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UNDERSTANDING THE PANDEMIC

In 1918 a new strain of viral influenza struck. It infected about 500 million people, then a quarter of the world's population. Roughly 10% died. It began in the closing year of World War I and, because of wartime censorship, the reporting was the worst – most accurate! – from neutral Spain. This earned it the name “The Spanish Flu.”

In late 2002, a novel coronavirus¹ originated in China and spread to more than two dozen countries. Dubbed SARS (severe adult respiratory syndrome), it infected over 8000 people and killed almost 800. In 2007 an article in the medical scientific literature reviewed the subject and stated:

“The presence of a large reservoir of SARS-CoV-like viruses in horseshoe bats, together with the culture of eating exotic mammals in southern China, is a time bomb.”²

In June of 2012 a 60-year-old Saudi man was admitted to a hospital with fever, cough and shortness of breath. He died 11 days later. Tests for known viruses were all negative. It was later found that the cause of this Middle Eastern Respiratory Syndrome (MERS) was a new coronavirus which was named HCoV-EMC. The report stated:

“This case is a reminder that although most infections with human coronaviruses are mild and associated with common colds, certain animal and human coronaviruses may cause severe and sometimes fatal infections in humans.”³

Then in late November of 2019, in the city of Wuhan in China, people began to sicken and die from an unknown respiratory illness. Soon, their doctors and nurses began to fall ill. By December 27th a laboratory identified a new coronavirus in patient samples which, upon genetic sequencing, showed similarities to the 2003 SARS organism. When physicians began talking about what they

were seeing, Chinese Communist Party (CCP) authorities told them to stop and ordered the lab to destroy all samples. One of the first physicians to warn of the threat, 34-year-old Dr. Li Wenliang, was accused of “spreading rumors” and “making false statements.”

The CCP finally notified the World Health Organization (WHO) on December 31st of the outbreak but insisted that there was no human-to-human transmission even while it massively increased purchases from the USA of surgical masks, other protective gear and ventilators.⁴ The entire genetic sequence of the virus was released on January 9th. On January 20th the CCP admitted that the disease was contagious. By then there was no denying it as there were cases in other countries including the first in the USA. Wuhan went into “lock-down” days later but five million people had already left the city, many carrying the virus.

WHO declared a global public health emergency on January 30th and the USA declared a national public health emergency the next day. Dr. Li died from the virus on February 7th and as cases continued to spread WHO declared a pandemic on March 11th. By this time over 118,000 cases had been reported worldwide with over 4000 deaths. The virus obviously benefited from the delay. In fact, scientists at the University of Southampton in the UK quantified it mathematically saying:

“If NPIs [Non-Pharmaceutical Interventions such as quarantines] could have been conducted one week, two weeks, or three weeks earlier in China, cases could have been reduced by 66%, 86%, and 95%, respectively, together with significantly reducing the number of affected areas.”⁵

Reactions in the USA have been mixed and opinions divided. Many have felt fear and panic. Others feel that the threat has been exaggerated.

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Some point to seasonal influenza and ask whether this virus is really all that much worse. Still others find appeal in a range of theories involving the virus escaping accidentally, or even having been deliberately created. The CCP has encouraged speculation that the US military unleashed it against China.

But for Freethinkers the way to consider this threat depends on facts. The Wuhan virus⁶ is easily spread. Transmissibility is measured by the viral “reproduction number” or R_0 (R-naught), the average number of those that an infected person infects. When it is >1 the epidemic increases exponentially whereas when it is <1 the numbers will dwindle.

Also important is that 18% or more of those infected have little or no symptoms. But another 18% require hospitalization. One third of these require mechanical ventilation. Severity is related to age and the presence of other medical problems. The overall fatality/case rate is 1.38%, rising from 0.0026% in children less than 10 to 0.295% for those in their 40's to 13.4% for those older than 80. People less than 60 have a risk of dying of 0.318% while the risk for those 60 and older is 6.38%.⁷

One may compare SARS-2 to other viruses:

	R_0	Case/fatality	Deaths (global)
SARS-1	2-5	9.6%	774
MERS	2.5-7.2	34%	858
H1N1 influenza (2009)	1.2-1.6	.1-1%	151,000-575,000
Ebola	1.6-2	40%	13,562
SARS-2 (Wuhan)	3-4	1.38% (.318-6.38%)	$> 75,000$ and counting
Seasonal influenza	1.3	$<0.1\%$	389,000/year

All of this has little to do with religion as too many understand and practice it. But real religion, religion as Freethought conceives of it, has to do with keeping ourselves and each other safe and healthy, required for engaging in the search for value and meaning in the human condition. So it is truly religious to promote an understanding of the why and how of responding to a deadly pandemic. This means relying on facts and reason, not giving in to

fear, ignorance, paranoia, and superstition. For this one life is the only one we can know. It is the only life we can work to extend, improve and enlarge. We can only do so by learning and understanding. And then choosing to do better, not for some greater reward, but because it is right.

- 1 Four human coronaviruses were then known: HCoV-229E, -OC43, -NL63, and -HKU1.
- 2 Cheng et.al, “Severe Acute Respiratory Syndrome Coronavirus as an Agent of Emerging and Reemerging Infection,” *Clinical Microbiology Reviews*, Oct. 2007, p. 660–694
- 3 *N Engl J Med* 2012; 367:1814-1820 accessible online at <https://www.nejm.org/doi/full/10.1056/NEJMoa1211721>
- 4 <https://www.usatoday.com/story/news/investigations/2020/04/02/us-exports-masks-ppe-china-surged-early-phase-coronavirus/5109747002/>
- 5 Shengjie et.al, “Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China,” <https://www.medrxiv.org/content/10.1101/2020.03.03.20029843v3>
- 6 Or SARS-CoV-2 or SARS-2, the virus that causes Covid19, just as HIV is the name of the virus that causes AIDS.
- 7 Verity et.al, “Estimates of the severity of coronavirus disease 2019: a model-based analysis,” *The Lancet*, March 30, 2020 at [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30243-7/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30243-7/fulltext)

All NTCOF events are canceled until further notice in the interests of all of us and all Americans !!! We may do some internet meetings using zoom or another platform. Be sure to join our emailing list on any of our website pages so that you will get updates. BE WELL AND KEEP SAFE!

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The Fellowship of Unbelievers**

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