Coronavirus exit strategy may be a death sentence for these Israelis

People in high-risk groups are getting used to uncertainty becoming a way of life in the age coronavirus
Hagar Shezaf | Apr. 19, 2020 | 2:46 PM

With reports of an exit strategy from the coronavirus closure imposed by the Israeli government, many people in high-risk groups dread the moment they’ll have to resume their daily routine, with a cloud of uncertainty hovering over them.

Dror Baumel doesn’t know how he can return to work. “I usually think of myself as a healthy person. The disease [I have] barely affects the way I live. Now, all of a sudden, I constantly have to tell myself that I’m sick, that I have to be careful.” He’s only in his 30s but in recent weeks has had to contend with being labeled, along with people older than him by decades, as part of a risk group for contracting COVID-19.

According to the definition outlined by the U.S. Center for Disease Control, this group includes people with severe asthma, people on dialysis, people with diabetes and people taking drugs that suppress their immune system. Recently, all of these have been lumped together as people with “underlying medical conditions.”

Dror has colitis, a chronic inflammation of the large bowel. For him and for many people in these at-risk groups the critical moment will be emerging from the lockdown, when they will have to make tough decisions regarding the risks involved in returning to campus or going to work meetings – stressing the gap between them and the rest of the population.

Another example is a 25-year-old student, who last exited her house three weeks ago, when she had to purchase drugs for her Crohn’s disease. Since then she’s been in strict isolation, like all others who are in this group of people at-risk. Crohn’s is also a chronic inflammation that affects the digestive system, and treatment involves taking steroids that suppress the immune system. “Three days after returning from the pharmacy I had a fever and terrible pain” she relates. “When that happens, I usually go to a hospital. But since I’m in a high-risk group for coronavirus, I didn’t go.”
Her doctor recommended that she increase the dose of steroids she takes in order to deal with her pain, but made her take a coronavirus test first, since her immune system could further weaken. After some arguments, she convinced the emergency medical service to test her at home and not in the hospital. The result was negative. Since then, she and her partner do not leave the house. However, they’ve encountered an unexpected problem in recent weeks. “As part of my treatment, my diet consists of only five items, one of which is eggs. I was furious when I saw pictures people posted of the stashes of eggs they had at home, while I couldn’t find any.”

The exit strategy presented by the National Security Council does not allow people at high risk to return to work, but the criteria for this are unclear. The decision may be left up to employees. Four months ago, when things got worse, the 25-year-old student resigned from her job and was planning to start looking for another one in April. Now it’s unclear when she’ll be able to do so. “The National Insurance Institute should increase benefits for people in this group, since they won’t be able to return to work” she said.

Attorney Idit Zimmerman from the Workers Rights Clinic at Tel Aviv University believes that workplaces should allow people to work from home or to adapt the workplace for people who are at higher risk. Only when no other solution is possible, people should be put on a unpaid leave with unemployment benefits. “This has not been sorted out yet, and as the number of people returning to work rises, this will require attention, finding ways of returning this group to work while protecting their health,” she said.

Ronit Debby Lev, a 55-year-old woman from Ramat Gan, thought that as someone with a chronic illness she’d be fine in isolation, but discovered that she was restless more than usual. Debby Lev has metastatic bone cancer and is unable to work, after previously being in charge of pharmaceutical services at Ichilov Hospital. She now volunteers at the Israel Cancer Association and at a drug company think tank looking for ways of improving the lives of cancer patients.

“On regular days my soul finds peace by volunteering, as a way of life, but coronavirus put me in my home facing a mirror – everything I’m doing now is not essential or meaningful like the roles I had before I had cancer,” she said. She doesn’t leave the house, orders food deliveries and hasn’t decided what to do when the lockdown ends. For now, she volunteers to read books to elderly people on Zoom. “There are cancer patients who don’t go for treatment now. But cancer doesn’t wait, and people should seek treatment if they have to,”
she said. Due to the epidemic, the Association is operating an information hotline giving emotional support and advice on contending with the virus.

Blenda, a 36-year-old Filipina caregiver cannot afford to miss medical treatments, going for dialysis three times a week. “I wear a mask and gloves and have a shower as soon as I return home.” She hasn’t worked since October, when her employer died. “The insurance company stopped my medical insurance last month,” she explained. “That’s hard in my situation.” She goes to hospital by public transportation, sometimes with volunteers. “Now there aren’t many people on the bus, so that’s good,” she added. The few guidelines she received she got in hospital, in Hebrew, which she doesn’t speak well.

Zohar-Yam Lerer is a 21-year-old student from Ashdod who has chronic arthritis. She studies machine and materials engineering at Ben-Gurion University and is part of a program for students with deferred military service. She returned to her parents’ home after the outbreak of the virus. “I haven’t left the house since early March,” she said. She’s avoided getting the acupuncture treatment she usually gets as part of her treatment, and hasn’t seen her partner, a medical student working in Hadassah Hospital in Jerusalem, for a month. “I’m so happy they’re not talking of reopening universities. How can I use crowded elevators in order to take exams? Will students continue wearing masks in class and in places they’re not being watched?”