

Dear Rabbi Rothwachs,

I hope this email finds you well and that you and your family are feeling good. I would firstly like to thank you and the entire RCBC for your bulletin to the Bergen County Jewish community regarding social distancing and the closing of the shuls. I know it was not a decision that was made lightly.

As an Emergency Medicine Physician, I am on the "front lines" of this pandemic, and quite frankly I am scared by what I am seeing. Over the past 10 days, I have witnessed first hand how quickly this pandemic has evolved. We in the medical community are in agreement the worst is yet to come. We anticipate that over the next 30-45 days we will see an even more massive influx of patients with the disease ranging from the worried well to the critically ill who will require intubation and ventilatory support in our intensive care unit. As it stands, we do not have the resources to support this, which is why I am reaching out to you to ask you for your help.

Pesach is swiftly approaching and with it comes travel and family time. Many people have plans to host their elderly parents and/or their children and grandchildren. I cannot stress enough how dangerous this is. With every passing day we learn how varying the presentation of illness can be and there are asymptomatic carriers who can transmit the virus. It is getting increasingly more difficult to say with any real degree of certainty who has the virus and who does not in the absence of widespread testing. We therefore cannot conclude that it is fine for families to get together provided no one has any symptoms or a fever.

In fact, the medical community itself has not come to a consensus as to what they consider true symptoms and how to distinguish COVID-19 from any other condition based solely on clinical presentation. As an example, I recently had a patient whose only symptoms were diarrhea and a fever. He is COVID+ and currently in our ICU. When we first discussed the case with infectious disease on call for our hospital, he was declined for testing due to his lack of respiratory complaints despite a CT scan of his lungs that appeared to be consistent with COVID-19. After much arguing and a repeat phone call he was accepted for testing. This patient presented 6 days ago. In just 6 days, we have changed the way we think about this virus and are learning that it can present with anything.

And to the people who will say "but this is a disease of the elderly or those with pre-existing conditions" I have some very sobering information. While the overwhelming majority will likely be okay, we are seeing more and more cases every day of young and otherwise healthy people who are requiring ventilators and ICU admissions. The man in the example above is 45 years old with no other medical problems. There is another patient in his early 30's in our ICU. I know of cases in Brooklyn, Seattle, Westchester, and other Bronx hospitals with intubated patients in their 20's, 30's, and 40's who have no other medical problems. The good news is that most of the data coming out of other countries and Seattle (they were a few weeks ahead of us) is that most of these young patients ultimately survive. But ventilators and ICU beds are not unlimited. We can and will run out at this rate. My friend at one bronx hospital had to intubate (put on a ventilator) 10 patients over a 48 hour period. My hospital has the capacity for approximately 35 intubated patients. I give you these numbers to help you understand how rapidly our resources are being depleted. When we run out, my colleagues and I will have to start making impossible decisions. We will be forced to decide who will receive these potentially life saving interventions. There is no training for these kinds of decisions. There is no class in medical school on how to tell a family that their son or daughter is less deserving than someone else's family member, or that grandma has had a good run and so let's give someone else a shot at a long life. I pray it does not come to this.

But without your help, this nightmare will become my reality. And so I urge you to speak with the members of the RCBC to help us flatten the curve. This is not business as usual. Members of the Bergen County Jewish Community need to understand that this virus is everywhere and if we do not continue with our social

distancing we will be faced with more heartbreaking situations than a lonely Pesach Seder. I understand that for many, logistically, this will be a tremendous burden. But our community is strong and together we can lessen the load. Perhaps we can speak with restaurants and caterers about providing affordable kosher for Pesach packages to the elderly or families whose plans are being changed at the last minute. We can create message boards for people making Pesach for the first time to post questions or recipes. We can still be connected without physically being together. It will just require some creative ideas and out of the box thinking. Maybe we can explore how we can use technology to create a sense of togetherness while still remaining faithful to Halacha and our traditions.

I will lead by example. My husband and I will be spending this Pesach just the two of us. My grandmother will be staying home alone in her house in New Jersey. My parents will be sitting at a big empty table come Leil Pesach. But if we act now then the hope is that next year my parent's table will once again be crowded with their children and grandchildren bumping elbows and spilling wine and making matzoh crumbs while belting out off key tunes to our favorite Pesach seder songs.

Please help me in ensuring the safety of the people and community I love. I may possess the medical knowledge but without your leadership echoing my words they will fall on deaf ears.

May we be zocheh to live long and healthy lives and may our community continue to be a source of strength to anyone who needs it during these most trying times.

Respectfully,

Stephanie Haimowitz, MD  
Attending Physician  
SBH Emergency Department Director of Trauma