

## Episode 7

# Getting Right to the Point: A Conversation about the COVID-19 Vaccine with Dr. Nancy Simpkins

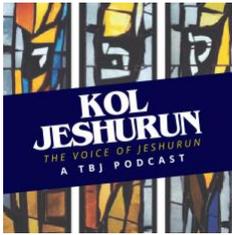
**Rabbi Matthew Gewirtz:** [00:00:00] Welcome to Kol Jeshurun a podcast from congregation, but from a vibrant and flourishing, reformed Jewish community in Short Hills, New Jersey.

**Rabbi Matthew Gewirtz:** [00:00:11] Welcome. I am Rabbi Matthew Gewirtz, Kol Jeshurun is where you can come to engage with teachings of relevant wisdom and music. You will hear from our clergy, staff and guest speakers who will help bring meaning into a world that so badly needs it.

**Rabbi Matthew Gewirtz:** [00:00:29] If you would like to learn more about our congregation, please visit us at [tbj.org](http://tbj.org).

**Rabbi Karen Glazer Perolman:** [00:00:38] So I'm Rabbi Karen Perolman, and I'm here with our special guest, but she is family and she has really been our North Star in these last months. Dr. Nancy Simpkins, I'm going to read a short bio of Dr. Simpkins and then we are going to get ourselves started.

**Rabbi Karen Glazer Perolman:** [00:00:53] Let's begin. For over twenty five years, Dr. Nancy Simpkins, a board certified internist and internal medicine expert in Livingston, New Jersey, has been involved in all aspects of internal medicine to ensure a healthy lifestyle for all ages, incorporating prevention into all aspects of health and wellness. Known for her diagnostic ability. Coupled with her wit, Dr. Simpkins has garnered a huge following and become a sought after speaker, guest and consultant. And she's dedicated to raising awareness on a large variety of topics. Of course, Dr. Simpkins is born and bred, born and bred B'nai Jeshurun. She is connected to us in so many ways. She has been really our guide in the last year. She sits on multiple medical boards and she is the medical consultant for the state of New Jersey. So the information that's coming to you from all different parts is coming from her. And so we really trust her. We really value her and we're really excited to have this conversation. So, Dr. Simpkins,



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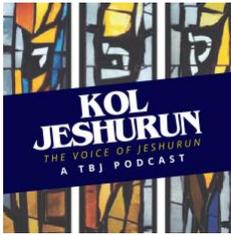
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Nancy will come. We're so glad that you're here. And thank you for being here with us tonight.

**Dr. Nancy Simpkins:** [00:01:58] Thank you for having me. Hello to everyone, I hope tonight is honest, transparent, but also gives you hope because the advances in medical science for this novel coronavirus are second to none. Those of you who are around for polio, you probably understand it. The rest of us really probably don't. But I mean, the fear that we put into each other. Last March, I basically locked my children in their apartments in New York City. I locked my grandchildren up. I lost my mother up in flight. I mean, I was like the covid police. It was horrible. And now we fast forward to a year later and we're all figuring it out how to dance with this virus. And so I hope you'll be able to see that the light at the end of the tunnel is beginning to get brighter. We are going to have some bumps. And those of you who are athletes like I am, there's unexpected bumps when you're running a road race. So we're going to hit a few more, but then eventually we are going to really have some smooth sailing.

**Rabbi Karen Glazer Perolman:** [00:03:14] So let's start with some basics, because there has been so much information out there. Can you explain what the covid vaccine does and perhaps even the differences in the vaccine? Why do we want to get the vaccine?

**Dr. Nancy Simpkins:** [00:03:28] So the answer is pretty simple, because the disease can kill you, period. End of story. Any disease over history that can have a fatal outcome. We have worked really hard to develop a vaccine. So the coronavirus being what we call a novel coronavirus, something that we had never seen before. By the way, your common cold is a coronavirus. So your body has seen coronaviruses before, just not this one. And this one, unfortunately, as we all know, has caused many, many thousands of lives in our country and all around the world. So any time we have a fatal disease, we would like to protect against it if we possibly can. So what do we do? We trick the body. All the vaccine does is trick the body. Some vaccines are what we call alive. This is not a live vaccine. There is no covid in this vaccine. This is just a



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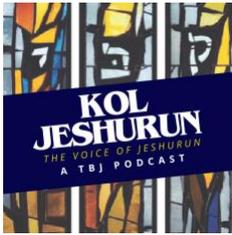
replication of a spike protein that when it goes in your muscle, the muscle fibers that we call dendrites, pick up this Morenae, get rid of it quickly. So for all of you who are pregnant or breastfeeding or worrying about all those issues, it's gone almost immediately. And then has the B cells in the T cells of the body come and attack that and begin to build antibodies. And that's how vaccines work. And it doesn't matter whether it's Pfizer, whether it's Moderna, whether it's J&J, AstraZeneca. If you want to ask me about the specific vaccines, I will answer that. But they all achieve the same purpose. They trick the body into thinking you've had covid, you develop antibodies and then when and if you see the real virus, you will not react violently the way you would if you didn't have antibodies.

**Rabbi Karen Glazer Perolman:** [00:05:21] So if you get the vaccine, can you still get covid-19?

**Dr. Nancy Simpkins:** [00:05:27] So that's a multipronged question. The vaccine that most of you that are on here have gotten, if you have gotten any, is either Pfizer or Moderna, which they say is ninety four point five or ninety five percent effective. What does that mean? That means 95 out of a hundred people will be protected against getting covid-19. Could you get a mild form if someone was shedding a lot of virus? Yes, it's potentially possible, especially with the variants in the mutations, but in the studies that have recently been done, and especially with the benefit of our mother country, Israel, helping us with their data that just broke again last night. Really what we see is zero zero cases of people on a respirator in an intensive care unit or dying after getting either one of these vaccine.

**Rabbi Karen Glazer Perolman:** [00:06:24] And if we were somewhere and we could we could pick the vaccine, which is the best vaccine you get, or is there a better vaccine of the vaccine to get?

**Dr. Nancy Simpkins:** [00:06:34] So it's funny because I was on a call this morning with the guys from Harvard and someone called in and said, what's the best vaccine to get?



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And the chief of infectious disease said, the one that you're offered, it's basically they are all the same meaning all of them, even the ones that you're beginning to hear that the JMJ vaccine, people are getting nervous. They're saying, oh, it's only seventy four percent effective. Oh, it's only eighty four percent effective. It is one hundred percent effective against serious disease. You will not wind up in an intensive care unit. You will not be that case that people say, oh my God, she was so fit. How did she wind up on a respirator? That will not happen with any of the current vaccinations that are available. Jay and Jay is one shot, 532 shots. It's the way they're designed. They give a little bit first and then they booster it. That's just the mechanism of the MRN in the JMJ vaccine is done differently. It's done with what we call an adenovirus that they feel they can get enough antibodies formed after one shot. We are not going to get away without getting a shot come September or October. So when you show up at your doctor's office for your flu shot, you will probably be getting a booster for the B1 one seven variant, which is going to overwhelm our country in the next two months, which is the greatest variant.

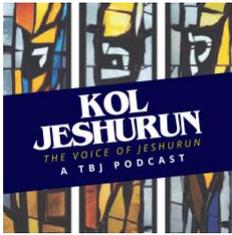
**Rabbi Karen Glazer Perolman:** [00:08:05] That's a separate shot or that'll be it'll be two different shots or it'll be the same shot?

**Dr. Nancy Simpkins:** [00:08:09] You'll get a flu shot and you'll get a booster shot for covid. That's what the fall is going to look like in 2021.

**Rabbi Karen Glazer Perolman:** [00:08:16] We hope so. One of the things that I read early on that is not true is that somehow these vaccines were developed so quickly the scientists cut corners, they didn't do their research, and that somehow these vaccines are not safe because they were developed so fast.

**Rabbi Karen Glazer Perolman:** [00:08:36] I know that that's not true, but I would love to hear it explain better for you.

**Dr. Nancy Simpkins:** [00:08:40] Right. So the reason why it's not true is it's the exact same vaccine is like the respiratory syncytial vaccine that we've been giving to children



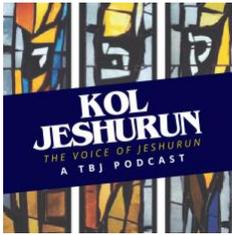
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for years. We took off one spike protein and we put on another spike protein for the coronavirus. So the actual mechanism, the MRN, a mechanism to get it into the body, to replicate, to build immunity, has been around for a long time. And it sounds easy. And I'm not trying to minimize it because the people who develop these vaccinations, I mean, really, that's Nobel Prize worthy. I'm not taking anything away from them. But the mechanism was there. So for safety's sake to make all of us feel better, they just took one spike off and put this spike on. And that's exactly what they're going to be doing when they give us the new shot in the fall against the mutation. Same like the flu shot changes every year when we kind of figure out which variations, which mutation of influenza is going to be coming. We now know we know three variations for sure. And by the fall, I'm sure there will be more mutations. We will get a booster against those mutations, will just change out the spike protein.

**Rabbi Karen Glazer Perolman:** [00:09:51] Do you imagine that we'll be getting a covid vaccine booster for a few years? Forever, for a while? What what is your...what's your thought about that?

**Dr. Nancy Simpkins:** [00:10:03] So there's two types of immunity. One is called sterilizing immunity, which is what they aim for, meaning that if you were to see covid-19, you could never get sick, you could never pass it on. It's going to go away completely. That is now not thought to be what's going to go on. Unfortunately, with covid-19, it is going to be what we call endemic. We are going to live with it the way we live with the flu, how long the actual immunity will last. We don't know that. We do know that we're going to have to have a booster against the mutations and then maybe we're going to go two years. These are all ongoing antibody studies. And for those of you who want to run and have your antibodies tested after you're vaccinated, please don't, because we are only capable of testing one time. Of antibody, we are not capable of testing t cells, we are not capable of neutralizing antibodies. So it makes no difference whether you have high levels, low levels. Consider yourself protected if you've been vaccinated.



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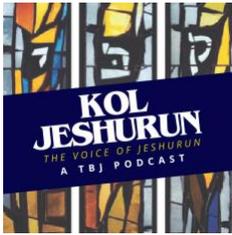
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**Rabbi Karen Glazer Perolman:** [00:11:04] Why is it that there are different stages of who gets the vaccine and how they get it? And what should someone who isn't registered to get a vaccine do?

**Dr. Nancy Simpkins:** [00:11:13] Ok, so we're very fortunate. New Jersey is really doing very well in terms of vaccination. Everyone needs to be registered. Everyone needs to be registered. It's not your turn yet. If you're twenty five years old and healthy, it is not your turn yet. But you should still be registered in the database. And there are multiple, multiple ways and we can link it afterwards for everyone to know if you don't know what the websites are. Anyone who is currently eligible should have gotten contacted by Essex County or by the state of New Jersey. And if you have not and you are over 65 or you are 16 to sixty four and you have an underlying condition and you're in the database and you have not been contacted, you need to be the squeaky wheel and you need the phone between eight a.m. and eight p.m., the phone numbers on the website. And you keep calling to get a live person and you say, I've been registered for a very long time. Can you please send me a text for an appointment? And they will do it.

**Rabbi Karen Glazer Perolman:** [00:12:24] So you say be the squeaky wheel. There is some chatter about sort of the morality of all of that. And, you know, if a person has a chance to get a vaccine and it technically isn't their turn, should they turn it down for someone else? Or if you have the chance to get the vaccine, you should get it.

**Dr. Nancy Simpkins:** [00:12:41] Ok, so a shot in an arm is a shot in an arm. I need as many shots and as many arms as we can get. That does not mean everyone has their risk tolerance with covid and everyone has their ethical tolerance with vaccines. So that's your personal decision? My decision for myself and for my patients is if someone offers you a shot, if you're volunteering and you somebody at the end of the day says, OK, we have an extra Fizer Moderna shot, you say thank you when you roll up your sleeve, because truth be told, the only way for us to achieve herd immunity is to have 75 to 80 percent of our population immunized.



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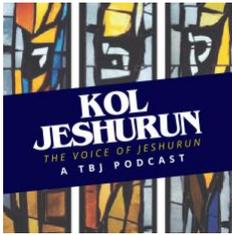
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**Dr. Nancy Simpkins:** [00:13:24] So I...I mean, I'm really optimistic. I was on a call today with the White House covid task force. We're doubling the amount of vaccine we're getting in New Jersey over the next two months. So we're going to start to see a lot of vaccine for anyone who's frustrated. The numbers are going to just keep going up with the amount of vaccine that's available.

**Rabbi Karen Glazer Perolman:** [00:13:45] Can those who are vaccinated still transmit covid to another person? Can you transmit it to someone who is vaccinated? And can you transmit it to someone who's not vaccinated?

**Dr. Nancy Simpkins:** [00:13:57] If you are if there are two people who are vaccinated and they get together, technically, they can take their masks off and have lunch together. And that should be a fine thing to do. Now, if one of those people have recently come in contact with someone who was shedding a lot of virus, is it possible that the other person could take it and transmit it to their children who have not been vaccinated? The answer is yes, I do. I think that it's going to occur with regularity. The answer is no. All diseases are based on what we call viral load. The higher the viral load, the sicker you get. So, for instance, asymptomatic people spread the disease less well than asymptomatic people. So someone with one hundred and two who's coughing is going to spread it to every single person in the room. Someone who has an asymptomatic case is not going to be as good at spreading it because of their viral load. So same thing with vaccination. You can only pick up such a small amount that probably you would not be able to transmit it.

**Dr. Nancy Simpkins:** [00:15:09] But when I say probably I say it in a way that I would still be very careful. I mean, I think that there is a small possibility that you could and those of you who are following the news know that the variant B117 is now going to be the predominant variant in the state of New Jersey. So can that mutation be transmitted? There's a there's a fairly good possibility.



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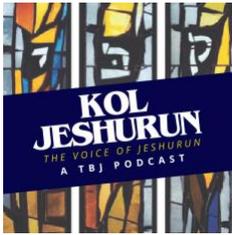
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**Dr. Nancy Simpkins:** [00:15:34] So we're not really lowering our guards completely. We need to stay the course. I think that seasonality is going to help us. I think that April, May, June, we're going to start to see a lot of vaccine, a lot of people in the country who have natural immunity from having had the illness and warm weather and the combination. We're going to start to see less and less virus. Remember, it has to do with community transmission.

**Dr. Nancy Simpkins:** [00:16:03] We will achieve herd immunity in the state of New Jersey quicker than other states, because unfortunately, we've had so many cases. Remember, you quadruple the number. So if they say there's documented 30 million cases in the United States, you quadruple that number and there's probably documented one hundred and twenty million covid cases in the United States. So that's a hundred and twenty million people with antibodies. We add on all the millions who are getting vaccinated. We will get there. It just not quite yet.

**Rabbi Karen Glazer Perolman:** [00:16:34] So in terms of immunity, our people who have natural immunity from having had covid is that immunity forever? Those people are still going to need a booster. Are they going to have to have their antibodies checked?

**Dr. Nancy Simpkins:** [00:16:45] Do not test your antibodies. Please do not test your antibodies. I discourage all my patients from testing them because I am only capable of testing for what we call IGM and ECG, which is one form of immunity. That's all that all the national labs can test for right now. We can't as neutralizing these cells, we cannot test t cells and what happens is you get this myriad of type of immunity to all different parts of the virus. And it's not just this. So if it's high, doesn't really mean anything and if it's low, it doesn't really mean anything. So I do not want anyone testing your antibodies. I assume you have immunity if you've gotten two shots and you're two weeks after the second shot. We told people who had covid that they needed to wait 90 days because 90 percent of people who have had covid have some antibody immunity for at least 90 days after being sick. But then when vaccines became more and more prevalent and



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there wasn't such scarcity, we realized that natural immunity, unfortunately, with covid-19 is not as long lasting as vaccine immunity, which is not true of other diseases. You know, if you study through the history, having chicken pox is better immunity than having the vaccine. Not so with covid-19.

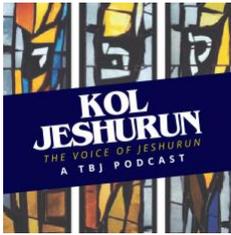
**Rabbi Karen Glazer Perolman:** [00:18:10] If you're taking an antibiotic, is it safe to get it? If you have had other shots like allergy shots, can you take it?

**Rabbi Karen Glazer Perolman:** [00:18:19] And you mentioned this before, but if you're if you're pregnant, should you take it or can you take it?

**Dr. Nancy Simpkins:** [00:18:24] So if you're taking antibiotics, I could care less. Take your antibiotics and show up. If you're on a blood thinner, take your blood thinner and show up.

**Dr. Nancy Simpkins:** [00:18:33] If you take an aspirin every day, take an aspirin, take your blood pressure medicine, just show up, get the shot in your arm. And 12 hours later, if you have a fever, take some Tylenol and it will go away. In terms of allergy shots, they have no influence on this whatsoever. The allergist will not tell you to stop getting your allergy shots. They will not tell you to delay your vaccination.

**Dr. Nancy Simpkins:** [00:18:55] Pregnancy is a very touchy subject. Why is pregnancy a touchy subject? Because you're responsible for another life besides your own. And so, you know, as years go on in medical science advances, we all learn things when it comes to covid-19 and pregnancy, I feel pretty strongly that pregnant women should be vaccinated. It's my own personal view. You everyone is entitled to their own view because it's another life that you're protecting. I feel that someone with covid-19 has an increased risk of getting sicker if they are pregnant. And I would prefer that we don't see a pregnant woman on a respirator in the intensive care unit if we could avoid it and have a baby that sick, et cetera, et cetera. Now, how do we know that it's safe? Well, we know that it's safe only because we've studied MRSA vaccines in the past with pregnant



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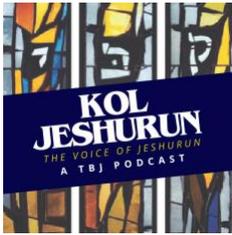
women. And Pfizer, interestingly enough, had 40000 people enrolled in their study, they did pregnancy tests on all the women before they were all negative. Twenty seven of those women got pregnant during the trial. They found them out now as far as they possibly could, which is like six months now and thank God all the babies are fine, all the mothers are fine, all the babies have hit their milestones.

**Dr. Nancy Simpkins:** [00:20:21] There's been no birth defects. There's been no issues. So, yes, it's a small study, but my my thinking is the disease for a pregnant woman is much riskier than the vaccine. But it's such a personal decision and the gynecologists are really very good at discussing them with patients. And the one thing that I will say about vaccination is you can't browbeat someone. It is not something that I sit in my office and tell people that they're foolish for feeling the way that they feel on any topic, but especially covid vaccination. I listen and I try to understand from where they come and then attack it with science. So I hope everyone on here understands that. Yes, people have trepidation. Yes, this is all new. Yes, it's scary. But the medical professionals went first. And as I said to my patients, if I drop dead, don't take the vaccine.

**Dr. Nancy Simpkins:** [00:21:24] So now we know all the doctors, all the nurses, everybody's fine, all the pregnant nurses, nobody has seemed to have an issue.

**Dr. Nancy Simpkins:** [00:21:34] And the disease itself is so devastating. And the long term effects of covid-19 the disease are so developing day by day that we can't really take the risk. So that's how I feel about it.

**Rabbi Karen Glazer Perolman:** [00:21:49] Some folks who are pregnant and breastfeeding are not able to get the vaccine because I think it said that Essex County was not vaccinating pregnant women, even though I guess pregnant women can be. What should someone who is pregnant or breastfeeding on our poll tonight do in that situation?



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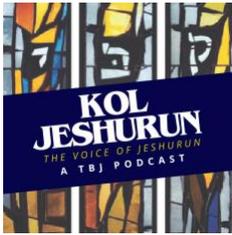
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**Dr. Nancy Simpkins:** [00:22:05] Yeah, that's that's a tough that's a tough call, because in and the Essex County website, you say you're pregnant or breastfeeding. They stop. You can't go any further. And most pregnant women don't feel comfortable lying because you're going to show up with a big belly and they're going to stop you. So there are other ways of doing it. If you really want to get a shot and you're pregnant, you should speak with your OBGYN doctor. You know, they're all part of big health care systems that are vaccinating people. They were originally considered high risk people, and these vaccination centers really didn't feel comfortable doing high risk people. That was supposed to have been removed. We argued with Murphy about this. And as of right now, it's still not removed, even though it should be. So, yes, your best angle like is to go to like the Atlantic health care system, Barnabus health care system, some that medical group, and ask your doctor to get permission for you to get it through them.

**Rabbi Karen Glazer Perolman:** [00:23:01] What about for younger women who aren't pregnant yet, but who imagine themselves to be one day about infertility and the potential effects long term on fertility?

**Dr. Nancy Simpkins:** [00:23:16] So this is an interesting question. And unfortunately, this is like SOSH. This is a social media darling. People love to discuss this and people think that they're experts. So I called Dr. Paul Offit today. I mean, I'm sure you all know him from Children's Hospital of Philadelphia. He is the world's vaccine expert on everything. And basically what he said is. Has covid-19 the disease decreased people's fertility? I said no, we said, well, then why would the vaccine? I said, oh, OK. And he said, and by the way, this MRSA vaccine we've been using for 30 years, we've never had an issue. So we're done with that discussion. So it was kind of like a closed door. But social media loves these type of topics. And young women fertility clearly is on their mind. I would have zero hesitation about telling young women to get the shot in terms of fertility.

**Rabbi Karen Glazer Perolman:** [00:24:21] Let's talk about just taking Tylenol or Advil after you after you get the shot. Some people have had a local reaction. Some people



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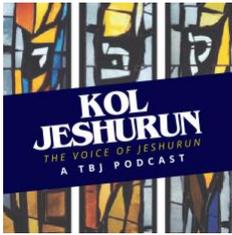
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had kind of flu like symptoms. Why is this happening and what can you do if you got sick after you get the vaccine?

**Dr. Nancy Simpkins:** [00:24:37] So there's no rhyme or reason as to who gets a bad reaction and who gets a light reaction. In general, the younger you are, the worse the reaction because you have a better immune system. I know many cases of people who have had first shot reactions, second shot reactions, young, old, you can expect if I'm giving you a vaccine against a potentially fatal disease, that you are not going to have any reaction. You're going to probably have some. The most common reaction is low grade fever, body aches, fatigue. You can take Tylenol, you can take Advil, you can take both. You can take neither. You treat it like you would treat a mild case of the flu. It usually lasts 12 to twenty four hours, some people thirty six hours. But even people who have had really bad reactions, once it's over, they say, you know what, I'm so glad that I had the vaccine. And the reason why it's the second shot usually is because you now have immunity. You now have antibodies circulating. And we put it back in and the body says, oh, no, no, no, no, no, we've already seen this. And so it forms this big reaction. Having said that, if you didn't get a reaction like I did, please don't feel like you got placebo like you got the real thing. You just were lucky.

**Rabbi Karen Glazer Perolman:** [00:25:57] What about people getting covid after they got their first vaccine? There are some cases, right, that people got a vaccine and then all of a sudden they feel sick and it turns out they had covid or they got Covid in between their vaccine.

**Dr. Nancy Simpkins:** [00:26:11] The reason why you can get sick in between is you only have a certain amount of immunity with the first shot. And if you do unfortunately get covered in between the two shots, we still give you your second shot. That's what I want people to know. You will still get your second shot. We do not delay your second shot, even if the only reason we delay a second shot is two things. If you got convalescent plasma or monoclonal antibody and what those are is the treatments at the hospital. So if you are a mild case and you are home and you receive no treatment,



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you're going to get your second shot on time. Remember, especially the Pfizer Moderna vaccinations are about 60 percent effective after the first shot, Moderna a little bit higher than Pfizer.

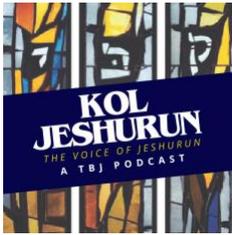
**Dr. Nancy Simpkins:** [00:26:59] So now let's talk about testing. And as part of this, what is the role of testing going to be for the variants? Meaning when you get a test now, does the test pick up on those? And even if you had your vaccine, should you be testing for the potential of these of these variants?

**Dr. Nancy Simpkins:** [00:27:14] This is another late breaking CDC report from tonight. We are no longer testing asymptomatic people who are two weeks out of the second shot. So two weeks after the second shot and for the next three months, we will not test you if you are asymptomatic, if you develop a fever or a cough, we would test you. You could be tested with the same rapid antigen test or PCR test or both to see whether or not, yes, indeed, you had a mutation that broke through. It's highly doubtful, highly doubtful that if you've had both shots, you are really going to get symptomatic illness, but it could happen. So if you develop a fever or cough, you can use the same testing that you were using before.

**Rabbi Karen Glazer Perolman:** [00:27:57] When do you imagine that kids are going to be vaccinated and how is that going to work? And are there studies about kids and vaccinations?

**Dr. Nancy Simpkins:** [00:28:06] You know, this is a little disturbing to me because the current study is going on is ages 12 to 18. We're going to do that one for three months and then we're going to go six to twelve. And my thinking is the powers that be are just going to say it's OK, it's safe and we're just going to go with it.

**Dr. Nancy Simpkins:** [00:28:26] And the brilliant minds are going to come up with whatever dose they think is safe for each age group. And then we're just going to go ahead and vaccinate kids right now.



## Episode 7

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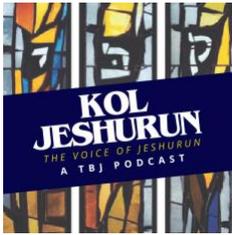
**Dr. Nancy Simpkins:** [00:28:37] I mean, because the youngest children, five and under are really not very good vectors of the disease. I'm not so sure how I feel about that school age children. On the other hand, we might begin to require it, I don't think come September. We're not quite there yet in years to come. I do think that once we perfected it is going to be one of the vaccinations that's going to be required to go to school.

**Rabbi Karen Glazer Perolman:** [00:29:01] So let's talk about groups of families, because they're going to be and I'm sure there already are, families where the adults in the family are vaccinated, the children are not vaccinated, and the third generation, the grandparents are vaccinated. People are talking about spring break to fly to Florida or to fly to see someone or to drive to see someone where they're going to be mixed households where some people are vaccinated and some people are not. This might be the the fifty thousand dollar question here.

**Dr. Nancy Simpkins:** [00:29:36] Well, this is a very tough question, because to me it's based on community prevalence.

**Dr. Nancy Simpkins:** [00:29:43] So as I told you at the beginning, New Jersey's community prevalence is way too high now for us to drop our guard.

**Dr. Nancy Simpkins:** [00:29:50] I think that in a mixed household where children's exposure to disease in the community is still very high, you have to be very careful, especially if kids are coming in contact with people who are high risk. If kids are coming in contact with other kids and all the parents are vaccinated. That's probably a safer situation than kids coming in contact with older people who are not vaccinated, older people who are vaccinated, coming in contact with asymptomatic kids, probably OK. Is it safe to not wear a mask? Probably not. Not yet, because of community prevalence. Remember, it's all based on community prevalence. Once that goes down, which I really do anticipate, even in New Jersey, we're going to start to see a sharp drop off over the next couple of months. We just really have to hang in there a little bit longer. So, you



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know, I'm hoping like the spring looks better. Passover is a little too early, but thinking like maybe a lot of people will be vaccinated by Passover and you could open the windows in your house and maybe you could actually have some family members over. So I'm cautiously optimistic about that.

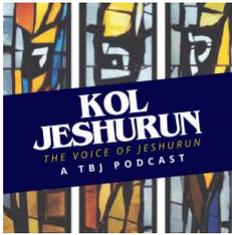
**Rabbi Karen Glazer Perolman:** [00:31:03] Would you say it's safer to have people come to your house in New Jersey or two for you to travel out of state to see them?

**Dr. Nancy Simpkins:** [00:31:11] If you travel out of state and you go on an airplane or you go on a train or a bus, you've now added another layer. If you're driving somewhere, it's really I mean, our prevalence is so high here really doesn't make much difference, to be honest with you.

**Dr. Nancy Simpkins:** [00:31:25] The one thing that does bother me is a lot of our population in New Jersey loves to go to South Florida. South Florida is be one one seven Haven number one spot in the country. So for anyone thinking of going to South Florida, you better Mascotte Miami and Dade County and Palm Beach County and Broward County by one one seven is there are a number one mutation now over the standard variation.

**Rabbi Karen Glazer Perolman:** [00:31:53] Let's talk about a few other vaccine things. You mentioned Israel, and we love to lift up Israel when they're doing the right thing and or is Israel vaccinating young people?

**Dr. Nancy Simpkins:** [00:32:02] So those of you who know Israel well know that they do it right. They only have four health care systems. So it's pretty easy because you're one of those for health care system. So the way that they gave out the vaccination was much smoother than here. They also paid Fizer twice as much as the United States for the vaccination. So that's how you get them. So they have 40 percent of their country vaccinated right now. They've gone down to eighteen. They have not gone below



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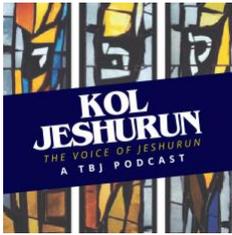
eighteen yet, but they're going to consider it because, you know, Israel, they'll just just go for it and see how they do.

**Rabbi Karen Glazer Perolman:** [00:32:35] Well, the other thing is that at eighteen, you have all of their 18 year olds going off to the army and and that's going to be important. What do you think the summer looks like? Do you think kids are going to camp? Do you think kids are going back to school? I mean, should we be? I mean, it's it's a big question, but when are we going to return to not the the back to normal, but sort of the new normal?

**Dr. Nancy Simpkins:** [00:32:57] I mean, I'm very vocal and I will continue to be very vocal that children should be in school now and saying that as a mother of a teacher. So it's not that I don't hear the teacher's concerns and it's not that I don't respect the teachers concerns, but the children need to be in school.

[00:33:13] So let's give our teachers their vaccinations and let's get our kids back into the classroom. And it's unrealistic to think that these old school buildings are going to have proper ventilation and are going to be able to keep these kids six feet apart. And so kids are going to be wearing masks. The windows are going to be open, the teachers are going to be vaccinated. And that's going to look pretty normal for the kids in the fall. I only hope so in terms of the summer. There should be no reason why kids cannot be in camp. I mean, young counselors who are not vaccinated because they're not eligible or they're too young, they have to be masked and the campers are outside and they should just go and have a good time. Transmission and young kids is very low.

**Dr. Nancy Simpkins:** [00:34:01] And I think we're going to see really I would say probably April, May, you're going to start to see our curve really begin to drop down even in New Jersey and New York. And I think once community prevalence goes down, people are going to feel more secure with their vaccines. We're going to start to. Some level of herd immunity and we're going to start to feel a bit more comfortable doing



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outside socializing. Yeah, I think our summer's going to look a lot more normal this year than last year and day.

**Rabbi Karen Glazer Perolman:** [00:34:32] I mean, I think I think I asked you everything I could find on the Internet and all the questions that people gave. So I can't imagine that we missed anything. So I'll let Nancy see if there's anything else you wanted to say. And then and then I'll wrap this up here. The only thing I will say to you is I.

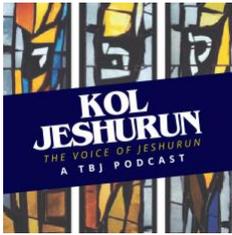
**Dr. Nancy Simpkins:** [00:34:46] I live and breathe this twenty four hours a day, seven days a week, I've been doing it for, you know, 14 months.

**Dr. Nancy Simpkins:** [00:34:54] I am far from an expert. I rely on people who I believe are the experts and they rely on other people who think they're the experts, because none of us really know all the details.

**Dr. Nancy Simpkins:** [00:35:06] But we put our heads together. But one of the smartest guys that I know was talking about the old fable of the tortoise and the hare. And he said, you know, the mutations are the hair, they're here now, they're going quick, they're making us mental. They're I think they're going to win the race. But really, the vaccine is the tortoise. And in the end, we are going to win.

**Dr. Nancy Simpkins:** [00:35:37] We are in for the long haul. Every single person on this call tonight knows that there's light at the end of the tunnel. The long haul is what we're looking for.

**Dr. Nancy Simpkins:** [00:35:48] It is being a year of I don't even know what emotions to say, but we are coming out of this as the tortoise and we are going to come out of this as a winner and we are going to come out of this, you know, I guess somehow better than we were before we went in.



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**Dr. Nancy Simpkins:** [00:36:11] But I think everyone has to hold their head up high, wear your mask correctly. Like today, I already corrected three people. There should be no one in Essex County wearing a cloth mask, a three ply surgical mask or an ninety five mask. No cloth masks. Wear your mask correctly. Don't let it slip down over your stay away from people. Wash your hands and be optimistic because we're going to win.

**Rabbi Karen Glazer Perolman:** [00:36:40] You know, Nancy said to me earlier when we talked that she said, if I can convert one person, if I can get one person here to get a vaccine who maybe wouldn't have will have done it. And it reminds me of the saying in the Talmud that says, to save a life, one life is to save an entire world and to destroy a life is to destroy our whole world. And there have been more than half a million worlds destroyed by this. And we're going to we're going to save every world we can. And that's what we're doing. And so, Dr. Simpkins, thank you so much for your time and generosity. And you you say it all and you say it with such kindness and also a little tough love that we need to hear. And thank you for being part of our community. As we figure this out. We step forward one day at a time and we're going to take all of that optimism and and push it forward.

**Rabbi Matthew Gewirtz:** [00:37:30] Thank you for listening to this edition of Kol Jeshurun. If you would like to learn more, visit our website at [tbj.org](http://tbj.org) And follow us on social media for updates on all our upcoming opportunities for engagement. We really hope to see you soon.