



Grace Lutheran Church  
46 Woodland Street  
Hartford, CT 06105



### Our Staff and Council Leadership

The Rev. Rick Kremer, Pastor  
rickkremer@aol.com  
Nilda Bolorin, Parish Administrator  
officeatgrace@sbcglobal.net  
Dorothea Glatte, Lay Minister  
Lloyd Smith, Lay Minister  
Louisa Barton-Duguay, Religious Worker  
Artist in Residence for Outreach

Barbara Ruhe, President  
Barbara Calogero, Secretary  
Dale Eberhardt, Treasurer  
Janice Potter, Financial Assistant  
Dale Eberhardt, Organist  
Walter Scott, Sexton

[www.graceistheplace.org](http://www.graceistheplace.org)



# GRACE NOTES

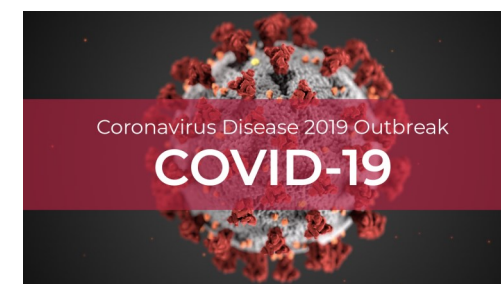
GRACE LUTHERAN CHURCH, 46 WOODLAND STREET, HARTFORD, CT 06105 860-527-7792

March 2020 Special Edition



Evangelical Lutheran Church in America

God's work. Our hands.



March 6, 2020

### Coronavirus-COVID-19

ELCA— pages 1 & 4  
Pastor's Message — page 2  
An Insider's View of the Coronavirus —  
pages 3, 5, 8 & 9  
Cleaning and Disinfecting— page 6  
Do Your Part—page 7  
ELCA Combat COVID-19—pages 10 & 11  
Prayer—page 11

In 1527 the plague returned to Wittenberg, Germany. Two hundred years earlier the plague had swept across Europe killing up to 40% of the population. Understandably, people were anxious and wondered what a safe and faithful response might be. In answer to this, Martin Luther wrote "Whether One May Flee From a Deadly Plague." In it, he emphasized the duty to care for the neighbor, the responsibility of government to protect and provide services to its citizens, a caution about recklessness, and the importance of science, medicine and common sense.

To provide care for the neighbor, Luther recommended that pastors, those in public office, doctors and public servants should remain in the city. Luther himself remained in Wittenberg to care for his people. He recommended that public hospitals be built to accommodate those with the plague. He condemned those who took unnecessary risks that put themselves and others in danger of contagion. Luther also encouraged the use of reason and medicine, writing, "God has created medicines and has provided us with intelligence to guard and take care of the body. ... Use medicine; take potions which can help you; fumigate house, yard, and street; shun persons and places wherever your neighbor does not need your presence" ("Whether One May Flee From a Deadly Plague," 1527).

We are living in the time of the coronavirus. We are also living in the time of social media and constant, relentless news coverage. Many of our people have the same concerns as those in Luther's day. Many of our people are anxious. Luther's counsel, based on Scripture, is still sound. Respect the disease. Do not take unnecessary risks. Provide for the spiritual and physical needs of the neighbor. Make use of medical aid. Care for one another, especially the most vulnerable.

The churchwide organization recommends the following for churchwide staff: Wash your hands, stay home when you are sick, wear a mask if you have symptoms, consult your medical provider. Bishops and pastors will provide [guidelines](#) for worship and church gatherings.

(continued on page 4)

PASTOR’S MESSAGE – BE SAFE

To my knowledge, we have never had a special edition of Grace Notes quite like this one.

The coronavirus (COVID-19) has now been determined to be a pandemic, an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. We are being inundated with numbers that change every day and that continue to concern us about the potential impact of the disease in the world, our country, our neighborhoods and our families. This is, indeed serious business.

What we have done in this issue is share with you our wider church’s assessment, current data as to best practices, and what we hope will be a useful amount of information to keep you and yours safe. As church we are trying to assess the impact on our facilities, our members, those we serve and those who just come looking for help and advice. We do this out of a serious sense of responsibility, not as a means to stimulate more fear or trepidation.

Some of the communications we have heard have ranged from it’s a “hoax” to the “world is falling.” Neither is true. As medical research proceeds and as people take simple steps to ensure their own safety, we will come to an end of this. In the meantime, we must remember to change our habits now, and not wait until later. If your assumptions are that this is no big deal, you are wrong. Carriers of this disease will infect others... if you are not feeling well, go home and self-quarantine yourself. Don’t let others come near you until you feel better and the symptoms are gone.

Most people will have no problem dealing with this disease. Others, older people with existing conditions are more susceptible to it. Just be careful.

We love and care for you, and we know that the Holy Spirit is with us even at this time of sadness, fear and dread. Prayer is a wonderful discipline to practice during Lent. It is also essential to us as we make our way through the circumstances we face today.

We also hope that our daily meditations may help in your perspective and life as we continue to look for the peace and love given to us by a loving God... who gives everything to us as an eternal gift. Blessings and be safe.



\*Note – Lawmakers have started discussion of a third possible supplemental package that would address the economic effects of the corona virus. ELCA Advocacy is monitoring the situation and will share updates as developments progress.

To learn more:

ELCA Resources for COVID-19: <https://elca.org/publichealth>

Blog: [ELCA advocacy in time of COVID-19 pandemic](#)

Blog: [Virus fears and viral fears: Standing with, not targeting, people](#)

Dear God,

In this time of uncertainty and fear, help us be love, mercy, and peace for ourselves and for others as we face coronavirus in the Unites States and around the world.

Help us hold close in our hearts those who have died, and their loved ones who mourn them.

Those who are sick or are trying to seek medical care.  
Those who don't have paid sick leave, benefits, or job security.  
Those whose schools have closed and don't have access to food, safe homes, or technology.  
Those can't travel to be with loved ones who are ill or dying.  
Those who are facing discrimination and harassment because of their ethnicity.  
Those who are struggling with loneliness during this time of social isolation.  
Those who are frightened and losing hope.

Help us find joy, however small it seems.  
Help us remain hopeful.  
Help us remember that "All shall be well, for there is a force of love moving through the universe that holds us fast and will never let us go."

Amen







**Evangelical Lutheran Church in America**  
God's work. Our hands.



**Lawmakers are poised to vote on urgent legislation to combat COVID-19. Call them TODAY from the Capitol Switchboard to support the most vulnerable in our communities.**

Today, the House is scheduled to revote on a second emergency aid package **H.R.6201 - Families First Coronavirus Response Act** which would provide paid sick leave and free coronavirus testing, expand food assistance and unemployment benefits, and require employers to provide additional protections for health care workers as our communities prepare and address the spread of COVID-19. The package comes as many of our houses of worship, ministries, businesses and communities grapple with challenging circumstances in the wake of the virus. Our commitment to love our neighbor requires that in addition to social distancing and handwashing precautions, we advocate with and on behalf of those who will suffer most from this disruption, that their needs be front center in our national response.

The House bill, though it falls short of response to other emergency needs such as providing direct funding for people struggling with homelessness, would help protect those of us in the greatest need and who are particularly vulnerable to the virus. Now, Congress must quickly consider the funding request and send the bill to the president's desk.

In times of struggle, many without adequate resources look to congregations to respond to their urgent needs. Lutheran advocates can make an important difference in calling for support for people most often forgotten in times of crisis.

**Call your lawmakers today at the Capitol Switchboard - (202) 224-3121, and ask to speak to your members of Congress. Have the names of your representative and senator ready ([lookup tool at govtrack.us](https://www.govtrack.us)) to be accurately directed, and tell your lawmaker to pass the emergency aid as soon as possible – and to ensure that the most vulnerable of us are protected.**

(continued on page 11)

## AN INSIDER'S VIEW OF THE CORONAVIRUS

A daughter of a church member shared a friend's perspective on the virus. Be aware that [SARS CoV-2] is the virus strain that causes COVID-19. As you will learn, she is a professional whose job is to address these kinds of circumstances:

"My below post was intended for family and friends to help answer the questions I was ad hoc fielding over the last few weeks. It was clear to me that many folks did not have a clear picture of this pandemic, its implications, and what an appropriate response to it should be. This post has been shared nearly 1000x now, so I want to be very clear again about the following:

I've been in the virology field for some time, but as I tried to emphasize in my post, I am not the definitive source on this matter. There are no shortages of esteemed professors, scientists, and leaders that rank much higher than me in experience and knowledge. The links I've appended at the bottom of my post should direct you to those resources.

I felt compelled to share the best available info I have at my disposal—i.e. that gleaned from primary research literature, and resources I've linked to in my post-- to help dispel the bad information that kept popping into my feed from friends, or at least to counteract the dangerous complacency friends and family were expressing over the virus.

I'm getting complaints about language usage and partisanship, but again--the below is my own opinion expressed to friends. This was not intended as a professional post. Regardless of your politics, it is clear that the government needs to do more to monitor cases and protect people.

The main reason why I became a PhD virologist, having spent the last 13+ years studying RNA viruses like influenza, is precisely because of where we now find ourselves. The world has a short memory and we are woefully unprepared for a real pandemic. In my current job as a research scientist in the Glenn Laboratory at Stanford Medicine we are actively thinking about new virus targets. We are designing and testing new antiviral drugs against SARS-CoV-2. I am thinking about this pandemic professionally and personally.

That said, I am not the last word on CoV-2. I beg that you all follow the reputable sources I'll link to the bottom of this post so you can stay up to date on the pandemic. Sadly, given this administration's misinformation and censoring campaigns, I can no longer recommend the CDC for a complete accounting of the outbreak.

There are many qualified public health officers/scientists/ physicians and journalists out there compiling/publishing/ analyzing the data I will present below. Some of us disagree with each other. Most of us do not. Keep in mind that the growing pandemic is a moving target for analysis. There is a din of noise surrounding the CoV-2 outbreak, and I have held back for this long since I didn't want to add to it. Given the disastrous response from our government and the lack of consistently accurate information being given to the public—I feel compelled to weigh in.

First, the good news: while devastating, this pandemic is more akin to a dress rehearsal awaiting the big show—that show being a virus that is both highly infectious and highly lethal, like a super-transmissible avian flu. Thankfully, SARS-CoV-2 is not that virus. But that doesn't mean it won't be destructive nor that it won't have far-reaching consequences.

The U.S. had a chance (months, in fact, of chances) to get in front of this crisis but squandered it. What could have been managed—or at least mitigated—is now truly snowballing.

(continued on page 5)

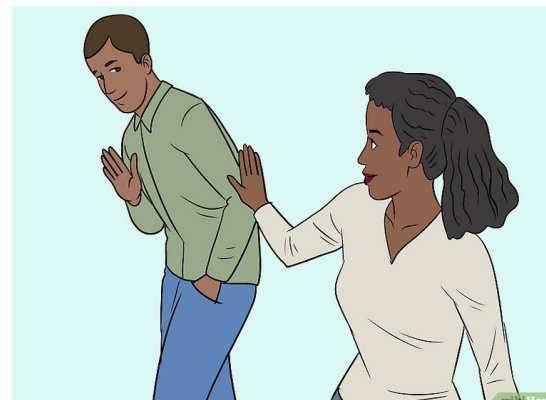
Luther also reminded his people and us that we should trust God's faithfulness and promises, particularly the promise eternal life. Paul writes: "If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or whether we die, we are the Lord's" (Romans 14:8).

In peace,



The Rev. Elizabeth A. Eaton  
Presiding Bishop  
Evangelical Lutheran Church in America

<https://www.elca.org/News-and-Events/8025>



My CoV2 information resources and goto's are:

1. **Johns Hopkins Center for Systems Science and Engineering**, global map with current cases presented in a dashboard:

<https://gisanddata.maps.arcgis.com/.../opsdashboa.../index.html...>

2. Daily COVID-19 reports published by the **WHO**:

<https://www.who.int/.../novel-coronavirus2.../situation-reports>

3. The **European Centers for Disease Control and Prevention**:

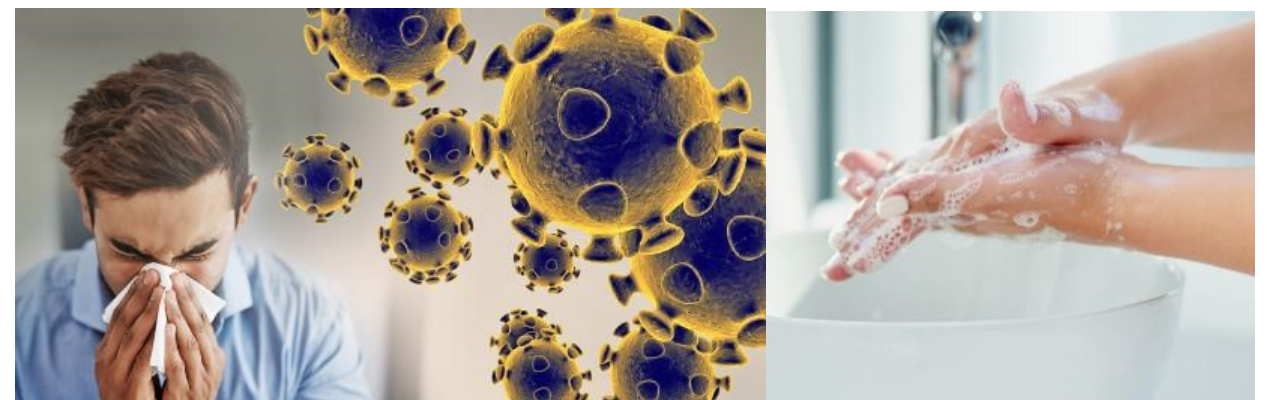
<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

4. **New England Journal of Medicine** and **The Lancet** are great for more about the virus and disease itself.

Finally, **The Washington Post**, **The New York Times**, and **The Atlantic** are all doing solid work on the reporting front.

Stay safe and stay sane, friends."

We at Grace Notes trust that this passionate, intelligent and caring report will help you sort through much of what is being said and done. The ELCA is, itself, actively tracking what is happening, too.





(some scientists are now saying they believe this to be true, but it remains to be shown); if the virus will mutate to a more/less aggressive form.

- If it's able to infect other species in addition to humans; why it spares children but is so lethal to elderly, and if this can change; how immuno-protective the vaccines will be, and whether they'll need to be redesigned yearly like flu vaccines; etc. are all questions to be answered.
- This is also NOT like the 1918 flu pandemic. There we didn't have many of the basic medical interventions, much less antibiotics, etc., that we have today. And the 1918 pandemic was much deadlier (~3%).
- Those most at-risk for COVID-19 should take social distancing to the extreme now (persons 60 yrs. above and persons with comorbidities). This means no travel, avoiding public spaces, avoiding physical interactions, no gym or exercise classes, extra diligence on hand washing, etc. This applies both to folks in the current outbreak hotspots like the Bay Area and Seattle, as well as to all the at-risk folks in other places in the U.S. and elsewhere.
- The "80% will experience mild disease" is a misnomer. Imagine the worst flu of your life: welcome to mild disease. It's true that some demographics, and within each demographic, are likely to experience few to no symptoms at all (e.g. younger folks), but I also wouldn't count on just getting the sniffles or a mild fever either.
- Everyone should employ at least some form of social distancing for the foreseeable future. Because we don't have vaccines/therapeutics to help stop the disease, the best thing we can do is limit its spread by not giving it new hosts for transmission. We do this by limiting our exposure to other people. It's a pain in the you know what. Your life is going to change dramatically. Schools will and should close. Public events should be cancelled. Everyone where possible should work from home.
- Social distancing is an industry killer, but right now, it's the only tangible and proven means of mitigating the public health impact. We do not want to be in Italy's position of rationing access to ICU care because there are more patients in acute crisis than beds/resources available. Social distancing gives the healthcare system more time to "flatten the curve".
- Finally, for every # of people infected you hear reported in your area, you can safely multiply that number by 10x to 40x to get the real picture. In the bay area we have 200+ confirmed cases--best guess is - we're actually closer to 5,000 or more.

And despite all of the above if you suspect you're sick with CoV2, or someone you know is, I still don't know how to help instruct you on where you can get tested or even if you can get access to testing at this point. That's seriously "bad.". The U.S. is so far behind the world in this respect, it's reprehensible. So yeah, SOCIAL DISTANCING people.

The above is a lot to take in. I want to stress that it's not time to panic. Most of us will get through this unscathed, but inconvenienced. CoV-2 will likely recur, and we will see this virus again and again. Let's get our stuff together during this first pass, so we save ourselves and our resources for the next round.

(continued on page 9)

From not making test kits early enough to a total paucity of testing, the inadequacy of med supply stock piles, the 2018 dismantling of pandemic preparedness funds/agency, and finally to the absolutely abhorrent misinformation machine and total ineptitude that is our own president and the administration that protects his interests over ours, we are now in a worsening crisis of at least part of our own doing. But we're here now so what's actually happening out there, and what does it mean?

I've now had multiple iterations of the same conversation with many people wanting to know what's real vs not regarding the CoV-2 pandemic. Here's my bullet points:

- CoV-2 is predicted to eventually infect most of the world's population within the year, and therefore has a high probability to seasonally recur. Best guess in the public health community is 60-80% of the population will be infected, meaning ~4B eventual infections.
- Case fatality likely to be ~ 0.7%, probably closer to 0.5% and no more than 1%. The current fatality numbers being reported are skewed high and premature. We don't have an accurate picture of the denominator i.e. how many people are actually infected. Right now, the bulk of people getting tested are those that have more severe disease. Countries that are testing widely, like S. Korea, are catching many more positive cases that show little-to-no symptoms. Currently S. Korea's fatality rate is around 0.7%. This likely represents the upper end of what we can expect. Italy's fatality rate is higher, despite broad testing, but they are also burdened with an older population that has high comorbidities. Same with numbers coming from cruise ships. Most scientists believe actual fatalities to be below 1%. Note: that is still 10x worse than seasonal flu.
- Taken together, the first two points mean that within the year if we do not take more drastic measures now, we can be looking at ~40M deaths. This is not an alarmist number, but a real one. Fatalities will decline rapidly once herd immunity takes place (i.e. once most people develop immunity) and successful antiviral interventions come about, including a vaccine, but these won't be available for the current wave nor the next wave.
- The soonest we'll likely see a vaccine ready for distribution is 1.5 years from now. Importantly, this means we'll have at least one additional CoV-2 wave before we have a vaccine/prevention strategy. Some say they can get vaccines out within the year, but given the labor-intensive manufacturing, safety and efficacy testing, production, distribution, etc., I think 18mos or even longer is a safer bet.
- CoV-2 is not like the flu. There are some similarities in terms of transmission method, overlapping of symptoms, and the potential to turn into a seasonal occurrence, but these two viruses are very different.
- 0.6%-1% fatality is still multiple orders of magnitude larger than flu's (~0.1%). We have antiviral drugs and vaccines to help manage influenza; we currently have none for CoV-2.
- If CoV-2 becomes seasonal, we'll have the additive effect of flu's yearly morbidity and mortality plus CoV-2. Our healthcare system as it stands now, is not equipped to handle this.
- There's quite a bit we don't know about CoV-2, which makes it dangerous. We don't know if you can build a lasting immune memory to the virus or if you can be re-infected

(continued on page 8)

## Cleaning and Disinfecting

Some thoughts on cleaning and disinfecting to keep our homes and buildings safe.

### Clean versus disinfect

Cleaning means to remove dirt, grime, and soil.

Disinfect means to remove germs.

It is most effective to “clean” first and then disinfect.

### Community groups using a church

Designate a contact person

Make bleach, gloves, rags, and containers available to them to clean and disinfect when leaving

### If there is exposure to an ill person, CDC recommends

- Close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning should focus on cleaning and disinfecting all areas (e.g., bedrooms, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

### Face masks

CDC recommends that face masks be available so that if an ill person is present, their face can be covered and that an area to isolate the person be designated until medical attention can be delivered.

### Wash your hands

- After blowing your nose, coughing, or sneezing
- After using the restroom
- Before eating or before preparing food
- After contact with pets or other animals
- After cleaning/disinfecting for COVID-19

Frequently wash your hands with soap and water for at least 20 seconds. Areas that need attention: the backs of your hands, in between your fingers, under your fingernails, and the tips of each finger including thumbs.

Avoid touching your eyes, nose, and mouth.

### Be prepared to refuse entry to your home

Isolate people suspected of having the coronavirus. Do they need medical attention? To the extent possible, they should not enter your home.

All people should follow good hygiene practices: Blow their nose in the restroom, follow handwashing and sanitizing protocols, and cough into their sleeve.

### References

<https://www.osha.gov/SLTC/covid-19/controlprevention.html#health>

<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

<https://multco.us/novel-coronavirus-covid-19/cleaning-and-disinfecting>

Volume 2020, Issue 4

6



Volume 2020, Issue 4

7