

## **A Pastoral Message from the Priest of Good Shepherd**

It is so hard to believe that we are at the one year point of having to face something that a year ago seemed impossible. A pandemic of world-wide proportions has ravaged the world with a highly infectious virus that has claimed the lives of over 500,000 people just here in the United States of America. According to Reuters COVID-19 global daily tracker, the following chart represents the number of new cases per day of the virus per top 5 countries.

1. Brazil 66,381, 2. United States, 58,246, 3. France, 21,270, 4. Italy, 20,431,
5. India, 17,180

In addition, the following chart shows the highest number of deaths per day due to COVID-19 by country.

1. United States, 1,597, 2. Brazil, 1,525, 3. Mexico, 682, 4. Russia, 416, 5. Italy, 308

There have been to date at least 117,189,000 reported world-wide infections from the virus with the global death toll at 2,726,000 people. Those numbers are staggering at present but will continue to rise as the world deals with the virus and the distribution of vaccines to help combat this global scourge.

According to the CDC COVID tracking numbers, the United States sits currently at 523,850 deaths so far and a total of 28,813,424 infections reported. So often, I hear folks talk about this and compare it to yearly flu infections. Yet the numbers clearly show that COVID has been the greatest threat to the world's health in the past 100 years. Looking at the Spanish flu pandemic of 1918 and 1919, some of the same thinking enters the conversation about the source and the spiritual implications of the sickness. According to Healthline, there were ten myths that surrounded the flu epidemic of those years and in comparison many of those same myths surround our current dilemma.

### **1. The pandemic originated in Spain**

Today, no one believes the so-called "Spanish flu" originated in Spain. The pandemic likely acquired this nickname because of World War I, which was in full swing at the time. The major countries involved in the war were keen to avoid encouraging their enemies, so reports of the extent of the flu were suppressed in Germany, Austria, France, the United Kingdom and the U.S. By contrast, neutral Spain had no need to keep the flu under wraps. That created the false impression that Spain was bearing the brunt of the disease. In fact, the geographic origin of the flu is debated to this day, though hypothesis have suggested East Asia, Europe and even Kansas.

### **2. The pandemic was the work of a super-virus**

The 1918 flu spread rapidly, killing 25 million people in just the first six months. ***This led some to fear the end of mankind***, and has long fueled the supposition that the strain of influenza was particularly lethal. However, more recent study suggests that the virus itself, though more lethal than other strains, was not fundamentally different from those that caused epidemics in other years.

Much of the high death rate can be attributed to crowding in military camps and urban environments, as well as poor nutrition and sanitation, which suffered during wartime. It's now thought that ***many of the deaths were due to the development of bacterial pneumonias in lungs weakened by influenza***.

### **3. The first wave of the pandemic was most lethal**

Actually, the initial wave of deaths from the pandemic in the first half of 1918 was relatively low. It was in the second wave, from October through December of that year, that the highest death rates were observed. A third wave in spring of 1919 was more lethal than the first but less so than the second. Scientists now believe that the marked increase in deaths in the second wave was caused by conditions that favored the spread of a deadlier strain. People with mild cases stayed home, but those with severe cases were often crowded together in hospitals and camps, increasing transmission of a more lethal form of the virus.

### **4. The virus killed most people who were infected with it**

In fact, the vast majority of the people who contracted the 1918 flu survived. National death rates among the infected generally did not exceed 20 percent. However, death rates varied among different groups. In the U.S., deaths were particularly high among Native American Populations perhaps due to lower rates of exposure to past strains of influenza. In some cases, entire Native communities were wiped out. Of course, even a 20 percent death rate vastly exceeds a typical flu source, which kills less than one percent of those infected.

### **5. Therapies of the day had little impact on the disease**

No specific anti-viral therapies were available during the 1918 flu. That's still largely true today, where most medical care for the flu aims to support patients, rather than cure them. One hypothesis suggests that many flu deaths could actually be attributed to aspirin poisoning. Medical authorities at the time recommended large doses of aspirin of up to 30 grams per day. Today, about four grams would be considered the maximum safe daily dose. Large doses of aspirin can lead to many of the pandemic's symptoms, including bleeding. However, death rates seem to have been equally high in some places in the world where aspirin was not so readily available, so the debate continues.

## **6. The pandemic dominated the day's news**

Public health officials, law enforcement officers and politicians had reasons to underplay the severity of the 1918 flu, which resulted in less coverage in the press. In addition to the fear that full disclosure might embolden enemies during wartime, they wanted to preserve public order and avoid panic. However, officials did respond. At the height of the pandemic, quarantines were instituted in many cities. Some were forced to restrict essential services, including police and fire.

## **7. The pandemic changed the course of World War I**

It's unlikely that the flu changed the outcome of World War I, because combatants on both sides of the battlefield were relatively equally affected. However, there is little doubt that the war profoundly influenced the course of the pandemic. Concentrating millions of troops created ideal circumstances for the development of more aggressive strains of the virus and its spread around the globe.

## **8. Widespread immunization ended the pandemic**

Immunization against the flu as we know it today was not practiced in 1918, and thus played no role in ending the pandemic. Exposure to prior strains of the flu may have offered some protection. For example, soldiers who had served in the military for years suffered lower rates of death than new recruits. In addition, the rapidly mutating virus likely evolved over time into

less lethal strains. This is predicted by models of natural selection. Because highly lethal strains kill their host rapidly, they cannot spread as easily as less lethal strains.

### **9. The genes of the virus have never been sequenced**

In 2005, researchers announced that they had successfully determined the gene sequence the 1918 influenza virus. The virus was recovered from the body of a flu victim buried in the permafrost of Alaska, as well as from samples of American soldiers who fell ill at the time. Two years later, monkeys infected with the virus were found to exhibit the symptoms observed during the pandemic. Studies suggest that the monkeys died when their immune systems overreacted to the virus, a so-called “cytokine storm.” Scientists now believe that a similar immune system overreaction contributed to high death rates among otherwise healthy young adults in 1918.

### **10. The 1918 pandemic offers few lessons for 2018**

Severe influenza epidemics tend to occur every few decades. Experts believe that the next one is a question not of “if” but “when.” While few living people can recall the great flu pandemic of 1918, we can continue to learn its lessons, which range from the commonsense value of handwashing and immunizations to the potential of anti-viral drugs. Today we know more about how to isolate and handle large numbers of ill and dying patients, and we can prescribe antibiotics, not available in 1918, to combat secondary bacterial infections. Perhaps the best hope lies in improving nutrition, sanitation and standards of living, which render patients better able to resist the infection.

Source: Healthline.com. Article originally appeared on “The Conversation.”

You can see the similarities between those years and our own present day situation. Large crowds of people help to spread the virus more rapidly and thoroughly than quarantine, mask wearing, hand washing, and in our case today, vaccinating. We all understand how important it is each year, when given the opportunity, to get our flu vaccination. We also yield to the wisdom as we age to getting a shingles vaccine and also if working with rusty materials a Tetanus shot. Yet with the COVID-19 vaccination effort, many people, including some in our parish have chosen to decline the invitation to vaccinate.

I felt the need to speak to this issue because there are several matters in play that affect our common life together as we seek to return to normal in as quickly but safe way as is possible. Please understand that my purpose in writing this to you is to ensure that we all live together and act towards each other in a Christ-like manner when it comes to matters of personal conscience and choice. Let me briefly lay out the issues for you.

First and foremost, the decision to vaccinate or not vaccinate is a personal medical decision that each person must make given their own beliefs, understanding of medical science, and matters of conscience. This is true for all of us. We are taught in scripture to place the concerns and welfare of others front and central in our choices as we live together in community while we must all make decisions in life as a manner of conscience. I recommend the following passage of scripture as a guide in this process of decision making:

1 Corinthians 10: 23-32 "The Believer's Freedom"

*<sup>23</sup> "I have the right to do anything," you say—but not everything is beneficial. "I have the right to do anything"—but not everything is constructive. <sup>24</sup> No one should seek their own good, but the good of others.*

*<sup>25</sup> Eat anything sold in the meat market without raising questions of conscience, <sup>26</sup> for, "The earth is the Lord's, and everything in it."<sup>26</sup>*

*<sup>27</sup> If an unbeliever invites you to a meal and you want to go, eat whatever is put before you without raising questions of conscience. <sup>28</sup> But if someone says to you, "This has been offered in sacrifice," then do not eat it, both for the sake of the one who told you and for the sake of conscience. <sup>29</sup> I am referring to the other person's conscience, not yours. For why is my freedom being judged by another's conscience? <sup>30</sup> If I take part in the meal with thankfulness, why am I denounced because of something I thank God for?*

*<sup>31</sup> So whether you eat or drink or whatever you do, do it all for the glory of God. <sup>32</sup> Do not cause anyone to stumble, whether Jews, Greeks or the church of God— <sup>33</sup> even as I try to please everyone in every way. For I am not seeking my own good but the good of many, so that they may be saved.*

This is the best example of how we are to approach the vaccination issues while we live out our common life together. While the eating of food is certainly not communicable as is the COVID-19 Virus, the principles still apply. Personally, I am choosing to get the vaccine due to pre-existing health issues and my personal knowledge of the medical science surrounding the vaccine and my concern for public health. There are others in my family and in this parish who

choose not to get the vaccine given their own criteria and personal choice. What is important for all of us is that we

1. Respect the rights of every person to make their own medical decisions
2. We do not shame or shun or mistreat in any way people who do choose to be vaccinated or do not choose to be vaccinated.
3. We act in Christian charity towards everyone regardless of their decisions.
4. We must also be very careful that we do not “over-spiritualize” the current crisis as prophetic or as divine judgement. Yes, we are to be wise as we “live in this world but not of this world.” However, it can be dangerous when we listen to or adopt views that over-spiritualize the issues we face because ultimately only God knows. We can consider, even conjecture, we can weigh biblical prophecy against current events, but I must gently counsel this body against engaging in these kinds of speculations. I have been on this earth for almost 62 years and have been a Christian for most of those years. I have been through Y2K, the stock market crashes, the gas crisis of the late 70’s, the decline of the steel industry in Pittsburgh in the late 70’s and early 80’s, and the Iraq wars. Through those events, I have seen and heard some crazy stuff from Christian circles about end-times connections, prophetic pronouncements on current crisis, and conspiracy theories on governments and even the Anti-Christ. I strongly recommend Romans 14 be read and practiced here.

With all that in mind, I want everyone to know that I am looking forward in the very near future to the day when we return to our public worship life together. It is my plan to return to two services, both 8:00 AM Rite I, no music, and 10:30 AM Rite II, Family Service. I am also looking forward to singing again, having our opening praise during our 10:30AM service, and to our Sunday Christian education both adult and children. I will be consulting with the Bishop in the very near future to ascertain when we can safely return to our normal schedule.

In the meantime, please look forward to an eblast regarding our 8:00 service. My prayers and blessings are with all of you. May the God of peace who rules our hearts and minds be an ever present help in time of trouble. May the blessings of Almighty God, Father, Son, and Holy Spirit be amongst you and remain with you always, Amen. Shalom. Rev. Marc Dobson