large global cosmopolitan society healthy and protected from epidemics, pandemics, and prevents needless suffering.*
- *To allow return to "normal daily activities"*
- *I trust the government scientists and my doctor, who all have said it is safe and effective*
- *Effective against COVID, risk of COVID outweighs risk of vaccine, want to return to normal life*
- *To stay healthy, and be able to resume normal life*
- *Want to be as protected as possible.*
- *I am a nurse and believe in scientific fact. There is no opinion in the matter. We all should take the vaccine*
- *COVID can kill you. Vaccine is 95% effective in protecting you.*
- *Because it is, by all reports from the same people we count on for the safety of all of our medicines, safe and effective.*
- *why would I want to get sick or risk spreading a deadly disease? only an idiot would not get the vaccine. it is our responsibility as a member of society to protect society..*
- *Based upon research and data to date and I am health professional*
- *It is medically stupid not to do as much as possible to avoid getting this disease, which has not only killed so many, but also already noticeably changed the lives of many others, and even those with a 'mild' case there is no way to know the long term issues.*
- *The preservation of life is an important Jewish value. My secular community is not taking steps to reduce the spread of covid-19, therefore I need to do everything I can to protect myself and the people I must interact with.*
- *It seems fooling and dangerous not to -- not just for me, but for the safety of my elderly parents*
- *I recognize the methods used in developing it, have discussed it with numerous medical practitioners and trust it is safe and effective*
- *I and two others in my family were in the vaccine studies. I consulted with medical professionals beforehand and received feedback that vaccine technology is 100% safe. It has been our honor to take the steps necessary for others to be safe and healthy.*
- *My brother died from COVID. I am obese. And my parents are in high risk categories as well. I have an infant at home.*
- *I believe in science. Vaccines and herd immunity save lives. That is fact. I relied on herd immunity almost two years ago when my son was born during the measles outbreak. I'm only hesitant b/c the vaccine hasn't been around long enough to show any long term effects.*
- *The risks of getting covid are known and I think worse than the risks of getting the vaccine. If vaccine reduces transmission it is my responsibility to get it.*

We recommend review of the verbatim responses, as they present a valuable qualitative addition to the statistical data. All of the verbatim responses are downloadable at <http://nishmaresearch.com/social-research.html>

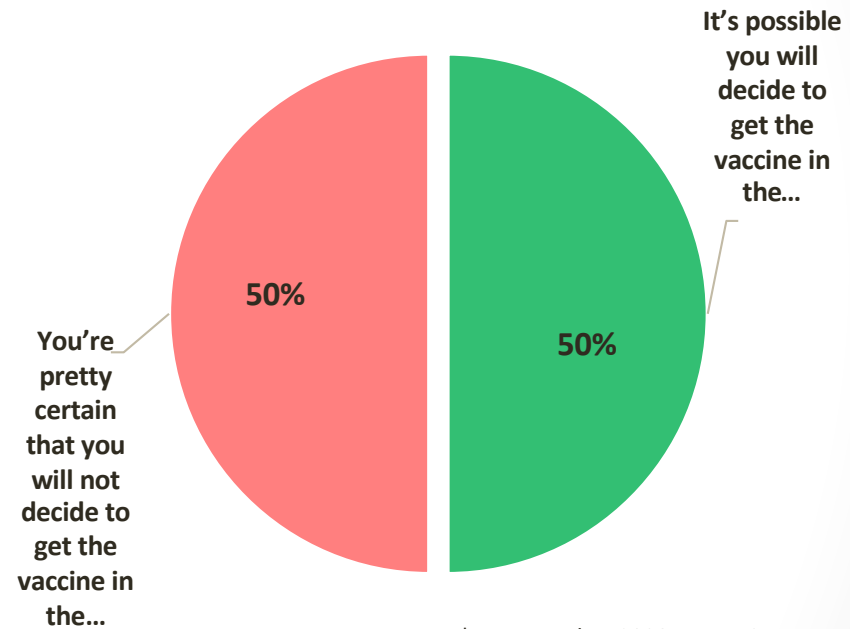
n = 988 verbatim responses received. The sample verbatim responses presented above are unedited (spelling, typos, upper case, etc. ... they are shown as received in the survey) and were randomly selected: responses were sorted using a randomization process and then every nth comment is shown. This was done in order to provide a relatively brief but random snapshot of respondents' thoughts. It is a common practice to edit any verbatim responses that contain possibly identifying information (e.g., names of individuals, synagogues, locations, etc.) in order to retain anonymity; in the case of this survey, responses very few had any such potentially identifying information.

Top Reasons Given for Anti-Vaccine Positions – Orthodox Respondents’ top vaccine concerns are around safety, side effects, and unease about its rapid development. However, half are open to reconsidering a decision to not get the vaccine as more information becomes available.

All Orthodox Respondents Combined; % In Descending Order (Multiple Responses)



Might You Reconsider?
(Now that people are getting the vaccine, as more information becomes available about it, would you say ...)



* In November 2020, a Pew Survey found that 53% of those with anti-vaccine positions would possibly get the vaccine once others getting it and there was more information.

See Q13 in Appendix II. n = 117 (34 Modern Orthodox, 49 Yeshivish, 34 Chasidic). Orthodox combined data is based on combining Modern Orthodox, Yeshivish, and Chasidic, with relative weights of 0.37, 0.38, and 0.25, based on demographic data and Nishma Research analysis. n for Non-Orthodox = 14, and thus too few to analyze.

* <https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>

Reasons Given for Anti-Vaccine Positions: Sample Verbatim Responses – “What else would you like to tell us about the reasons why you will probably or definitely NOT get the vaccine?” (Page 1 of 2)

- *Rushed development, side effects figure to worse than actually getting COVID*
- *Vaccine has not be tested on pregnant women.*
- *Risk of serious symptoms is too low to justify getting vaccinated*
- *No need for generally healthy people to use medical intervention. No history on safe or efficacious use of mRNA vaccines, in fact, the opposite is true. It is becoming more ubiquitous and less dangerous.*
- *I want to see long-term side effects and also effectiveness.*
- *Immune system is compromised*
- *I heard it's not safe for pregnant or nursing women (which I am)*
- *I have antibodies.*
- *Already have T cells*
- *I'm not in a high risk category. I feel the same about the flu shot. I don't get it after having a severe reaction to getting the flu shot years ago*
- *The FDA cannot be trusted. They made it forbidden to prescribe hydroxychloroquine for corona when it is one of the safest drugs out there (safer than Tylenol), safe for pregnant women, and most importantly extremely effective for corona. This medication has been on the market for 60 years and suddenly it is extremely difficult to obtain. Why? Because it works but there is no money in it at all. And with such an effective drug, the vaccine would not be necessary. I heard this from the Mouth of a doctor who was devastated that she was unable to help her patients even though she knew that this drug would help.*
- *I don't like to be in the first group of anything new. I like to wait 5 to 10 years to see what true side effects emerge, and then I can make an informed decision. I think anyone who wants to take it, should be given the opportunity.*
- *Safety*
- *Since 1986 vaccine manufacturers have been free from liability. My bodily autonomy is a sacred and holy gift from Hashem and I will not allow big pharma to trample on that right with their liability-free products. All medical products have some risk for some people, this is an undeniable fact.*
- *Heavy political manipulation regarding the severity of the disease, including deliberate withholding of information needed to make an informed decision.*
- *I have reviewed the trials and the related medical literature and I'm concerned about the lack of long-term safety data for this novel vaccine. I am also concerned about the propagandistic nature of the public messaging regarding the vaccine from people without scientific background (e.g., secular and religious leaders).*
- *Had COVID already. Do not feel it is necessary, and may even be harmful.*
- *Rarely am I vaccinated*
- *It has been around a very short time as opposed to all the other vaccines that we have had for 60+ years and we know the side effects. We have no idea what side effects the new vaccine will have on us long term or short for that matter..*
- *read numerous scientific abstracts on past sars covid research and past sars vaccine development attempts (previous to covid 19). Efficacy and side effects of the new vaccine do not warrant the risks .*
- *Long term safety and effectiveness are my main concerns. Also, it was tested and brought into use very quickly, by definition not long enough to measure long term problems.*
- *i am not in any high risk group and this disease is not a threat to people that are not elderly or sick*
- *It definitely should not in any way be made mandatory.*
- *I have a high level of antibodies, so I'm not sure it will be necessary to receive the vaccine in addition to the antibodies.*
- *We should wait & see....*
- *Dr hesitant*
- *If coerced by mandated vaccination in order to travel freely etc, I may reluctantly comply. Or in the (what I consider) unlikely event that there is definitive evidence of its efficacy and safety, and most significantly a lack of ulterior motive on the part of its promoters... which I strongly suspect may be the case.*

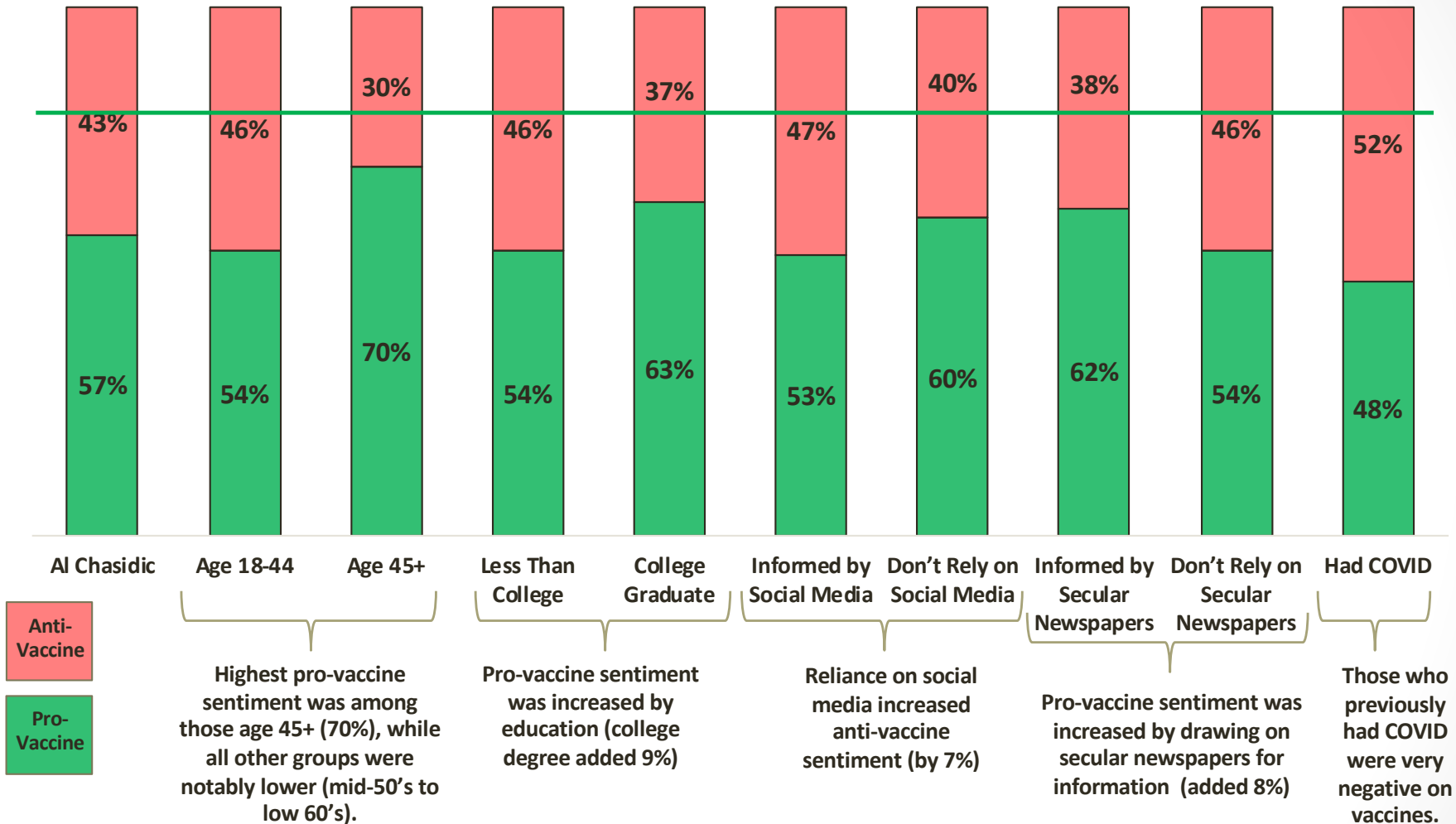
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n = 81 verbatim responses received. The sample verbatim responses presented above are unedited (spelling, typos, upper case, etc. ... they are shown as received in the survey) and were randomly selected: responses were sorted using a randomization process and then every nth comment is shown. This was done in order to provide a relatively brief but random snapshot of respondents' thoughts. It is a common practice to edit any verbatim responses that contain possibly identifying information (e.g., names of individuals, synagogues, locations, etc.) in order to retain anonymity; in the case of this survey, responses very few had any such potentially identifying information.

Reasons Given for Anti-Vaccine Positions: Sample Verbatim Responses – “What else would you like to tell us about the reasons why you will probably or definitely NOT get the vaccine?” (Page 2 of 2)

- *as a woman of childbearing age, I am nervous about the vaccine's effects on future fertility - there is no way that was tested yet. COVID-19 hasn't been around long enough. also I already have antibodies.*
- *As an integrative nutritional health coach, I feel that it was a very rapid time to make a vaccine. Vaccines have side effects and we don't know all and all the long term effects. What the ingredients can do to your body. And no one is taking liability if anything drastic happens.*
- *I don't believe in doing medical experiments on human beings. There are many safe and effective alternatives available should one wish to strengthen their immune system to combat covid-19 or any other virus.*
- *I think vaccines should be a choice and not forced, The moment something is forced or mandated something feels off to me. Add to that the fast pace and lack of general transparency in the vaccine.*
- *It's not even FDA approved*
- *I feel that not enough study and evaluation went into it obviously because, under normal circumstances and past history, vaccines took much longer to be created and researched for its safety and effectiveness.*
- *The CCP created and spread the virus. Bill Gates wants to reduce the world population by poisoning people with "vaccines".*
- *maybe I will get the vaccine far in the future when I am elderly, if COVID is still an issue and if there is good long-term safety data for the vaccine*
- *I have certain chemical and environmental sensitivities. I have great concerns that it would exacerbate them.*
- *I currently have antibodies*
- *I have very high antibodies and will not take the vaccine until they drop*
- *This virus is a big fat nothing burger. Therapeutics are safe and effective for this virus should someone contract it. Why would I take an untested vaccine that can potentially cause pathological priming when I have Hydroxychloroquine and zinc at home.*
- *When the vaccine will be available to me, I will discuss with my doctor and I will weigh the risk versus benefits at that time.*
- *I had COVID and have antibodies with no other medical conditions there are no known site effects yet but Will know later on if there would be any or not I would consider taking it later on maybe after a couple of months but for now I would leave it for the ones that are at Higher risk than me*
- *I would rather get the ailment... Take hydroxy and or ivermectin, my vitamins and be done with it. No vaccine.*
- *The hoax being perpetrated is so obvious*
- *Where is the heter to trust a company & MD who have no liability*
- *We don't have yet enough data to prove it's safe and effective*
- *Vaccines give antibodies, but those who already had COVID-19 have antibodies. Except if the vaccine gives it at a very high level, it makes no sense to force the vaccine on those who already had COVID-19 especially if they take an antibody test to show their level.*
- *I apparently had covid in March, and was fine. So I have antibodies. Give it to people either without antibodies who could spread it, or who are more at risk from it.*
- *Sufficient vaccine history of health damage by vaccines in the past. The fact that vaccine producers are legally immune and can't be sued for damages in case of vaccine damage.*
- *Follow the money and you will find the crime*
- *I think I think there needs to be accountability for the producers of the vaccine if things go wrong*
- *No long term safety studies. Emergency Use Authorization also.*
- *I am pretty sure the vaccine is effective. I am concerned about the long term consequences (5-10 years). Especially since they are using a new technology MRNA, and no one really has a way of knowing those consequences especially as it relates to auto immunity for a bit. As a younger person I would like there to be more research ...*
- *Unfortunately, you can't trust the government at all. Especially the Phony so called Dr Faucci, he's only politics, as you see he was most of the time wrong. And is flipping like a coin*
- *Something that changes your rRNA is not to be taken lightly. As are possible birth defects from this vaccine.*
- *I already had the virus so in essence, it's the same as the vaccine if not better. Also just waiting for the herd immunity. Dont want to go to the doctor, and I don't have insurance.*
- *I'm concerned about the long term effects of the vaccine. The fact that the vaccine has not been FDA approved makes me feel that the people getting the vaccine under emergency approval are participating in a trial and I do not wish to be a part of it. Additionally studies about the likelihood to pass the virus after contracting it when vaccinated need to be done in order for me to consider getting it.*
- *We thankfully have not been indoctrinated by all the propoganda. We are actually moving out of NY to avoid the future mandates. As long we have our liberties I will not take it.*
- *I don't want metals or aborted fetal tissue or DNA modifying chemicals in my body. It's my body - my choice.*

Vaccine Sentiment in the Chasidic Community: A Deeper Dive – As anti-vaccine sentiment is notably higher in this community, we explored some possibly correlating factors.



No notable differences were found by gender, income, language (Yiddish vs. English), or extent of reliance of medical professionals for information.

Total n = 89. n for the subgroups are small enough that the differences uncovered are not statistically significant and should therefore be viewed as directional in nature. This analysis of factors affecting Chasidic views – beyond the fact that they are the most insulated group in the Jewish community – deserves further study and we recommend it as a communal priority.

Appendix I – Demographic Summary Statistical Notes

Demographic Summary

Demographic Summary	Modern Orthodox	Yeshivish	Chasidic	Non-Orthodox
Gender (% Male / Female)	45% / 54%	56% / 44%	79% / 21%	38% / 62%
Marital Status (% Married)	80%	89%	83%	58%
Age (% 18-44 / 45-59 / 60+)	45% / 19% / 36%	62% / 23% / 16%	74% / 15% / 11%	55% / 16% / 28%
– Median	48	41	37	42
Education (% College Graduate)	93%	79%	36%	88%
Employment (% Full-Time / Retired)	57% / 18%	66% / 5%	80% / 3%	53% / 18%
Household Income (% 125,000+)	63%	58%	38%	42%
– Median	\$166K	\$152K	\$99K	\$109K
Primary Language Mostly Yiddish			22%	
– Yiddish/English Equally			18%	
Geography – # of states States with 5%+ of total	28 New York State 36% (New York City 30%) Maryland 10% Florida 6% Massachusetts 6% CT, CA 5% each	20 New York State 65% (New York City 59%) (Rockland County 5%) New Jersey 5%	16 New York State 64% (New York City 38%) (Rockland County 26%) Massachusetts 7%	32 New York State 15% (New York City 12%) Massachusetts 14% California 8% Washington 8% IL, CT, FL, MD 5% each

Statistical Notes

Given the sampling method employed, we cannot and do not claim any level of representativeness, i.e., that our 1,426 survey respondents are representative of the overall U.S. Jewish community.

In such circumstances, margins of error are not meaningful. What is more meaningful are the differences between groups, e.g., observations that the Modern Orthodox responses are more like those of the Non-Orthodox than they are like the Haredi (this parallels a finding from our 2020 political surveys), or that the Yeshivish and Chasidic groups often have significantly different responses. In comparing groups, the differences that are needed for statistical significance are: Orthodox vs. Non-Orthodox – A 6% difference is statistically significant; Modern Orthodox vs. Haredi – A 6% difference is statistically significant; Yeshivish vs. Chasidic – A 12% difference is statistically significant.

As is true for all surveys, responses should be viewed with appropriate understanding and caution, and through the lens of what is already known.

Appendix II – Survey Questionnaire

Survey Questionnaire (Page 1 of 3)

Nishma Research 2021 COVID-19 Vaccine Survey
(Distributed January 4, 2021)

INTRODUCTION

There is much talk these days about the coronavirus, the COVID-19 vaccine and plans regarding the vaccine. The purpose of this survey is to measure attitudes relating to this issue in the Jewish community.

This survey is open to all those age 18+. The survey will close Wednesday, January 13 at noon Eastern Time. We encourage you to share the link (it will be provided at the end of the survey) with others.

The survey is being sponsored and conducted by Nishma Research, a non-profit research organization that focuses on the Jewish community and is located in West Hartford, Connecticut. If you have any questions, write to Mark Trencher, principal researcher, by clicking on this Email Link.

The survey takes only about six minutes to complete. Only some of the questions require a response, but we hope you will respond as fully as possible. The survey is completely anonymous.

You may take this survey on a computer, tablet or smartphone. You will have a chance at the end of the survey to enter your email in order to get the results when they are released. If you enter your email that information will not be attached to your responses.

*Q1. Let's get started ...

- Please check here to confirm that you are Jewish and wish to take this survey
- Please check here if you decide not to take this survey

*Q2. With which Jewish denomination do you identify, if any?

- Orthodox
- Conservative
- Reform
- Secular, Cultural, "Just Jewish"
- Other
- None in particular

If Q2 = Orthodox:

*Q3. Within Orthodoxy, how do you identify yourself?

- Modern or Centrist Orthodox
- Chasidic
- Yeshivish / Agudah

If Q3 = Chasidic:

Q4. What is the primary language that you speak at home:

- Mostly English
- Mostly Yiddish
- Both somewhat equally
- Other

Q5. Do you view the coronavirus as a threat to your Jewish community?

- It is a major threat
- It is a minor threat
- It is not a threat

Q6. Have you ...

- Had COVID-19?
- Been hospitalized due to COVID-19?
- Received the vaccine?

Response Options:

- Yes
- No

Q7. Do you personally know someone who ...

- Has been hospitalized as a result of having COVID-19?
- Has died as a result of having COVID-19?

Response Options:

- Yes
- No

Survey Questionnaire (Page 2 of 3)

Q8. In the past month, how often have you worn a mask or face covering when you were in a store, business, shul or other indoor places with groups of people?

- All or most of the time
- Some of the time
- Hardly ever
- Never
- Have not gone to these types of places

Q9. Aside from your age, are you in a higher risk group due to having any of the following medical conditions? – *Diabetes; chronic lung disease or moderate to severe asthma; serious heart conditions; chronic kidney disease undergoing dialysis; liver disease; severe obesity; immunocompromised or having a condition that can cause one to be immunocompromised*

- You have none of these conditions
- You have one of these conditions
- You have two or more of these conditions

Q10. What are your main sources of information relating to the coronavirus and the COVID-19 vaccine? Please check up to the top four sources that you most often rely on.

[Multiple responses up to 4]

- TV
- Secular newspapers
- Jewish newspapers
- Radio
- Social media (Facebook, WhatsApp, etc.)
- Government websites
- Other websites
- Spouse
- Personal connections (other family, friends, people in your community)
- Medical professionals
- Political leaders
- Religious leaders
- Other – Please describe

Q11. How much confidence do you have that the COVID-19 vaccine is ...

- Safe
- Effective

Response Options:

- A great deal of confidence
- A fair amount of confidence
- Not too much confidence
- No confidence at all

Skip if Q6c (Received the coronavirus vaccine) = Yes

Q12. What are your plans regarding getting the COVID-19 vaccine? Will you ...

- Definitely get the vaccine
- Probably get the vaccine
- Probably NOT get the vaccine
- Definitely NOT get the vaccine

If Q12 = Probably or definitely would not:

Q13. Why will you probably or definitely NOT get the vaccine? Please check up to your top four reasons.

[Multiple responses up to 4; Randomize order]

- You don't think you need it
- You are concerned about the vaccine's rapid development timeline
- You are concerned about the vaccine's safety
- You are not sure it will be effective
- You are generally opposed to vaccines
- You are concerned about side effects
- You are concerned about the cost
- You have been advised by religious leader(s) to not get the vaccine
- You have been advised by people you know to not get the vaccine

If Q12 = Probably or definitely would not:

Q14. Now that people are getting the vaccine, as more information becomes available about it, would you say:

It's possible you will decide to get the vaccine in the future
You're pretty certain that you will not decide to get the vaccine in the future

If Q12 = Probably or definitely would not:

Q15a. What else would you like to tell us about the reasons why you will probably or definitely NOT get the vaccine? [Open-Ended]

If Q12 = Probably or definitely will get ... or Q6c (Received the coronavirus vaccine) = Yes

Q15b. Can you please share with us the main reasons why you plan to probably or definitely get (or have already gotten) the vaccine? [Open-Ended]

Q16. How often do you typically get a flu shot?

- Every year
- Every few years
- Rarely or never

Survey Questionnaire (Page 3 of 3)

*Q17. What is your gender?

- Male
- Female
- Non-conforming, other

Q18. What is your marital/relationship status

- Married
- Single
- Divorced or Separated
- Widowed
- Living with a partner or in a long-term relationship
- Other

Q19. What is your age?

- 18 to 29
- 30 to 44
- 45 to 59
- 60 to 74
- 75+
- Would rather not say

Q20. What is the highest level of schooling you have completed?

- High school graduate or less
- Some college, less than four-year Bachelor's degree
- Four-year Bachelor's degree
- Postgraduate or professional schooling/degree (e.g., master's, doctorate, medical, law)

Q21. Which of the following best describes your employment status?

- Employed full-time
- Employed part-time
- Student
- Working or volunteering - non-paid
- Self-employed full-time
- Self-employed part-time
- Retired
- Homemaker
- Disabled/handicapped
- Not employed

Q22. What is your total annual household income?

- Under \$50,000
- \$50,000 to \$79,999
- \$80,000 to \$124,999
- \$125,000 to \$199,999
- \$200,000 to \$299,999
- \$300,000 or more
- Would rather not say

Q23. If you live in the U.S., what are the first three digits of your primary residential zip code? _ _ _

If Q3 = Modern or Centrist Orthodox:

Q24. Where do you see yourself within the range of Modern or Centrist Orthodoxy?

- "To the left" ... Liberal Modern Orthodox
- "In the center" ... Centrist Modern Orthodox
- "To the right" ... More stringent (machmir) Centrist Orthodox

Thank you very much for sharing your thoughts. Your response is very important to us.

Q25. Please check the box(es below) ...

- Please check here if you are willing to receive email invitations to future occasional surveys of the Jewish community.
- Please check here if you would like to get a free report of this survey's results emailed to you.

If either box in Q25 is checked:

Please let us know your email address, so that we can contact you as appropriate. Your email will be totally confidential. It will not be used for any other purposes and will not be attached to your survey responses.

[Open-Ended for Email Address]

We encourage you to share this survey with family, friends, colleagues, social media, etc. This survey will close Sunday, November 15 at noon Eastern Time. The Survey Link is: <http://bit.ly/Come-Together-2020>

You may now close this browser window or tab to exit the survey. Thank you!

About Nishma Research

- Nishma Research was founded in 2015, with the purpose of informing the Jewish community through communal and organizational studies. “Nishma” means “we listen” – and our mission involves conducting research on topics that will promote greater listening among the diverse strands of the Jewish people.
- Nishma is a full-service research firm that supports synagogues, schools, community organizations, and other researchers. We conduct custom research, data collection, analysis, and presentation employing quantitative and qualitative research approaches.
- This is Nishma’s eighth broad Jewish communal study. Prior studies are: (1) a 2016 survey of people who have left Orthodoxy (“off the *derech*”), across all segments of Modern Orthodox and Haredi Jewry; (2) a 2017 broad demographic and attitudinal profile of American Modern Orthodoxy; (3) a 2019 study of the future of Modern Orthodoxy as it confronts challenges and opportunities emanating from its interaction with secular society; (4) a 2019 study that explored the motivations, challenges and religious journeys of *Baalei Teshuvah*; (5) an early 2020 study of the political views of Orthodox Jews, including differences between Modern Orthodox and Haredi; and (6) a mid-2020 study of the health, emotional, financial and religious impacts of the coronavirus pandemic; and (7) a 2020 post-election survey that identified the key issues that drove voting decisions and identified areas of commonality vs. disagreement within the Orthodox community.
- Nishma Research has funded 80% of its studies to date and makes all reports and findings available free to the public. We appreciate the opportunity to share our findings, which, to date, have been discussed at 42 venues.

