

Hello, everyone!

Welcome to our second Argument for this school year.

I owe a tremendous debt of gratitude to my Rebbe, HaRav Yeruchim Leshinsky Shlita for giving so generously of his time to help bring this project to fruition.

The basic procedure for writing this Argument is the same as the previous one.

1. Chose one side of the Argument
2. Choose 3 out of 4 groups of documents
3. Quote from the document and add analysis. Political cartoons only require a brief analysis of what the cartoon is trying to bring out.

IMPORTANT NOTE: All documents are labeled in the upper right hand corner with a number that corresponds to the index list provided below. I strongly urge that everyone should read document 4B, (Questions and Answers of what the new normal is all about) regardless if you choose to write about group 4. In general, there seems to be a lot of misinformation circulating concerning the topics that are covered in this document, that will be clarified by reading document 4B carefully. If any documents did not come out clearly, please call me. I will arrange for a replacement.

As always, make sure that each page of your submission has your name, class number and date on it.

WRITING AN SUCCESSFUL ARGUMENT

**TOPIC: LIVING AS A SURVIVOR
TIME TO MOVE ON
or TIME TO REFLECT UPON**

INTRODUCTION:

When I was in 12th Grade in the Mirrer Yeshiva Mesivta (yes, we had a 12th grade back then) I was zocheh to be in the shiur of HaRav Yeruchim Leshinsky shlita. One day, the discussion in class drifted onto the topic of the Holocaust (this was about 30 years after the Holocaust.)

After a brief discussion, Rabbi Leshinsky said: "You have to know that all of us sitting here, young and old, we all have to consider ourselves survivors. And as survivors we have to think: What does HaKadosh Boruch Hu want of US and expect of US?"

When I spoke to Rabbi Leshinsky shlita, and I reminded him of this vort that he said, I asked him if he felt this same concept applied to the current Coronavirus magefah. He answered affirmatively, that it would definitely be very applicable. Subsequently, over the course of several weeks, I went through all the seforim, tapes and weekly/daily "Toras Avigdors" to find ideas and lessons from Rav Avigdor Miller z"l that might apply to this coronavirus magefah.

I managed to create a list of over 20 ideas. I then contacted Rabbi Leshinsky to discuss the list with him. My goal was to locate with Rabbi Leshinsky's assistance, the four main ideas that would be the most relevant to an 11th grade Ben Torah, and at the same time fit in with Rabbi Leshinsky's theme of "Living as a Survivor"

The 4 main ideas selected by Rabbi Leshinsky that he felt should be learned by every Ben Torah from the Corona Virus magefah are as follows:

1. To learn to feel and appreciate what others have gone through these past 4 months, both the patients afflicted with Covid-19, and the medical staff treating them.
2. To continue to be diligent in protecting ourselves against the Coronavirus, as recommended by our physicians and health authorities, and to carefully avoid the attitudes of the Umos Ha'Olam who take unnecessary risks with their health and "throw caution to the wind" because of their misguided attitudes.
3. To continue to avoid "non-essential" activities that distract us from our concentrating on Torah U'Mitzvos.
(Restriction of "non-essential" businesses and activities having been a very prominent feature of the Coronavirus pandemic.)
4. To learn to be extremely happy when things get back to "normal," even if it's a "new normal."

For your convenience, the following is a list with the four points, together with a detailed list of the documents associated with each point.

1. To learn to feel and appreciate what others have gone through these past 4 months, both the patients afflicted with Covid-19 and the medical staff treating them.
 - 1a. From Sefer Rejoice O Youth by Rav Avigdor Miller z"l.
 - 1b. Life as a Frum ER Doctor During COVID-19 (reprinted from the Hamodia)
 - 1c. "The Survivor" – the complete story of the very first Covid-19 Coronavirus case in the State of NJ.

2. To continue to be diligent in protecting ourselves against the Coronavirus, as recommended by our physicians and health authorities, and avoid the attitudes of the Umos Ha'Olam who take unnecessary risks with their health and "throw caution to the wind" because of misguided attitudes.
 - 2a. From Sefer Sing You Righteous by Rav Avigdor Miller z"l.
 - 2b. The importance of wearing a mask
 - 2c. Editor's letter (editorial)
 - 2d. Five political cartoons about the controversy of when to re-open states

3. To learn to avoid "non-essential" activities that take away our concentrating on Torah U'Mitzvos.
 - 3a. From Toras Avigdor – Behar-Bechukosai
 - 3b. From Sefer Rejoice O Youth by Rav Avigdor Miller z"l.
 - 3c. Viewpoint (brief editorials)

4. To learn to be extremely happy when things get back to "normal," even if it's a "new normal."
 - 4a. From Toras Avigdor Tazria-Metzora – Being happy with the "new normal."
 - 4b. Questions and answers about what the "new normal" is all about, from Dr. Bar-Zeev (reprinted from the Hamodia)
 - 4c. Political cartoons about the new normal.

S. "Because every form of suffering improves a man. 'Better anger than laughter' (Koheles 7:3): 'Better the anger which G-d shows to the righteous in this world than the smile which He shows to the wicked in this world' (Shabbos 30 B)."

729. Y. "How does suffering improve a man?"

S. "In a number of ways. 'A sojourner you shall not vex or oppress, for *you were strangers in the land of Egypt*' (Shmos 22:20). 'For *you know* the heart of a sojourner'. (ibid. 23:9). 'Your slave and your maidservant shall rest as well as you. And you shall remember *that you were a slave in the land of Egypt*' (Dvarim 6:14-15). The benefits of Egyptian exile included the acquisition of the ability to feel the plight of the stranger, the enslaved one, the poor and the oppressed. The sick man is truly understood only by one who has himself been sick. Thus, every form of misfortune and suffering teaches a man to feel sympathy with those who undergo the similar misfortune and suffering."

730. Y. "This is truly a great wisdom. Suffering is then a school."

S. "Yes. 'Happy is the man *whom You chastise, O G-d, and You teach him* of Your Torah' (Psalms 94:12). Men should be grateful for this gift of wisdom from G-d. 'He *Who chastises nations* shall not rebuke? He *Who teaches Man knowledge?*' (ibid., verse 10). The vicissitudes of individuals and the upheavals of nations are for the purpose of teaching knowledge. But this knowledge includes not only the ability to feel the plight of the suffering, but much more."

Life as a *Frum* **ER Doctor** During COVID-19

by **Faigy Grunfeld**

With the spread of the pandemic to U.S. shores, Detroit quickly emerged as a COVID-19 hot spot. Rivalled only by the East Coast metropolitan area, Michigan has confirmed over 30,000 cases (as of April 22) in a state with a fairly small population, displaying all the telltale signs of a medical system running itself ragged to keep up with developments.

During the height of the infections (early in April), one of the city's hospitals witnessed a "sit-in," as night-shift nurses refused to continue working unless more staff members and supplies were organized. This came after two patients died in the ER hallways before help could arrive, due to thinning resources. Cardiac monitors, which alert staff when a patient's vitals change, were in short supply, and some facilities have been encouraging elderly patients to sign DNRs and DNIs (Do Not Resuscitate and Do Not Intubate) to preserve the black gold of 2020 — ventilators.

Dr. Tuvia Joffe, a *frum* ER doctor who works in two Michigan hospitals, one of which is in the metro Detroit area, shares his experiences of the past couple of months battling this invisible enemy.

"Controlled chaos," he describes, when I ask what the mood was like among the medical staff during the worst few weeks. "Back then it was just non-stop, with so many high-risk patients coming in, although there are positive signs that the spread is slowing. I'm happy to report that things are definitely moving in a good direction. However, we still need to be highly vigilant and responsible, as we are not out of the water yet. On a personal level, I feel like Hashem has been with me throughout this period, and I'm touched and awed by the courageous acts of *chessed* I've seen from the Detroit Jewish community during these weeks."

Reflecting back on late March and early April, when tensions were high and morale low, he describes his experiences being on the front line during this global crisis.

Who shall enter?

With a large geriatric population near one of his work locations, Dr. Joffe describes an unusually high number of patients, being that the elderly are more susceptible. And, unfortunately, as many are all too aware, once the virus makes its way into senior homes, it can be very hard to contain.

The first step taken was to aggressively screen the ER entrance, to prevent the unnecessary flow of people in and out. "In one of my ERs we set up a testing center outside the hospital, where people would first register with a staff member who was in full gear. Then we took their vitals, I would come by and interview them in a tent set up outside the building, and only then did we decide whether or not to swab them. The turnaround for testing at first was sometimes over a week, which was much too long, and with limited testing capabilities, we deferred younger, healthier people and simply instructed them to quarantine at home if we suspected COVID-19, as conservative management is statistically usually what is needed. Lots of people came through the hospital

drive-thru with mild symptoms; they were understandably nervous, and we counseled them to self-quarantine at home and return if their symptoms worsened. (We couldn't swab everyone. Now we have the capability of same-day turnaround times!) Those at higher risk were tested, and then we decided whether or not to send them in to the ER for further care."

That was life on the outside.

Who shall leave?

On the inside, patients who are brought in in a serious state are placed in negative pressure rooms if available, to mitigate the spread of the infection. (The air in these spaces is not recirculated.)

"We also have decontamination rooms," says Dr. Joffe, "which have historically been used for chemical exposure or other hazardous material. They're barely ever used, but now they've been converted into a space for patients at high risk

for COVID-19. So if someone over the radio is coming in, needing intubation, we try to take them in there or the negative pressure rooms, so as not to increase exposure to other people in our usual trauma and resuscitation bays. We do whatever work needs to be done in those rooms."

If the patient has low oxygen but is breathing OK, he or she is put on oxygen. If the breathing is labored, then the staff will move to intubate if deemed clinically appropriate. There is a step between these two methods of treatment called BiPAP, which is less invasive than intubation. It forces oxygen into the airways and helps decrease the work of breathing; however, it also aerosolizes the virus, which makes it that much more contagious for the team and for other patients. "We have to weigh that choice," Dr. Joffe says. "But ultimately we always make decisions with the patient's best interest as the priority. Our patients are No. 1."

Once patients are intubated and stabilized, they are sent off to the ICU. "Our ICU was entirely dedicated to COVID-19 patients, so the hospital had to convert another portion of the building into a secondary ICU for non-COVID-19 incoming, and then another ICU area for overflow COVID-19 patients."



The administration hired extra ICU doctors to help out, and even residents were asked to volunteer. "I've had residents pulled out of their regular rotations to help manage the influx of patients. It's amazing to see the dedication of these medical trainees, who are putting themselves at risk to help take care of sick people. Some of them became sick themselves, and I've even had a senior colleague choose to retire early because of the current circumstances."

As for the health of his colleagues and residents, Dr. Joffe says that, thank G-d, no one has been seriously ill.

He goes further, praising his own ER administration for its quick and efficient response. "They were always focused on our safety, and mobilized whatever resources they had to get enough PPE (Personal Protective Equipment), and even when it was rationed, we always had enough. Not all facilities were as fortunate."

He describes the hospital's swift action to slap together a new, safe, ICU so that the original one could be devoted to victims

of the virus, yet ultimately this ward was also filled with COVID-19 patients because of space constraints.

"Doesn't that put non-COVID-19, vulnerable patients at great risk?" I ask.

"They're careful to try utilizing the negative pressure areas, and of course there are precautions like constant sanitation and new PPE," he says.

When cases in Michigan were beginning to escalate, and Detroit was quickly earning the title of 'hot spot,' ER personnel began the impossible conversation of what to do in the hypothetical case of critically strained resources and staffing.

"We had to have many heartfelt discussions with patients whose statistical chances of survival were lower, and with their family members. Many chose 'less aggressive' treatment options when they knew their prognosis was poor. They just wanted to be kept comfortable," he says.

One of the toughest parts of the job is calling family members with bad news. "I've had to speak to dying patients' families over the phone, and of course it is devastating; they have a loved one in a grave state, and sometimes they couldn't be there in the final moments."

Despite the obvious tragedies that have occurred in

the ER and ICU, Dr. Joffe stresses that not all facilities have the same picture that has been painted in the news at times. "In our case, there was enough equipment and enough ventilators, although we did cut it close more than once. The description of people simply dying in the hallways of hospitals is certainly not accurate for the facilities I work at, and I am grateful for that. However, this disease cannot be underestimated. Other sites have been even more severely strained. The medical system has rallied and is trying its best to keep up with the need, so that we can give our patients the best chance they have."

Personal Safety and a Dose of Positivity

In the current crisis, ER doctors and healthcare workers grapple with what steps to take in protecting their families and themselves from the virus. Discussions about separating from their spouses and children, to changing multiple times, to wiping down their shoes before going home are just some of the conversations underway.

"There was a lot of tension in general at first, because the data wasn't clear," Dr. Joffe says.

Sorting out the issue of masks has been particularly challenging. At first, staff members were using regular surgical masks, then they moved on to N95 masks which provide greater protection. Yet with concerns about shortages, ER docs in Dr. Joffe's group were advised by the administration to buy up as much of their own protective gear as possible, and they would be reimbursed.

"I went to the local hardware store and bought out their entire stock of N95 masks, a total of only seven, which they had set aside in the back for the next frontline worker that walked through the doors, as well as some goggles, and shared it with my colleagues," says Dr. Joffe. "Now I have a P100 mask, which is reusable. The only challenge with this mask is figuring out how to adjust my *yarmulke* with all the straps! My hospitals have now replenished their PPE supplies as well."

Vigilance to the Nth Degree

Understanding the virus has been key to protecting workers from it, and clarity on the subject is still a ways off. "We are always trying to balance our sacred goal of doing the best for our patients, but at the same time we need to be conscious of limiting the exposure."

Dr. Joffe describes his daily precautions, which involve driving to work in street clothes, changing into scrubs and PPE upon entering the hospital, and "there is

"I went to hardware store and bought out their entire stock of N95 masks, a total of only seven, which they had set aside in the back for the next frontline worker that walked through the doors, as well as some goggles, and shared it with my colleagues," says Dr. Joffe.



a staff member at each entrance checking temperature and handing out a mask before I take another step," he adds. For ER shifts, he dons a gown, a fully-protective face mask, and eye protection, as well as gloves, and when he's finished his shift, he changes into a new set of scrubs for the drive home. Once home, he showers and changes once again before coming into contact with his family.

Reflecting back on the peak, Dr. Joffe describes a sobering scene in the hospital, where dozens of patients were streaming in and out daily, many of whom were in serious condition. Interestingly, there seems to be a slowdown in

a lot of other medical issues coming in, presumably because people started to think twice about getting evaluated so as not to risk exposing themselves to COVID-19 in the ER. "I have also not seen a major trauma in a few weeks, as the roads have been clearer due to the stay-at-home recommendations," he adds.

At the height of the crisis, most of the patients were in their 70s and 80s, until one day there was a non-COVID-19 priority pediatric case arriving. "It was a baby, and the child was dead upon arrival," he says. "We rarely do pediatric codes in this hospital because the demographic in the area is mostly elderly, but this

baby was brought in. EMS was performing CPR, and they couldn't get an IV. We all jumped to the resuscitation bay, placed an IO (an access site in the bone instead of the vein), continued resuscitation measures, and we worked on this baby for over 45 minutes, but we couldn't revive the baby. I informed the family member that her baby passed away over the phone and I will never forget her face when she arrived back to the ER." In the midst of so many COVID-19 deaths, the staff took this particular incident hard.

"We had a debriefing and many of us were crying," he says. "It just felt like the match that set off the powder keg, having to declare this baby dead. With all of the loss around us, this just felt like too much."

Under such grim conditions, one nurse decided to take matters into her own hands. She set up a marker board in a common area, and began updating it with all the good news they could report, like the number of extubations and the number of discharges. "With all the negative energy around us, this really brought some light to the situation ... we had these great updates despite the steady dreariness and depressing cases." Dr. Joffe states that, *baruch Hashem*, COVID-19 cases are slowing, and he credits continued social precautions as a vital key to this optimistic trend.

Aside from internal efforts to lift spirits, external

forces are at work as well. "The community activism is amazing," Dr. Joffe says. "Every day a different restaurant donates food for the staff, donations are brought in daily, and grateful family members send gifts. The reaction is really inspiring.

"But what really kept me going through this whole period was the inspiration I drew from my family and the Detroit community. My parents, who live in their own challenging reality in New York City, check on me daily. My wife converted the basement into a little school and kids' gym, with an exercise section, a *davening* area, and a learning station; we both got involved in the teaching. My wife's an RN, so she gave excellent science lessons on what a virus is and how it spreads!

"The *chessed* was and is incredible," he says. Offering a special thanks to his boys' *cheder* — Ycshiva Bais Yehudah — he describes the committed and heartfelt efforts of the *Rebbeim* and teachers to connect to each child and make sure they were immersed in learning, the surest way to bring an end to the crisis.

"It was so refreshing to get on the phone with my son and his *Rebbi*, hearing them learn the *pesukim* ...it really gave some pep to my day to listen to them learning *Chumash*," he shares.

He points to activism in the community, efforts to deliver meals to the more vulnerable people, the tremendous work of the local Hatzolah, the organization of food and appliances for families making Pesach for the first time, and the donations by kosher restaurants to frontline hospital workers.

"*Mi k'amcha Yisrael*," he says. "In the midst of these awful circumstances, there was so much positivity. I even got a message before Pesach that someone in the community offered catered Pesach meals to all frontline workers. Thankfully, my amazing wife worked non-stop to pull off Yom Tov herself, so we didn't need to take part in it, but the outreach was so thoughtful and touching."

Throughout this whole ordeal, he says, the overflow of *chessed* and the spiritual expansion of the community continues to inspire him. "With all this, how can Hashem not be on our side?"

the local
store and
out their
lack of N95
inventory of only
what they had
left in the back."

The survivor

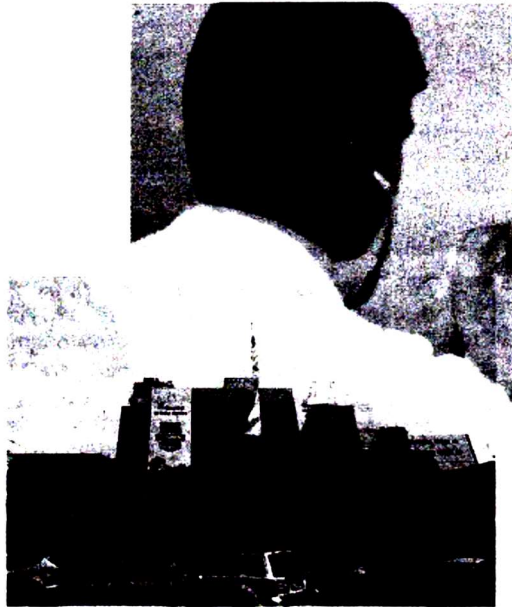
Doctors had little idea of how to treat New Jersey's first Covid-19 patient, said Susan Dominus in *The New York Times Magazine*. Only as his condition worsened did they realize how desperate his fight was.

ON THE EVENING of March 4, James Cai, a 32-year-old physician assistant, was languishing on a cot, isolated in a small, windowless room on the emergency-room floor of Hackensack University Medical Center, when the television news caught his attention. Before that moment, Cai had been in a strange medical limbo, starting midday on March 2, when he left a medical conference in Times Square because he had a bad cough. Instead of heading to his home in Lower Manhattan, he texted his wife that he was going to spend the night at his mom's place in New Jersey. His mother was out of town, and if he had the flu, he could spare his wife and their daughter, a cheerful 21-month-old who clung to him when he was home, the risk of catching whatever it was. That was Cai: cautious, a worrier, overprotective, the kind of medical professional who liked to rule out the worst-case scenarios first.

At his mother's home that evening, he waited until about 8 o'clock, when he thought the urgent-care facility nearby would be relatively empty, then headed over for a flu test. There he learned that his heart rate was elevated. He got a flu and a strep test and asked for a Covid-19 test as well, only because they might as well be exhaustive. The doctor told him he did not have the test; neither of them thought much about it after that.

On March 2, many doctors on the East Coast still saw Covid-19 as a distant threat. At the urgent-care center, the doctor reported that his chest X-ray looked normal; the flu and strep tests came back negative. But the doctor was worried that Cai's symptoms were consistent with a possible pulmonary embolism. He advised him to go to the nearest emergency room, HUMC, where they could give him a CT scan. Cai drove to the hospital and waited for his scan. Not long after, he was moved to the small, windowless room, where he started to feel even worse: short of breath, feverish.

In the morning a nurse came to give him a Covid-19 test. The nurse was wearing full personal protective equipment. The following day, an infectious-disease doctor, Bindu Balani, came to see him, also wearing PPE. She explained to Cai that he did not have a pulmonary embolism, but pneumonia. Also,



Time slowed as Cai waited in a room at HUMC.

it became clear to Cai that something about the CT—a shading in one lung—had given them cause to test him for coronavirus.

Cai's symptoms matched up almost perfectly with those of Covid-19: cough, heart palpitations, fever, diarrhea, shortness of breath. But what were the odds that he, James Cai, 32-year-old mediocre basketball player, doting father, conscientious physician assistant, intrepid foodie, would be the first person in all of New Jersey to come down with it?

The next day, the hours passed slowly as Cai awaited the results of his test—until that evening, when he looked up at the television in his room. The evening news was showing a post that had just appeared in the Twitter feed of the governor of New Jersey, Phil Murphy. "Tonight, Acting Governor @LtGovOliver and I are announcing the first presumptive positive case of novel coronavirus, or #COVID19, in New Jersey," the tweet read. "The individual, a male in his 30s, is hospitalized in Bergen County." Cai's heart rate, already too fast, sped up. Please, God, don't let that be me, he thought. Soon after, an emergency-room doctor came in and told him what he'd already known.

Cai worked for a medical practice that had four offices around the metropolitan area, most of them in heavily Chinese and Chinese-American neighborhoods like Flushing and Chinatown. Many of his

closest colleagues and friends were immigrants. As soon as he saw the television news, Cai had texted the photo he'd taken to one of them, his close friend Yili Huang, a cardiologist. "It can't be," his friend wrote back. Now Cai let him know that it was true.

Just a few weeks earlier, Huang and Cai were catching up on the phone when the subject of the coronavirus came up. Though Huang reassured Cai that he didn't think Covid-19 would ever be a crisis in this country, in late February Cai made two trips to Costco to buy provisions: frozen vegetables. Frozen fruit.

Twenty pounds of rice. If the virus became prevalent in New York, Cai knew what his family would do: They would lock down for two full months.

Now he felt he had let down his guard, and the worst had happened. He felt real terror, as did the rest of his family. His father, who lives in Shanghai, reached out to doctors who had managed the illness there. His wife's family was doing the same. Huang was getting in touch with everyone he knew who he thought might be able to help. He spoke to Chinese doctors from Shanghai who had been deployed to Wuhan, all of whom painted a dire picture of the damage the virus could do.

TO CAI, IT seemed that the doctors were trying to keep him calm. He remembers many telling him this would feel like a bad flu, though the care he was getting was not always comforting. A nurse came in at some point to take his blood pressure and temperature, but his voice was fearful. "Turn your face away," he told Cai. He placed a thermometer on the tray and told him to use it himself.

By Saturday, March 7, Cai was afraid to go to sleep. He was barely able to talk without collapsing into coughing fits. Earlier that day, he had started receiving oxygen from a tank through a nasal cannula. But as he monitored his oxygen levels from his bed, he could see they were dropping.

Cai's family and friends continued to communicate with doctors in China. It was common practice during the Covid-19 outbreak there to give patients a second CT scan to provide a clearer view of the progression of lung damage. Earlier that morning, Cai had told the infectious-disease doctor on call that he wanted a second CT scan. When

she seemed disinclined, his friend Huang called to speak to her on speakerphone. We are formally requesting a second CT scan, Huang told her. She explained, as Cai recalls, that it wasn't necessary. Huang had the sense that the doctors at Hackensack did not fully appreciate how quickly patients could take a turn for the worse.

Cai's boss, Dr. George Hall, also made a phone call, not long after Huang spoke to the infectious-disease doctor on call. He spoke with another doctor on Cai's caregiving team, a hospitalist named Danit Arad. Hall, who is 64, studied at one of the most prestigious medical schools in China before immigrating to the United States. A father figure to Cai, he, too, had been in touch with China. Hall explained to Arad that the Chinese National Health Commission had just published new guidelines on how to treat coronavirus. He urged Arad to follow some of its protocols, which included prescribing two drugs that were commonly given to patients in China: chloroquine, an anti-malarial drug, and Kaletra, an antiviral that had been used to treat HIV.

At the time Hall and Arad were speaking, practitioners were struggling to gauge the utility of treating coronavirus patients with chloroquine or a derivative called hydroxychloroquine. Since then, the picture has hardly become clearer, with several studies reporting contradictory results. Though President Trump called hydroxychloroquine "a game changer" on March 19, many researchers considered his enthusiasm premature and possibly dangerous.

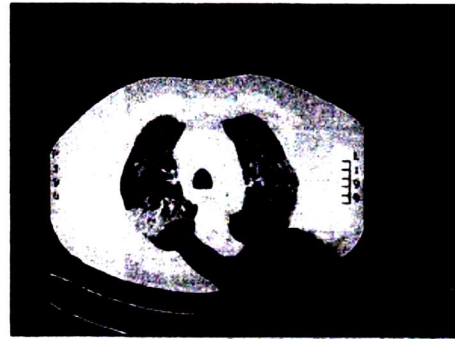
Lying in bed that night, Cai feared that he would close his eyes and never wake up. He was being given oxygen, but even so, he saw his numbers trending downward. Concerned, he messaged a WeChat group that included his father and a doctor his father knew in Shanghai, who had been advising that Cai be put on a high-flow nasal oxygen cannula, which allows for a more intensive delivery of oxygen into the lungs. Cai requested that treatment, but the nurses said that they didn't have the clearance to make that decision.

Cai had never felt more alone. He repeatedly called for the nurse. "I am not going to sleep until I see a respiratory therapist," he told her when she arrived. Finally, at around midnight, a respiratory therapist arrived with a Venturi mask, providing a treatment that was not as powerful as high-flow but that still provided higher concentrations of oxygen. Once he received the oxygen treatment, Cai allowed himself to drift off.

The morning of Sunday, March 8, Cai woke up. He knew he was alive. There was the clock. There was his phone with the photos

of his friends and family, the beeping machinery above his head. And yet he was still afraid. He prayed to God; he prayed to Buddha. He bargained: He would save so many lives if only his own could be spared. He would stop working so hard so he could be a better father to his daughter.

AROUND NOON THAT day, Hall sat down in the study of his Long Island home to translate the Chinese medical guidelines. He opened a Microsoft Word document and started typing. Just before midnight, having worked for close to 12 straight hours, he sent it off to Arad. Around the same time that Hall sat down



Covid-19 causes distinctive lung damage.

to work, Cai was surprised when a technician arrived in full PPE. He was going to get his second CT scan. Two hours later, Dr. Balani came to see him with the results. She sounded scared; he had the impression she had rehearsed what she was going to say. She was telling him that now it was time to take more aggressive measures.

Balani said that they were going to try to put him on remdesivir, a medication still in clinical trials. Washington state's first Covid-19 patient was severely ill when Gilead Science, the pharmaceutical company that made the drug, provided him with remdesivir for compassionate use—an effort to use a promising drug when no other treatments are available. The patient recovered. Now Cai's health had deteriorated to the point that the hospital could apply to Gilead to get the medicine.

That day, Cai was given chloroquine and Kaletra; he was also put on high-flow oxygen. Later he learned that the results of his blood test were cause for real concern. His doctors had established a plan for getting him to the ICU if need be. They also assigned him a dedicated critical-care nurse.

Later that day, March 8, he asked the nurse to bring him some paper. He wanted to write a letter to his daughter about all the things he would want her to know about him if he did not survive. Tearing up, he

said he was sorry he hadn't been a better father. He wanted her to know how much he loved her. He carefully folded the paper, slipped it into an envelope, and placed it on the bedside tray where he took his meals.

Cai hoped the remdesivir might help, but he knew that getting approval for compassionate use could take time. That day, Huang reached out to every Gilead representative he knew and called on all his doctor friends to do the same. He also posted a photo of Cai's CT scan on a WeChat group for Chinese and Chinese-American cardiologists, with a request for help and advice. Another friend, Felix Yang, created a video that showed the deterioration from one scan to the next and posted it on Twitter. Within 12 hours, half a million people had watched it.

Balani had already been laying the groundwork with Gilead to apply for remdesivir from the time Cai tested positive. Less than four hours after the image was first tweeted out, Gilead informed Cai's doctors that the company was shipping the remdesivir out. Around 3 a.m. on March 10, Balani arrived at the hospital. The medicine had come in, and she did not want to wait until the morning to administer

it. A nurse woke Cai up. Soon Cai was hooked up, intravenously, to the drug.

The next day, Cai's fever finally broke. His oxygen levels indicated he was on the mend. About a week later, he was able to speak to his wife more easily; he began to let himself picture himself back at home. His daughter would come running with his slippers when he walked through the door, as she always did. Now that he was recovering, his wife admitted to him that his daughter had been running to the door with his slippers every time she heard a noise beyond it, then cried when her father failed to arrive.

To date, there is no known cure for Covid-19. It is impossible to know what elements of Cai's treatment helped pull him through. On March 21, Cai learned that he had now tested negative twice in a row for the virus. He was alive—and the virus was dead.

Before he left the hospital, he put on a soft gray hoodie, sweatpants, and clean socks. He put on a mask. As he walked out of the room that had been like a prison, he looked back at the bedside tray where he took his meals, where he had placed that letter to his daughter in an envelope. He left it behind. Someone would throw it away and clean the room, and another patient would take his place.

Adapted from an article that originally appeared in The New York Times Magazine. Used with permission.

638. A. I suppose that your optimism is augmented by the fact that you have an umbrella.

G. "Who is wise? He who sees the future" (Tamid 32 A). *Neglect to look ahead is one of the prime causes of unhappiness, and thus the Creator is blamed.* "The folly of a man perverts his path, and his heart is wroth against G-d" (Mishle 19:3). Because he fails to look ahead, he comes into conflict with G-d's benevolence. One who overeats, disparages the value of food; a quarrelsome man complains against the blessings of marriage and of kin and neighbors. By practicing foresight, *most* evils can be avoided; and one can more readily recognize the Creator's kindness. "The prudent man sees harm and hides; and fools go on (*Avru*: to go on, or *transgress*) and are *punished*" (Mishle 22:3).

639. A. Which means: failure to look ahead is *transgression*, and incurs punishment.

G. "Every one who follows these ways which we teach, *is guaranteed by me* that he shall not be sick during his lifetime until he becomes very old . . . and he shall never need a physician, and that his body shall be always perfect and well; unless his body was imperfect from the beginning, or that he had in his earlier years conducted himself improperly, or in the event of an epidemic or famine" (RMBM, Deos 4:20).

Talking points

Masks: Why you should wear one

“The debate is over,” said Joseph Allen in *The Washington Post*. “You should be wearing a mask when you go out.” After weeks of telling us not to, the Centers for Disease Control is telling us to wear a mask when we have to leave our homes. Scientists now agree that masks can help fight a virus that largely spreads through droplets expelled by carriers, including asymptomatic people unaware they’re infected. By serving as a barrier over the nose and mouth, masks can prevent the wearer from infecting others with

sneezes, coughs, and even exhaled breath. And yes, they offer some protection to the wearer as well, even the DIY ones the public should wear. (For how to make one, see *Life at Home*.) Masks also serve “as a vital social cue.” By wearing one, “you are sending a signal to others that there is a real threat out there.”

Then “why did they ever tell us otherwise?” asked Timothy Carney in *WashingtonExaminer.com*. Just a month ago, Surgeon General Jerome Adams tweeted that masks were “NOT effective in preventing general public from catching #Coronavirus.” Maybe officials considered that



Our new public face

a “noble lie,” fearing that people might try to obtain the high-grade N95 masks needed by health-care workers, or that surgical or homemade masks might grant a false sense of security. But denying that masks have any value may have led to needless infections and deaths. “The whole situation has been a fiasco,” said David Leonhardt in *The New York Times*. Health officials should have given us the “unvarnished truth.” Instead, we got a tutorial in how *not* to communicate with the

public during a crisis.

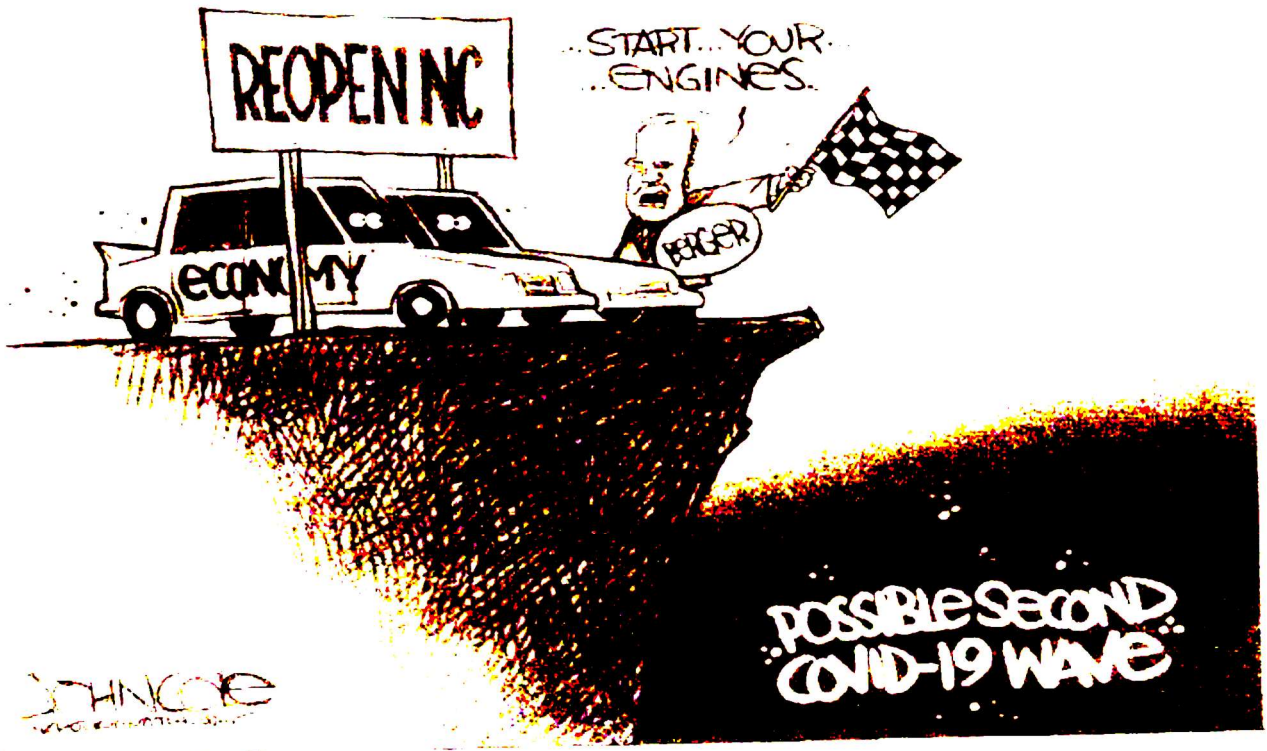
Even now we’re getting mixed messages, said Steve Lopez in the *Los Angeles Times*. When President Trump announced the CDC’s new advisory, he stressed that it’s optional and “flip-pantly” announced he wouldn’t wear one. “It was an opportunity lost,” said Gerald Seib in *The Wall Street Journal*. Trump could have stressed that masks will be a critical part of getting America back to work, and that to act “for the common good in a time of shared sacrifice” is “a sign of patriotism.” Trump had a chance to model that behavior. For that matter, “he still does.”

Editor's letter

I've never met Dr. Anthony Fauci, but I know him like an uncle. We both grew up in Dyker Heights, Brooklyn, some years apart; his parents ran the Fauci pharmacy on 83rd Street and 13th Avenue, and young Tony delivered prescriptions. It was a mostly working-class neighborhood with its share of tough guys and wiseguys, but there were also plenty of smart, conscientious Italian-American kids like Tony who studied their way out. When I hear his accent and his scratchy voice, I am transported to Sunday dinner with my 96-year-old mom's innumerable relatives. (Her maiden name is Puglisi.) So I was predisposed to fond feelings for Fauci even before he and fellow coronavirus task force member Dr. Deborah Birx helped persuade President Trump this week that "getting back to normal" by mid-April would be disastrous—for both the country and his re-election chances. They've saved hundreds of thousands of lives.

Fauci, 79, has capped off a brilliant career of research and self-

less public service with an impossible feat: managing Donald Trump. He has publicly disagreed with Trump several times without getting fired or shoved into the James Mattis–Rex Tillerson memorial doghouse. For this alone, Fauci deserves a Nobel. In this grim and frightening time, many others have earned our profound gratitude: The awe-inspiring doctors and nurses who are risking their own lives by treating thousands of Covid-19 patients in the chaotic, teeming MASH units that urban hospitals have become. The scientists working around the clock to develop a vaccine. (See Briefing.) The valiant workers in supermarkets, food services, Amazon warehouses, and delivery services keeping society functioning. The rest of us are making our own contribution to this war by staying home and enduring weeks or perhaps months of confinement. Let's give ourselves a round of applause. Human beings can be awfully stupid, selfish, and shortsighted. But at our best, we are magnificent. **William Falk**
Editor-in-chief



WHERE DID WISCONSINITES GO AS SOON AS THE LOCKDOWN WAS OVER?







HOW ABOUT
NOW?
CAN WE
OPEN IT
NOW?

Economy

SKELETONS
IN THERE.

TAGS

ANDREW M. SIEGEL ILLUSTRATION
©2020 THE WASHINGTON POST

The Impoverished Idealist

In *Mesichta Nedarim* (81a) it says: *Shalchu mitam* – They sent a message from Eretz Yisroel: *Hizharu biv'nei aniyim* – “Be careful with the children of the poor, *she'mei hem teitzei torah* – because from them Torah will come.” So it means, they sent from Eretz Yisroel a message to the *manhigim* in Bavel, if poor boys come to your yeshiva, make a special effort to be *mekarev* them. Poor boys are diamonds because greatness in Torah comes from poor children.

So the *Ran* asks: Why from poor children? Why is it that especially from the poor families will develop *talmidei chachomim*? And he says that it's because poor children have nothing else but Torah. because these boys never had anything else in their minds. They didn't have good times. They didn't have money to spend, so their heads are full of an ideal. A poor boy sets out to the yeshiva and he thinks only of *gemara*. He loves *gemara* and he intends to become a *gadol*; whether he'll become a big *gadol* or a small *gadol*, but he's an idealist.

Whereas a rich boy who sets out to the yeshiva, he has an expensive watch and expensive toys. He has to have a car, and maybe he has a radio too. He has a lot of things to keep him busy. But everything costs! Not only money; it's worse than that. It costs space in the mansion of his mind. He's thinking about his camera and good times and even though he's a *frum* boy, a nice, decent boy, but his head is too full of other things.

And that's what happens to your mind when you fill it with thoughts of sugar cereal and soggy donuts and fancy cars and toys and gadgets – there's no more room anymore for the real pleasures that Hashem wants us to enjoy in this world.

Keep Your Mind Clear

And so, the *Chovos Halvovos* says that *prishus* is the solution; it's the function of clearing the mind of things that are not necessary so that you'll be able to deposit there the more important matters. Abstain! Don't get involved in superfluous things.

And that's the *prishus* of the *Chovos Halvovos*. Keep your mind clear for the great function for which you were created! You live only once in this world so shouldn't you utilize your head for glorious ideas? We want to keep our minds clear for the great thoughts which ought to occupy our minds. *וּבְדַעַת חֲדָרִים יִמְלֵאוּ כָּל הַזֶּה יָקָר וְנָעִים* (Mishlei 24:4) – With *da'as* your chambers will be filled with all precious and pleasing furniture.

But you'll never be able to fully enjoy all of these gifts of Hakodosh Boruch if your mind is cluttered up with luxuries, with superfluous things, with substitute pleasures. You'll never enjoy the gifts of Hashem if you think that fun comes with traveling and other luxuries. Could be that you'll find some fleeting happiness – the piece of cake and the trip to Switzerland might tickle your nerves a little bit – but you'll never be a happy person because of that.

S. “Yes. אֲשֶׁר־הַגָּבֵר אֲשֶׁר תִּיַסְרֶנּוּ יְהוָה וּמִתּוֹרַתְךָ תִּלְמָדֶנּוּ. —‘Happy is the man *whom You chastise*, O G-d, and You teach him of Your Torah’ (Psalms 94:12). Men should be grateful for this gift of wisdom from G-d. הַיִּסָּר גּוֹיִם הֲלֹא יוֹכִיחַ הַמְּלַמֵּד אָדָם דַּעַת. —‘He Who *chastises nations* shall not rebuke? He *Who teaches Man knowledge?*’” (ibid. verse 10). The vicissitudes of individuals and the upheavals of nations are for the purpose of teaching knowledge. But this knowledge includes not only the ability to feel the plight of the suffering, but much more.”

731. Y. “It surely includes knowledge of G-d.”

S. “Yes. When men continue in the regular tranquility of existence, they forget the great truths. Upheavals in their individual lives, or public calamities that befall nations, stir men from their materialistic stupor. They are then able to understand that the fortunes of men or of nations are not in their own power to control. This is a great step toward G-d. Another form of knowledge which men learn from adversity is the understanding that this life is not the ultimate goal of men, and they are thus prepared for the great truth of the Afterlife. Especially is this lesson effective when righteous men suffer, and even more so when they suffer at the hands of the prosperous wicked. Men then begin to believe in a Gehinom for the oppressors and an eternal happiness for the righteous victims. Another great benefit is the impetus which suffering gives to repentance and to increased piety, by which means the sufferer seeks the mercy of G-d. There are other benefits, including the great achievement of humility.”

Viewpoint

"My siblings and my oldest friends call more often now, and I know it's because they're worried. Every online gathering, every phone call, every just-saying-hey email carries an undercurrent of mortality. Even if we don't say it out loud, we recognize that our time for checking in may run out. We have always been mortal beings, but until life serves up a memento mori like the new coronavirus, people tend to spend each day as though they had an endless supply of days. As though they had all the time in the world to say, 'I love you.'"

Margaret Renkl in The New York Times

Viewpoint

"It is a bitter irony of the pandemic that [Passover] is a holiday about plagues, visited by God on the Egyptians in order to persuade Pharaoh to let the Jewish slaves go. Passover, of course, refers to the sign, marked in lamb's blood on the doors of Jewish households, to instruct the Angel of Death to pass over their houses as God unleashed his 10th and most terrible plague, the slaying of the first-born. This year, needless to say, there is an 11th plague and little rejoicing. The virus unleashed itself on us, and we failed to prepare for or respond adequately to its menace. This time, no sacrificial lamb can ensure that the Angel of Death will pass us by."

Ruth Marcus in The Washington Post

Viewpoint

"Never have I felt so grateful for a walk. There's solace in knowing that as long as I put one foot in front of the other, I will keep moving through this particular world. It might not be the same world tomorrow or next week, so I take a moment to feel lucky for every walk, every waft of jasmine, I have now. And I feel grateful for everything else I have, too—health and happiness, my job, loved ones to laugh with. I notice the buds on my favorite tree are bigger than yesterday. I give it another week, and then the buds will be leaves, and then everything will be green. I know this to be true, too: Life renews."

Lena Felton in TheLily.com

Missing the Busy Streets

As he walks in the street, he sings to Hashem. To be able to walk the streets of your city, that's the happiness of life! You remember when Dovid was hiding from Shaul in the caves. He was afraid for his life and he was praying to Hashem to be rescued: **אֶתְהַלֵּךְ לִפְנֵי הָשֵׁם בְּאֶרְצוֹת הַחַיִּים** - How I wish I could walk again before Hashem in the lands of the living (Tehillim 116:9).

What is this *artzos hachaim*, this land of the living, that Dovid was praying for so much? So the *gemara* in *Mesichta Yuma* (71a) tells us, *zeh mekom shvakim* - It's the place where there are markets. And Rashi explains that Dovid was talking about the streets where there are stores and you can buy everything you need.

Now, that seems to be a little queer. Dovid is hiding in a cave, deprived of everything, and he's praying to be restored to a place of markets?! He's yearning once more to go shopping?! You have to understand what that means.

Everything Is Available

The answer is that Dovid understood what a tremendous *simcha* it is to have everything available; to know that whatever you need you can go out to the street and buy it. "Hashem, please let me walk down the avenues again." That's what Dovid was looking forward to - just to be able to walk the streets of Yerushalayim where the wares were on sale; the produce, the grapes, the dates, the olives, the figs, the wheat, the barley, clothing, and all the things that make life a pleasure. You can buy food and toilet paper and soap. You can buy a shirt and underwear. Whatever you need!

It's a big subject to learn how to enjoy walking in the streets, how to enjoy the stores and the markets, and the *metzora* learned that *sugya* the hard way. And now he appreciates the stores when he is restored to the streets again. "Thank You Hashem for letting me walk *b'artzos hachaim* again, where everything I need is available to me."

People call me on the telephone and ask me if they should travel to Niagara Falls to see the *niflaos ha'Borei*. To travel ten hours to see Niagara Falls?! When you finish with the *niflaos ha'Borei* on Ocean Parkway, then call me up again and we can talk about Niagara Falls. Meanwhile, you didn't even start!

QUESTIONS ABOUT A NEW NORMAL

As the coronavirus outbreak continues to take a toll on nearly all aspects of daily life and new health concerns arise, *Hamodia* spoke with Dr. Naor Bar-Zeev, a pediatric infectious diseases physician and associate professor at Johns Hopkins Global Disease Epidemiology and Control program, to answer some common questions.

by Rafael Hoffman

Many people have a feeling that the outbreak has hit Jewish communities in the New York area, but that it has now passed and it is time to return to more of the life we were used to. How accurate is this assumption?

It's true that the New York area is slowly succeeding in flattening the curve, but there are still hundreds of new cases, hospitalizations and deaths each day. The rate of increase in total cases is slowing, but cases are still occurring. Still, this slowing is a major success and is a direct result of widespread adherence to physical distancing. Once we relax physical distancing, we will see more of a spread again. COVID-19 hit the Jewish community very hard and fast and now it might feel as though the outbreak has peaked and passed, but it is important to remember our neighboring communities, especially African American and Hispanic communities, are suffering with higher mortality and are going through their own peak. Despite the Jewish community's sense of uniqueness, at least in this regard we are part of and contribute to the chain of transmission among all humans.

There is another flaw in thinking the worst is over and that we can return to normal, and that is the assumption that once enough people have been infected, that the community becomes immune. People feel that after so many people were sick, and many even passed away, it must be that most of the community had it already. But the limited testing that has so far been done suggests that it is still only a minority of the population that have developed antibodies. In order to have the type of so-called herd immunity that such assumptions are based on, it would require a very high level of infection, something like 95 percent for a very infectious disease or at least 65 percent for one that is less contagious. We are nowhere near that, and we don't want to be because it would come at a massive human cost.

Many who already had COVID-19 feel less of a need to take precautions. Is this based on medical facts?

No. Antibodies likely provide some protection in the interim, but even those who have had it need to be very careful because we still do not know to what degree they give immunity or how long that immunity will last.

Do you see safe ways to responsibly re-open shuls and re-commence some of its normal interactions over the coming months as the virus hopefully continues to recede?

COVID-19 is something that we are going to have in our lives for the foreseeable future absent a vaccine, and that means that complete normalcy is not in the cards. That's very disheartening especially to us



Dr. Naor Bar-Zeev

as Jews whose sense of identity is heavily based on *tefillah b'tzibur* and learning in *batei medrash*, but it's a reality. And *v'nishmartem meod le'hafshosechem* is also an important part of *Yiddishkeit*.

In terms of shuls, I want to make it clear that we are only discussing a time when government officials have deemed it safe and legal to open houses of worship. The regulations now in place, while challenging for our community, are being made for our own health and take into consideration the best information available from the medical world.

The key to any plans is to ensure strict adherence to physical distancing between people, so seating and how *Krias HaTorah* should work need to be dealt with. Wearing masks, washing hands with soap both before and after *davening*, making sure there is proper ventilation by opening windows, and reducing contact with surfaces are valuable steps as well. Even if shuls can reopen, those who are in high-risk categories or live with someone who is should seek rabbinic guidance about not attending shul at all.

If there are ways to reduce the amount of time people spend at a *tefillah*, that would lower the risk level, but how to do that appropriately is a question for Rabbanim.

What about other gatherings such as *simchas* that may be more difficult to regulate?

It's important for people to realize that the behavior of each individual affects the entire population. Let's say a person decides to make a *shalom zachar* and he's careful that only his young healthy friends attend. We know that there are still cases out there and that infection is happening from presymptomatic and, to a degree, also from asymptomatic people. So, if you do this again and again, it exacerbates transmission. One of the people at that *shalom zachar* is likely to give it to two or three others... One of them goes shopping and an older lady that was in line after him at the supermarket could end up hospitalized or *lo aleinu, niftar* a few days later.

If you look at this outbreak as a forest fire, we are neither the arsonist nor the firefighters, we are the trees. Only *Hashem Yisborach* can put out the fire, but in the meantime, we have an obligation to do what we can to give the blaze as little fuel as possible. The fire is far from out, and unexpected winds will drive up the flames again.

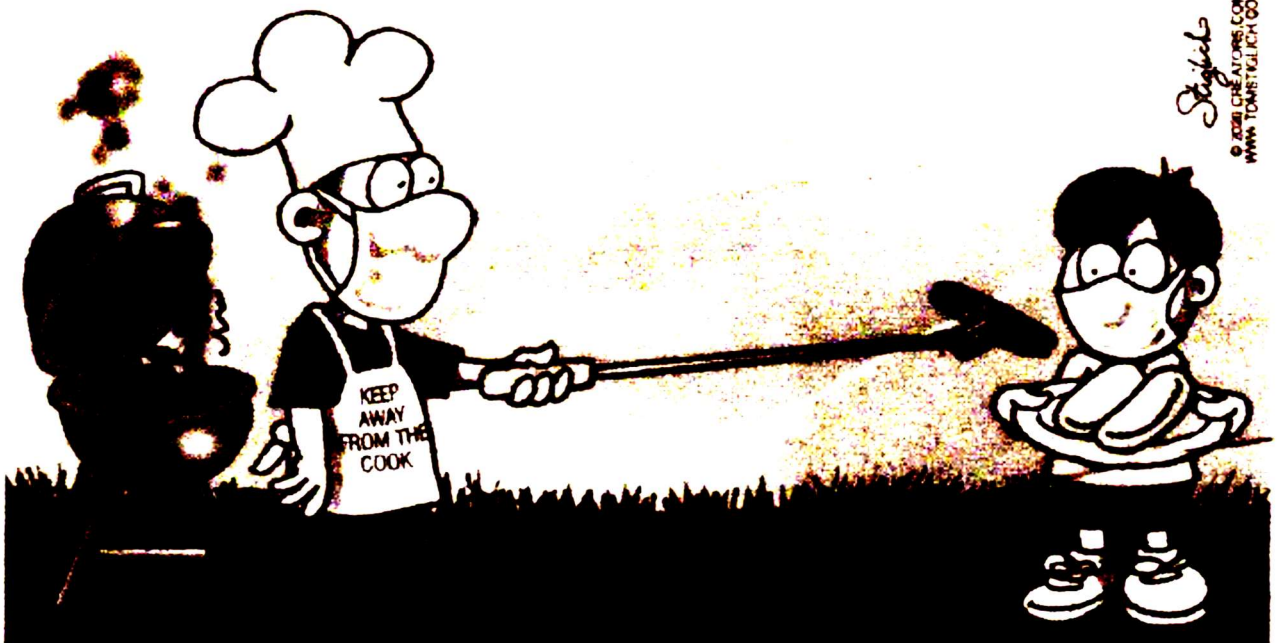
Interventions like convalescent plasma, to which the *frum* community has made a remarkable contribution, is much appreciated and well celebrated in scientific and public health circles; newly emerging medications and then hopefully a vaccine will all help. But the immediate day to day behavior of each and every one of us will make a huge difference.

AS AMERICA REOPENS...



DAILY TUESDAY 4 Year 0780 // April 28, 2020

"Social distancing will be with us through the summer."
-Dr. Birx



Stigels
© JOEL CRAWFORDS.COM
WWW.TOMRIDDLEY.COM