Report from COVID-19 Task Force 1

The leadership of our congregations have asked us to review the science along with Jewish law and traditions to guide us on how to best serve our communities in these trying times of pandemic. Appointed by the boards of Temple Or Rishon, Temple Bat Yam and North Tahoe Hebrew Congregation, a committee consisting of representatives of each congregational board, staff, and members-at-large was created to address the COVID-19 situation. This committee is comprised of David Abramovitz (TOR), Mary Frank (TOR), Thomas Goldenberg, MD (TBY), Laurence Heifetz, MD (NTHC), Timothy Herman, DDS (TOR), John Kuzmik (TBY), Jonathan Miller (NTHC), Daniel Sussman, MESM (TBY), and Jerry Weltsch (TOR).

Our ability to physically gather, in worship, celebration, and observance of our holidays and traditions has been appropriately placed on hold for the past three months. We are particularly mindful of the situation as we approach the High Holy Day season. As a result we have engaged in an ongoing scientific review and Jewish study. We present the following findings and recommendations to date.

Guidance from the Science

We begin with our scientific inquiry, conducted by our peers with background in medical, dental, and environmental sciences.

Who is at the greatest risk of becoming seriously ill or dying from the COVID-19 if infected? Scientific consensus concludes that approximately 80% of patients infected with the virus exhibit mild or moderate symptoms and do not require hospitalization (low risk). However, of the remaining 20% who do require hospitalization, 14% are treated in a general medical unit (moderate risk), and 6% are treated in an intensive care unit (ICU) (high risk). A timely article from the New England Journal of Medicine Catalyst provides a rules-based model to help identify who is at risk for each of those categories. It is summarized in Table 1 (below), also included at the end of this report.

Table 1. Cityblock Covid-19 Risk Rules-Based Model Criteria

Moderate Risk: At risk for severe illness/acute utilization	age ≥ 18 AND any of the following: Uncontrolled asthma (acute utilization in the previous rolling 12 months with a primary diagnosis of asthma)[8,12] Moderate to severe systolic/diastolic heart failure[13] Coronary artery disease,[5,13,14] cardiovascular disease[7,13,15] Recent history of aspiration pneumonia Autonomic dysfunction Current end stage renal disease (ESRD) on dialysis[8] Current homelessness[8] OR age ≥ 503 AND any of the following: Lives in a group home, SNF, nursing facility, custodial care facility, hospice, inpatient rehabilitation[8,16] Hypertension[5,14,17] Pulmonary Diagnoses: COPD including emphysesma,[4] asthma,[4,5] any type, pulmonary fibrosis/IPF, lung volume reduction, cystic fibrosis[5,14] Immune Suppression[4,12] o Active cancer[11,12] o Diagnoses: HIV/AIDS,[8] lupus, rheumatoid arthritis, Crohn's disease, ulcerative colitis, multiple sclerosis, psoriasis, sarcoid (lung) or history of organ transplant,[18] hepatitis B,[19] end stage liver disease[20] o Medications: Corticosteroids (prednisone, budesonide, prednisolone, tofacitinib, cyclosporine, tacrolimus, sirolimus, everolimus, azathioprine, leflunomide, mycophenolate, abatacept adalimumab, anakinra, certolizumab, Etanercept, golimumab, infliximab, ixekizumab, natalizumab, rituximab, secukinumab, tocilizumab, ustekinumab, vedolizumab, basiliximab, daclizumab; any chemotherapy Metabolic (diabetes[5,14,17] or BMI> 30[21]) Neurologic/neuromuscular (dysphagia, Parkinson's, stroke/cerebrovascular disease,[6,7] ALS[22] Renal Disease (CKD 3, CKD 4, CKD 5)[4,23,24]
High Risk: At risk for need for critical care (ICU)/very serious illness	Among the Moderate Risk population: age ≥80 AND o any of the previous risk factors[11] OR age ≥60 AND o 2+ of the above risk factors OR age ≥ 18 AND Ventilator dependent (in 2020) Has a tracheostomy (in 2020) Quadriplegia Cancer that is actively being treated with chemotherapy[12]
Low Risk: Not at elevated risk for critical or severe disease	Patients who do not meet the criteria for High or Moderate Risk

Source: The authors

Can antibody testing help at this point?

The current state of antibody testing is not useful enough to help determine if a person has been exposed to the virus. More importantly, we do not know if having a positive antibody to COVID-19 infers any degree of immunity at all. See the latest interim guidance from the CDC on antibody testing.

How about a vaccine?

The earliest possible release date for a vaccine may not be until the first quarter of 2021. The first phase will be to figure out what side effects may arise from it. The second phase will be to figure out just how effective it is. That could take a significant period of time to determine.

What have we learned about transmission of the virus?

The initial fear of the virus living on inert surfaces (fomites) for 5 to 7 days has pretty much been put to rest. What we were seeing was a fingerprint from the virus, but not the virus. The vast body of evidence points to airborne microdroplets from an infected person's lungs as the culprit. The louder one speaks or sings, the further the droplets will travel. Talking is safer than singing, and being

outdoors is safer than being indoors. This is supported by a recent concurring majority opinion by U.S. Supreme Court Chief Justice John Roberts who noted that religious worship cannot be compared to "dissimilar activities, such as operating grocery stores, banks, and laundromats, in which people neither congregate in large groups nor remain in close proximity for extended periods." [1]

What is an acceptable level of risk for us?
The acceptable level of risk for us is very low. We do not want anyone infected through contact with their fellow temple community members, and there is still a high level of uncertainty with the science associated with the virus, it's effects, and medical response. The experience of new and frightening diseases to society tends to create a lag between when the scientific community might feel safe compared with when the general public may. We are reminded of the initial responses to the identification of AIDS and the relative time it took for the medical community compared to the public to feel safe. Until more information is available, including universal testing, effective therapies for infected patients, reliable measurements of immunity, and a safe and effective vaccine being available, we should err on the side of caution.

Guidance from Torah, Talmud, and Jewish Tradition

Our recommendations are based on the science as it relates to the following tenets of our laws and traditions.

- **Pikuach Nefesh (Preservation of life)** - The preservation of human life overrides almost all laws and commandments. As we are commanded in the Torah, "You shall live by them" (Leviticus 18:5), we must sweep aside nearly all other priorities, even religious obligations, when human life, health or wellbeing is at risk. For as long as we are well aware that certain physical communal gathering puts at risk the lives of any members of our community, we should refrain from such gatherings.

- **Kol Yisra'eil areivim zeh ba-zeh (All Jews are responsible for one another)** - The Babylonian Talmud in Shavuot 39a reminds us that even when our own life, health, or wellbeing is secure, we are still responsible for keeping other members of our communities safe. We have a particular obligation to protect the most vulnerable, including the elderly and those with other medical conditions, who are especially susceptible to COVID-19.

- **Al Tifrosh Min HaTzibur (Do not separate yourself from the community)** - As a driving force behind the TOR-TBY-NTHC virtual community we have built over the past few months, we have aimed to enable all who are a part of our community to continue to do so virtually, absent the availability to do so physically. This important lesson from Hillel (Mishnah Avot, 2:5) acknowledges that being actively engaged in community is an essential part of being Jewish.

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[1] SOUTH BAY UNITED PENTECOSTAL CHURCH, ET AL. v. GAVIN NEWSOM, GOVERNOR OF CALIFORNIA, ET AL.

- **Lo ta'amod al dam rei'echa. (Do not stand by the blood of your fellow)** - As we are commanded in Leviticus 19:16, we must avoid doing those things which are likely to harm our neighbors and keep in mind that our policies and activities affect not only ourselves but the rate of infection in the general population.

- **Ve'ahavta lerei'acha kamocha. (Love your neighbor as yourself)** And we are also commanded in Leviticus 19:18, that, while our decisions around reopening are fraught with tension and anxiety, we should take care to treat one another with love and kindness during this period, as well as the leaders of our communities responsible for making these difficult decisions.

- **Lo Ta'aShok Sachir (Treat workers fairly)** - In Deuteronomy 24:14, we are commanded to not oppress those who serve us. Just as we have avoided communal gathering so as not to endanger those whose lives are at risk to the pandemic, we cannot ask those who serve our community daily to put themselves and their families at risk by demanding that they physically be present to lead or support communal gatherings.

- **Emet (truth)** - Adherence to objective truth is a Jewish ethical imperative. Jews throughout the ages have respected and obeyed the truths of science and medicine, even as they have sought to expand scientific and medical knowledge. By following epidemiological evidence and the advice of medical and scientific experts, we abide by truth to the best of our ability and understanding.

- **Dugma Ishit (personal example)** - In times of distress like these, we are obligated to show our best selves and, using the best information available, exhibit wise, responsible behavior for our communities.

One additional tradition we cannot ignore are **Simchas (life-cycle events)**. Even in trying times like these, we must find ways to celebrate the milestones in our lives which deserve recognition and celebration. However, because Simchas or life-cycle events are unique to each community, family, and individual, we cannot prescribe protocols for them. While there are limitations to doing these virtually, we encourage each community to seek solutions that ensure that such milestones are not missed. Therefore, while taking into consideration the safety of the community, we encourage you to plan carefully for such events keeping mindful of the lessons from the science and our traditions outlined above and make informed and wise decisions about celebrating and observing Simchas.

It is in light of our Jewish traditions and these commandments and lessons from our Torah that this committee will continue to review emerging scientific evidence and evolving governmental policies to make appropriate recommendations to congregational leadership regarding our return to physical gathering.