

June 1, 2020/9 Sivan 5780

ENGLISH 11<sup>th</sup> Grade

RABBI ISRALEWITZ

Hello, everyone! I hope you all had a wonderful Shavuos Yom Tov and Shabbos!

We are now entering the final weeks of the school year.

While I was really amazed at the high quality Arguments that most of you submitted, special "SHOUT OUTS" go to Yaakov Gold, Avi Lieberman, Chaim Eli Shain and Hillel Zell for their exceptional quality expressive writing.

However, there were two "WOW" papers that absolutely "Blew Me Away," submitted by Yehuda Zev Boiangiu and Yitzchok Mosoev! Both of you wrote as if you've been creating Arguments for months already!! There is no doubt that both of you would have been possible candidates for a perfect "100" score on your Regents.

Our long anticipated Argument on the topic of "Living As a Survivor," an ongoing collaborative effort between myself and HaRav Yeruchim Leshinsky shlita has been delayed for a few days, due to the tragic petira of his brother-in-law, HaRav Shmuel Miller z"l.

As a substitute lesson for this Monday, we are giving you a brief essay writing assignment.

Attached you will find two documents, one reprinted from the Washington Post and one written by the Hamodia's Eretz Yisroel correspondent Joel Rebibo (please make special note of the date on his article, 8 Adar – March 1<sup>st</sup>, and probably written 2 or 3 days earlier than that,)

The common ground of the two articles (Tzad Hashava) is that **no one** seemed to "Chap the Matzav" i.e. no one dreamed of, or expected what actually occurred to Klal Yisroel during these next 4 months.

Your writing assignment for today is as follows:

Try to contemplate what you feel might be an appropriate lesson that can be learnt from these documents and try to choose an appropriate title for your essay. (If you feel it will enhance your essay, you can quote from the document i.e. to illustrate irony or show a contrast to what actually did happen.)

Any questions, please feel free to call me any evening between 4:00 -10:00 PM at 718-404-8422.

Hatzlacha Rabbah!

Rabbi E. Isralewitz

# America's lost days

*The U.S. had a critical period of two months to take action to stop the rapid spread of the coronavirus, said a team of reporters in The Washington Post. This is how the Trump administration squandered it.*

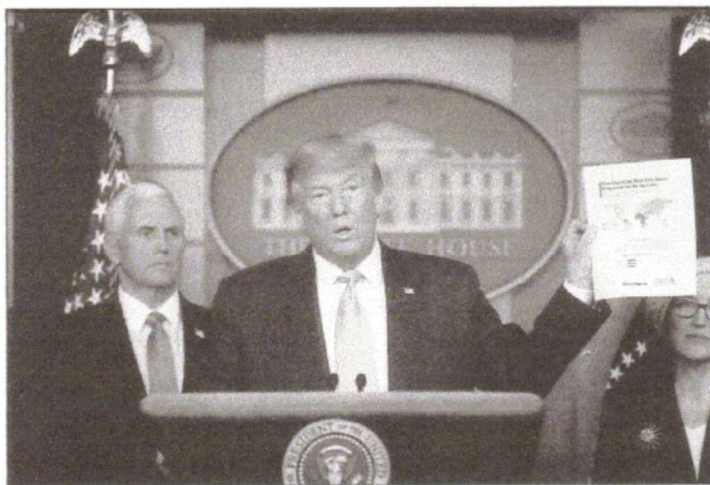
**P**UBLIC HEALTH authorities are part of a special breed of public servants—along with counterterrorism officials, military planners, aviation authorities, and others—whose careers are consumed with contemplating worst-case scenarios. The arsenal that they wield against viral invaders is powerful, capable of smothering a new pathogen while scrambling for a cure, but easily overwhelmed if not mobilized in time.

That's why officials at the Department of Health and Human Services, the Centers for Disease Control, and other agencies spend their days scanning the horizon for emerging dangers. At the beginning of the year, one appeared.

On Jan. 3, CDC Director Robert Redfield received a call from a counterpart in China with an unambiguous warning about the coronavirus. From that moment, the Trump administration and the virus were locked in a race against a ticking clock, a competition for the upper hand between pathogen and prevention. Yet it took more than two months from that initial notification for President Trump to recognize the coronavirus not as a distant threat or harmless flu strain well under control, but as a lethal force that had outflanked America's defenses and was poised to kill tens of thousands of citizens. That stretch now stands as critical time that was squandered.

By March 18, when Donald Trump proclaimed himself a wartime president—and the coronavirus the enemy—the United States was already on course to see more of its people die than in the wars of Korea, Vietnam, Afghanistan, and Iraq combined. The country has adopted an array of wartime measures—banning incoming travelers from two continents, bringing commerce to a near-halt, and confining 230 million Americans to their homes in a desperate bid to survive an attack by an unseen adversary.

Despite these steps, the United States will likely go down as the country that was supposedly best prepared to fight a pandemic but ended up catastrophically overmatched by the novel coronavirus, sustaining heavier casualties than any other nation. It did not have to happen this way.



*For two months, Trump thought warnings about the virus were 'alarmist.'*

During that Jan. 3 phone call from China, Redfield was told that a mysterious respiratory illness was spreading in Wuhan, a congested commercial city of 11 million people in the communist country's interior. Redfield quickly relayed the disturbing news to Alex Azar, the secretary of the Department of Health and Human Services, the agency that oversees the CDC and other public health entities. Azar, in turn, ensured that the White House was notified, instructing his chief of staff to share the Chinese report with the National Security Council.

On Jan. 6, Redfield sent a letter to the Chinese offering to send help, including a team of CDC scientists. China rebuffed the offer for weeks, turning away assistance and depriving U.S. authorities of an early chance to get a sample of the virus, critical for developing diagnostic tests and any potential vaccine.

The next day, senior officials at HHS began convening an intra-agency task force including Redfield, Azar, and Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. U.S. officials began taking preliminary steps to counter a potential outbreak. By mid-January, Robert Kadlec, an Air Force officer and physician who serves as assistant secretary for preparedness and response at HHS, had instructed subordinates to draw up contingency plans for enforcing the Defense Production Act, a measure that enables the government to compel private companies to produce equipment or devices critical to the country's security. On Jan. 14,

Kadlec scribbled a single word in a notebook he carries: "Coronavirus!!!"

**O**N JAN. 18, while spending the weekend at Mar-a-Lago, the president took a call from Azar. Even before the health secretary could get a word in about the virus, Trump cut him off and began criticizing Azar for his handling of an aborted federal ban on vaping products.

At the time, Trump was in the throes of an impeachment battle over his alleged attempt to coerce political favors from the leader of Ukraine. Trump was preoccupied with the trial, calling lawmakers late at night to rant, and making lists of perceived enemies he would seek to punish when the case against him concluded. In hindsight, officials said, Azar could have been more forceful in urging Trump to turn at least some of his attention to a threat that would soon pose an even graver test to his presidency, a crisis that would cost American lives and consume the final year of Trump's first term.

But the secretary, who had a strained relationship with Trump and many others in the administration, assured the president that those responsible were working on and monitoring the issue. Azar told several associates that the president believed he was "alarmist," and Azar struggled to get Trump's attention to focus on the issue.

Within days, there were new causes for alarm. On Jan. 21, a Seattle man who had recently traveled to Wuhan tested positive for the coronavirus, becoming the first known infection on U.S. soil. Then, two days later, Chinese authorities took the drastic step of shutting down Wuhan, turning the teeming metropolis into a ghost city of empty highways and shuttered skyscrapers, with millions of people marooned in their homes.

"That was like, 'Whoa!'" said a senior U.S. official involved in White House meetings on the crisis. "That was when the Richter scale hit 8." It was also when U.S. officials began to confront the failings of their own efforts to respond.

Azar, who had served in senior positions at HHS through crises including the 9/11



terrorist attacks and the outbreak of bird flu in 2005, was intimately familiar with the playbook for crisis management. He instructed subordinates to move rapidly to establish a nationwide surveillance system to track the spread of the coronavirus—a stepped-up version of what the CDC does every year to monitor new strains of the ordinary flu.

Doing so, however, would require assets that would elude U.S. officials for months: a diagnostic test that could accurately identify those infected with the new virus and be produced on a mass scale for rapid deployment across the United States, and money to implement the system.

The Chinese were still refusing to share the viral samples they had collected and were using to develop their own tests. In frustration, U.S. officials looked for other possible routes. A biocontainment lab at the University of Texas Medical Branch in Galveston had a research partnership with the Wuhan Institute of Virology. Kadlec, who knew the Galveston lab director, hoped scientists could arrange a transaction on their own without government interference. At first, the lab in Wuhan agreed, but officials in Beijing intervened Jan. 24 and blocked any lab-to-lab transfer.

Trump was out of the country for this critical stretch, taking part in the annual World Economic Forum in Davos, Switzerland. He was accompanied by a contingent of top officials, including national security adviser Robert O'Brien, who took an anxious transatlantic call from Azar.

Azar told O'Brien that it was "mayhem" at the White House, with HHS officials being pressed to provide nearly identical briefings to three audiences on the same day. He urged O'Brien to have the NSC assert control. O'Brien seemed to grasp the urgency, and put his deputy, Matthew Pottinger, who had worked in China as a correspondent for *The Wall Street Journal*, in charge of coordinating the still-nascent U.S. response.

The rising anxiety within the administration appeared not to register with the president. On Jan. 22, Trump received his first question about the coronavirus in an interview on CNBC while in Davos. Asked whether he was worried about a potential pandemic, Trump said, "No. Not at all. And we have it totally under control. It's one person coming in from China.... It's going to be just fine."

The move by the NSC to seize control of the response marked an opportunity to reorient U.S. strategy around containing the virus where possible and procuring resources that hospitals would need in any U.S. outbreak,

including such basic equipment as protective masks and ventilators. But instead of mobilizing for what was coming, U.S. officials seemed more preoccupied with logistic problems, including how to evacuate Americans from China.

ONLY AFTER CHINA took the draconian step of locking down the entire Hubei province, which encompasses Wuhan, on Jan. 30 did the Trump administration produce a significant response. On Jan. 31, Azar announced restrictions barring any non-U.S. citizen who had been in China during the preceding two weeks from entering the United States.



Jan. 31: The first limits on travel from China

By that point, 300,000 people had come into the United States from China over the previous month. Pottinger was already pushing for another travel ban, this time restricting the flow of travelers from Italy and other nations in the European Union. His proposal was endorsed by key health-care officials, including Fauci.

But the plan met with resistance from Treasury Secretary Steven Mnuchin and others who worried about the impact on the U.S. economy. It was an early sign of tension in an area that would split the administration, pitting those who prioritized public health against those determined to avoid any disruption in an election year to the run of expansion and employment growth. Those backing the economy prevailed with the president.

While fights over air travel played out in the White House, public health officials began to panic over a startling shortage of critical medical equipment, including protective masks for doctors and nurses. By early February, the administration was quickly draining a \$105 million congressional fund to respond to infectious-disease outbreaks. To health officials charged with stockpiling supplies for worst-case scenarios, disaster appeared increasingly inevitable.

A national stockpile of N95 protective masks, gowns, gloves, and other supplies was already woefully inadequate after years

of underfunding. Much of the manufacturing of such equipment had long since migrated to China, where factories were now shuttered. At the same time, China was buying up masks and other gear for its own coronavirus outbreak, driving up costs and monopolizing supplies.

In late January and early February, leaders at HHS sent two letters to the White House Office of Management and Budget asking to use its transfer authority to shift \$136 million of department funds into pools that could be tapped for combating the coronavirus. Azar and his aides also began raising the need for a multibillion-dollar supplemental budget request to send to Congress.

Yet White House budget hawks argued that appropriating too much money at once when there were only a few U.S. cases would be viewed as alarmist. Joe Grogan, head of the Domestic Policy Council, clashed with health officials over preparedness. He mistrusted how the money would be used and questioned how health officials had used previous preparedness funds. Azar then spoke to Russell Vought, the acting director of the White House Office of Management and Budget, during Trump's State of the Union speech on Feb. 4. Vought seemed amenable and told Azar to submit a proposal.

Azar did so the next day, drafting a request for more than \$4 billion, a sum that OMB officials and others at the White House greeted as an outrage. Azar arrived at the White House that day for a tense meeting in the Situation Room that erupted in a shouting match. A deputy in the budget office accused Azar of preemptively lobbying Congress for a gigantic sum that White House officials had no interest in granting.

It would take weeks for the White House to relent—time in which United States missed a narrow window to stockpile ventilators, masks, and other protective gear before the administration was bidding against many other desperate nations, and state officials fed up with federal failures started scouring for supplies themselves.

Just a couple of days after the State of the Union speech, on Feb. 6, the World Health Organization reported that it was shipping 250,000 test kits to labs around the world. On that day in the U.S., more than a month after the Centers for Disease Control got its first clear warning of the threat, the CDC began distributing 90 kits to a smattering of state-run health labs.

*Excerpted from an article that originally appeared in The Washington Post. Used with permission.*



# ON SECOND THOUGHT

BY JOEL REBIBO  
*Musings from Eretz Yisrael*

## A PANDEMIC OF OUR OWN MAKING



FLASH90

### WE NEED TO REGAIN A SENSE OF PROPORTION.

er they contracted the pathogen before or after returning from Israel.

I don't know how close the students were to the South Koreans, but how did keeping them home prevent the spread of the disease, when their parents and siblings, who live with them, were allowed to go to their workplaces and schools?

Professor Ze'ev Rothstein, head of Hadassah Hospital, says coronavirus is no pandemic, but that the overreaction to it — canceled flights, hotel bookings, business opportunities — is potentially devastating. Globally, the impact of such measures could be the loss of millions of jobs, making it impossible for governments to find the resources to provide expensive medicines and care that saves lives.

Ah, you say, but what about the rising death toll in Italy and elsewhere?

What about it? This coronavirus has a mortality rate of 2%-2.5% (compared with 10% for SARS and 30% for MERS). It's true that as of this writing some 500 people have died as a result of the virus, and each death is a tragedy, but 300,000 to 500,000 die each year due to complications of the standard flu.

The problem is that people in government feel a need to "do something" at the earliest sign of crisis, and the more "something," the better. That makes them look more proactive and responsible, and wins them points with the media, which benefits from raised levels of hysteria.

But we need to regain a sense of proportion. The vast majority of those who get this virus are healthy enough to recover from it, and an inoculation is on the way. In the meantime, we don't have to ruin the world economy, or forget about those suffering the anguish of the common cold.

Future updates will be issued as warranted. ■

I've had a bad cold, and no one cares. Once upon a time when I had my annual cold I could count on sympathy from my wife and family; I would send out hourly email updates on my condition — "sniffing still serious, slight signs of improvement" — and get back feigned expressions of concern. But these days, if you say you have a cold, or even a regular flu, that doesn't rate. If it isn't you-know-what, it's nothing.

I don't mean to make light of the coronavirus, but to question the hysterical reaction to it. Here are two recent local examples:

On Sunday morning, a man showed up at a health clinic located on the top floor of a mall in Givatayim with flu symptoms. He had recently arrived from the United States by way of Italy, and that was enough for a family doctor at the clinic to order the evacuation of the entire top floor of the mall, and the closure of its stores.

What sense did that make? The flu patient had already walked through the mall to get to the clinic. (And if there's a logic there that I'm missing, why stop at just the top floor? The patient must have started on the first floor.)

A few weeks ago, some 200 students and teachers were ordered to self-quarantine after it was discovered that they had been at Masada and other sites at the same time that visitors from South Korea were there. Among the visitors, nine developed the virus after returning home, but it wasn't known wheth-

The opinions expressed on this page are those of the individual authors and do not necessarily reflect the opinions of Hamodia.