

Trinity Te Deum

The official newsletter for Trinity Lutheran Church

1207 West 45 Street Austin, Texas 78756

Rev. Paul R. Harris – 512-453-3835 Church

Sunday School and Bible Study 9:15 AM – Divine Service 10:30 AM

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December 2020- January 2021

It's Time

Time for the old year to pass and the new one to begin. For those following the Church Year calendar by the time you read this newsletter, you'll have done both. The calendar flipped on November 29, the First Sunday in Advent. Elsewhere in this newsletter you can read about Advent. It's not as difficult to calculate when it begins, even though it does fluctuate like Ash Wednesday, because it's just a matter of counting four Sunday's back from Christmas.

It's time for out with the old and in with the new. And it's time for you to march. Last December-January newsletter I had an article titled "Time For Me" about how it was time for me to participate in the Texas Rally for Life. I did and what a positive experience it was, all around. I wrote in that article how the one place a clerical collar ought to be seen is at a Pro-Life rally. Well, having gone, they don't need another clerical collar. They are all over the place. Among the thousands, there had to have been 100 collars. And I guess that is to be expected giving the strong Pro-Life stand of Catholicism. What I didn't expect is the people of all colors, languages, and places.

Why should you go? You will be comforted by the thousands marching for Life. It is a sweeping, surging sea of people who all agree the pogrom against the unborn must end. It is peaceful, orderly, nor raucous at all. You will be heartened by the realization that there is a lot more people who think this 48 year-old wickedness is evil and must end than the media would have you believe.

The Texas Rally for Life this year is Saturday, January 23, 1-4 PM. We will provide you the information of where Trinity is gathering and where you should park. Parking was easy. Of course, this year, because of Covid, I don't know if the Rally will happen. O, it's planned. You can read all about it here: <http://www.texasrallyforlife.org/>. But as you know, Covid has a way of changing things at the last moment. If they haven't, I will walk, and I hope you will too.

You'll notice several articles in this newsletter about Life matters. That's because this is a December – January newsletter, and the anniversary of our country sanctioning the killing of one human being by another just "because" happened January 22, 1973. That means in two years it will

be the 50th anniversary. You know how the media delights in telling you how many Covid deaths there have been locally, statewide, nationwide, and worldwide? Why this conspiracy of silence about the number of deaths from abortion? You know why, so does God.

But this issue of the *Te Deum* focusing on abortion seems discordant with sleigh bells ringing and a Holly Jolly Christmas. True. But it's not inconsistent with the Christ of Christmas. Jesus is incarnate in the Virgin Mary's womb to suffer everything from the traumas of gestation, labor, and delivery to the dramas of the teen years, to the many things we deserve for our sins and sinfulness. Isaiah calls Him a Man of Sorrow acquainted with grief, so I think we can say that of Him from womb to tomb. And He is the One who willingly took on flesh and blood in the womb, from our earliest roots, so that He might redeem even the unborn.

Whom the abortion industry and popular culture regard as non-persons, non-human being, Christ Jesus went all the way down, down, down into the womb to get.

Countdown to Advent/Lent Sermon Series

Creedal Christianity is....

A Nine Part Sermon Series on Luther's Small Catechism's
Second Chief Part: The Apostles' Creed
Advent 2020 – Lent 2021

Beginning Wednesday, December 2nd at 7:30 PM, we will start this sermon series. It is a Reformation Era tradition in Advent and Lent to focus midweek services on the Catechism. That's what I've done since 1992. Prior to that, I did the usual thematic services: People of the Passion, The Hands of Lent, Christmas in Bethlehem, etc.. I'm not saying you can't preach Law and Gospel in these. I am saying these pre-packaged programs, were just that: programmatic. I decided it was better to be catechetical. A leader in the congregation recently said to me: I want to be sure we keep the strong emphasis on teaching whenever it is time to transition to a new pastor. That is well said. The mark of open Communion and contemporary worship, emerging churches is nondoctrinal teaching. If you're communing everyone and you're hooking people on a feeling with worship, then doctrinal, 'thus says the Lord' teaching, rather than letting each person's feelings be the measure of the text, is jarring. An emphasis on doctrine –

and that's what Creedal Christianity is – an antidote to the abyss (see article) that many 21st century churches have slipped into.

This time I'm approaching the 2nd Chief Part, the Apostles' Creed, from the standpoint of things I have wanted to make mention of or be clearer about. All services are on a Wednesday. They start at 7:30 PM. With the exception of Ash Wednesday, you can be out the door at 8:15.

Creedal Christianity is....

December 2	... Ancient
December 9	... Consistent
December 16	... Resistant
Ash Wednesday	... Useful
February 24	... Mindful
March 3	... Hopeful
March 10	... Broad
March 17	... Narrow
March 24	... Nuanced

Advent Vespers Begin Wednesday, December 2, 7:30 PM

Advent as a season of preparation for the Nativity originated in France. Its observance was general by the time of the second Council of Tours, 567. In some places six or seven Sundays were included. When Rome adopted Advent, she limited the period to four Sundays as we now have. It was probably not until the 13th century that Advent was universally recognized as the beginning of the Church Year, which up until that time, had begun with the Festival of the Annunciation, March 25, or in some places at Christmas. While Advent never attained the extreme penitential character of Lent, it has always been regarded as a season of repentance and of solemn anticipation and preparation for the coming of Christ. [Adapted from Reed, *The Lutheran Liturgy*, 465-466.] Three comings of Christ are remembered in Advent: the first coming, the incarnation of the Second Person of the Trinity in the womb of the Virgin Mary; the Second Coming of Jesus at the end of the world to judge it; and His continual coming among us in Baptism, the Word, and Holy Communion. The Advent

wreath is of relatively recent origin, the 19th century. Only two candles have historically represented something specific, the pink one and the white one. Lit on the Third Sunday the pink one stands for joy. On this Sunday, the penitential theme is supposed to be lighter. Tinged with the white of the Christ candle, the purple of penitence shades to the pink of a joyous rose.

Elders' Meeting November 3, 2020 Notes

Seminarian Scholarship

After reviewing his application, we decided to grant a scholarship to Ellery Steffensen, a seminarian at Concordia Theological Seminary in Ft. Wayne. We are directing the treasurer to send him the full \$6,200 for the 2020-21 academic year.

Fellowship Matters

We discussed seeking fellowship with other confessional Lutherans. We are planning a conference here in February of 2022 which is intended to seek the fellowship that may already exist between us and other independent (and "independently minded") congregations.

Plans for Pastor's Vacation and Epiphany

We discussed Pastor's vacation days after Christmas. This year they cover the Sundays December 27 and January 3, and Pastor Keistman will be our guest pastor. January 3 would normally be our Epiphany service, but Pastor Keistman is preparing a sermon on the reading for the Second Sunday after Christmas. This means that we will be following the older tradition of remembering the Epiphany on the following Sunday, the same day when we remember the Baptism of our Lord.

Contactless Divine Service

Some members have asked for a more "contactless" option for the Divine Service, and we are willing to try it. The trial run will be on Sunday, November 22. Those who prefer more social distancing, but who still would like to be present at the church and receive communion on Sunday, can meet in the old sanctuary during the normal service time. They will hear the service audio and participate from there. Pastor and the elder will take them communion during the service.

We discussed whether Pastor should stay home if he has cold symptoms on a Sunday morning. Based on medical advice from Bill, we decided that he should stay home if the symptoms include a fever of 100.4 degrees or higher.

~Derek Kurth

Coalition of Over 120 Black Leaders Blast Systemic Racism of Abortion in Scathing Letter to Planned Parenthood

September 2020

Planned Parenthood Federation of America
National Headquarters
1110 Vermont Avenue NW
Washington, D.C. 20005

Dear Alexis McGill Johnson:

We are a diverse coalition of Black leaders fighting for the dignity of all human life. Like you, we feel called to action by America's collective reckoning with its history of racism and unjust violence against Black lives. We affirm, with you, that Black lives matter and that every human being, regardless of race or ethnicity, deserves equal respect, equal rights, and equal dignity.

That's why we're writing to you today. We are asking you to use your position at Planned Parenthood to confront the systemic racism of America's abortion practices and to publicly renounce the racist legacy of your founder, Margaret Sanger.

Since George Floyd's tragic death in police custody, Planned Parenthood has openly voiced its support of the Black Lives Matter movement and its commitment to combating racism in all its forms. Planned Parenthood National has said that Planned Parenthood will be "*turning inward and dedicating ourselves to calling out injustice and reckoning with our own institutionalized racism long-term.*" In your own statement about America's reckoning with racism, you said: "*We demand justice...we must demand an end to the inequity that continues to define every moment of life for Black America.*"

But Ms. Johnson, will you confront the iniquity that your abortion practices perpetrate against Black lives? Will you fight the racism that targets Black lives in the womb?

The impact of abortion on Black communities is unequal and disproportionate. Despite constituting only 13% of the female population, Black women represent 36% of all abortions, and Black women are five times more likely than white women to receive an abortion. In some cities, like New York, more Black children are aborted every year than are born alive.

This is no accident. Across the country, Planned Parenthood's surgical facilities target minority communities for abortion. In fact, 79% of Planned Parenthood's surgical abortion facilities are located in or near communities of color. Can Planned Parenthood really claim to care for Black lives while remaining complicit in the targeting of Black pregnant women?

This massive iniquity, and the disproportionate harm it

does to Black Americans, is fully in keeping with the racist, eugenicist vision of your organization's founder. Margaret Sanger wanted to use abortion and contraception to cull minority populations.

When Black employees of Planned Parenthood of New York called for the removal of Laura McQuade as president and CEO, they raised awareness about the toxic culture and systemic racism within the organization, including pay inequity and racial inequities among patients. This is no surprise considering the organization's founding beliefs about minority and vulnerable populations.

Ms. Johnson, your words about the Black Lives Matter movement ring hollow while your organization perpetuates this racist legacy. While Planned Parenthood of Greater New York and North Central States has disavowed Sanger's eugenic views, Planned Parenthood National has remained silent.

We call on you to change that. Planned Parenthood National must renounce the views and legacy of its founder and acknowledge and discontinue its ongoing systemic targeting of Black Americans with abortion facilities.

You are right that every American must confront, challenge, and dismantle the racist institutions and practices that surround us. Planned Parenthood must do the same.

Sincerely,

Human Coalition Action

Rev. Dean Nelson Hon. Katrina Jackson Hon. Kay James Hon. Mack Jackson Hon. Monica Sparks Dr. Deborah Honeycutt Dr. John Diggs Dr. Freda Bush Mr. Benjamin Watson Mr. Chris Broussard Bishop George McKinney Bishop Vincent Mathews Bishop Joseph Garlington Bishop Wellington Boone Dr. Deborah Owens Dr. Alveda King Pastor Devon Alexander Jonathan Alexandre Esq. Abdul Ali Claude Allen Esq. Dr. Robin Armstrong Eddie Beal Esq. Christina Bennett Dr. Valerie Berry Hon. Kenneth Blackwell Pastor Cecil Blye Tia Boone Roger Breedlove Rev. Doyle Bursley Rachel Citak, Esq. Hon. Bill Cleveland Bishop Gilbert Coleman Brandon Cooper Esq. Pastor Pearl Corbin Pastor Shirley Corbin Pastor Arnold Culbreath Pastor Warren Curry Dr. Donna Dalgetty Catherine Davis Pastor Helen Davis Pastor Calvin Duncan Wayne Dupree Connie Eller Hon. Melvin Everson Rev. Michel Faulkner Marie Fischer Bishop Mary Floyd-Palmer Cheryl Gaines Esq. Justin Giboney Esq. Pastor Marylin Gool Dr. Joseph Green Hon. William Green Rev. Trevon Gross Rev. JR Gurley Pastor Kimberly Hardy Watson Philip Harlow Ruby Harlow Bishop Michael Harris Gerard Henry Curtis Hill Esq. Jeremy Hunt Garland Hunt Esq. Shirley Husar Bishop Darrell Husband Dr. Deborah Igiehon Pastor John Ivey Bishop Harry Jackson Diante Johnson Dr. Michael Johnson Dr. ML Johnson Dr. Noreen Johnson Sylvia Johnson-Mathews Bishop Melvin Jordan Ayesha Kreutz Pastor Donovan Larkins Bishop Jim Logan Dr. Carolyn Love Pastor Herb Lusk Dr. Walter McCray Kevin McGary Rev. Kyle McGlotten Apostle Arthur McGuire Sandi McGuire Pastor Cheston McCrea Dr. Chris Metzler Monique Miles Esq. Angela Minter Evangelist Lesley Monet Rev. Steven Mosely Pastor Walter Moss Pastor Trennon Neal Rev. Bill Owens Dr. Steve Parsons Dr. Carl Pete Felice Pete Pastor Larry Reeves Rev. Darrell Robinson Dr. Haywood Robinson Dr. Gayle Rogers Andrew Shannon Dr. Randy Short Dr. Doris Sims Pastor Carlton Smith Bishop Felton Smith Readus Smith Chuck Smith Esq. Torrey Snow Dr. Michael Stephens Apostle John W. Stevenson Pastor Darrian Summerville Dr. Carol Swain Joel Trout Jessica Ann Tyson Dr. John Tyus Peter Vasquez Michael Vaughn Sheila Vaughn Cuevas Walker Rev. John Walker Dr. John Walker Rev. James Walston Dr. Patricia

Ware Dr. Kim Warfield-Walker Stacie Washington Hon. James White
Racquel Williams-Jones Bishop Patrick Wooden Dr. David Wright
Pastor Shannon Wright

ELCA “A Social Statement on Abortion”, Adopted August 28- September 4, 1991

*Please note that the ELCA’s position is almost 30 years old.
(prh)*

B. Ending a Pregnancy

“This church recognizes that there can be sound reasons for ending a pregnancy through induced abortion. The following provides guidance for those considering such a decision. We recognize that conscientious decisions need to be made in relation to difficult circumstances that vary greatly. What is determined to be a morally responsible decision in one situation may not be in another. In reflecting ethically on what should be done in the case of an unintended pregnancy, consideration should be given to the status and condition of the life in the womb. We also need to consider the conditions under which the pregnancy occurred and the implications of the pregnancy for the woman’s life.

An abortion is morally responsible in those cases in which continuation of a pregnancy presents a clear threat to the physical life of the woman.

A woman should not be morally obligated to carry the resulting pregnancy to term if the pregnancy occurs when both parties do not participate willingly in sexual intercourse. This is especially true in cases of rape and incest. This can also be the case in some situations in which women are so dominated and oppressed that they have no choice regarding sexual intercourse and little access to contraceptives. Some conceptions occur under dehumanizing conditions that are contrary to God’s purposes.

There are circumstances of extreme fetal abnormality, which will result in severe suffering and very early death of an infant. In such cases, after competent medical consultations, the parent(s) may responsibly choose to terminate the pregnancy. Whether they choose to continue or to end such pregnancies, this church supports the parent(s) with compassion, recognizing the struggle involved in the decision.

Although abortion raises significant moral issues at any stage of fetal development, the closer the life in the womb comes to full term the more serious such issues become. When a child can survive outside a womb, it becomes

possible for other people, and not only the mother, to nourish and care for the child. This church opposes ending intrauterine life when a fetus is developed enough to live outside a uterus with the aid of reasonable and necessary technology. If a pregnancy needs to be interrupted after this point, every reasonable and necessary effort should be made to support this life, unless there are lethal fetal abnormalities indicating that the prospective newborn will die very soon.

Our biblical and confessional commitments provide the basis for us to continue deliberating together on the moral issues related to these decisions. We have the responsibility to make the best possible decisions in light of the information available to us and our sense of accountability to God, neighbor, and self. In these decisions, we must ultimately rely on the grace of God” (, 6-7) .

“The position of this church is that, in cases where the life of the mother is threatened, where pregnancy results from rape or incest, or where the embryo or fetus has lethal abnormalities incompatible with life, abortion prior to viability should not be prohibited by law or by lack of public funding of abortions for low income women. On the other hand, this church supports legislation that prohibits abortions that are performed after the fetus is determined to be viable, except when the mother’s life is threatened or when lethal abnormalities indicate the prospective newborn will die very soon. Beyond these situations, this church neither supports nor opposes laws prohibiting abortion” (Ibid., 10).

Do I think we’re the only one’s going to Heaven?

Posted on April 20, 2015 by Rev. Paul R. Harris

We practice closed Communion not because we think we’re the only ones going to heaven but because there is only one way to heaven.

Every single departure from the written Word of God leads away from the Word made Flesh. Whether it is Catholic doctrines like Purgatory, praying to Mary, or the infallibility of the Pope or Protestant doctrines like limited atonement, once saved always saved, or Communion being only bread and wine, these all lead away from Jesus not to Jesus.

And it doesn’t matter how sincere, how polite, how enthusiastic, the Catholics or Protestants who hold these doctrines are. If you’re on the wrong path, your being sure you’re on the right one doesn’t make it so.

Jesus is the one who said, “If you hold to my Word, then you are My disciples.” That means insofar as if you don’t hold to His Word you aren’t His disciples. The boundaries

of the Communion rail can be no broader or narrower than the Word of God makes them.

Pastors, or priests for that matter, who practice open Communion disagree with what the Word made Flesh says in the written Word. They are saying: "You're a disciple of Jesus as long as you claim to be no matter what you believe or don't believe. Furthermore, it's not offensive to find the Calvinist who believes in a limited atonement communing with the Lutheran who doesn't or with the liberal who doesn't care either way."

What surprises me is not that there are pastors out there doing this. The way of the world is tolerance and to each his own truth. Open Communion is the only way to go if you would be popular. What surprises me is the number of lay people who tell me they believe that closed Communion is a biblical, faithful doctrine and yet commune at open Communion altars.

Maybe they think that I think Catholics, liberal Lutherans, Greek Orthodox, and all the Protestants should stop celebrating *their* Communion services. No, what has to stop is people who know better communing at altars they know they shouldn't. If you believe in closed Communion, you have no business communing at an open Communion altar. And if you do, you are saying differences of doctrine don't matter or God has revealed contradictory things.

It was St. Paul who said that such misusing of Communion is what led to many of the Corinthians being sick, weak, and a number dying. But as is the case with all the judgments of God, because they don't happen instantly, we foolishly think they don't happen at all. Those who are engaged in serial fellowship happily traipsing back and forth between closed Communion and open Communion altars may be full now, but God has sent a wasting into their souls.

Do I think closed Communion confessional Lutherans – it's oxymoronic to say open Communion confessional Lutherans – are the only ones going to heaven? Nope. But I think those practicing open Communion are going to have to answer for giving the impression that God has many truths, truth can contradict, and that agreeing to disagree is Godly or even real fellowship.

How Can You be Charged with Murder for Killing an Unborn Child if a Mother Can Choose to Abort the Child up to the Very Day of Birth?

This falls under the category of a good inconsistency, but it shows we as nation for the most part know the truth about the unborn, and therefore our guilt is all the more egregious for the innocent blood we go on shedding. Below

is the website that documents that the majority of states regard the killing of an unborn child, other than by abortion, as the murdering of another human being (prh).

State Fetal Homicide Laws

Currently (*Webpage accessed 8-23-18*), at least **38** states have fetal homicide laws: Alabama, Alaska, Arizona, Arkansas, California, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin. At least **29** states have fetal homicide laws that apply to the earliest stages of pregnancy ("any state of gestation/development," "conception," "fertilization" or "post-fertilization"); these are indicated below with an asterisk (*). The ones that **don't** are Maryland, Montana, Nevada, New Hampshire, Rhode Island, Virginia, and Washington. (<http://www.ncsl.org/research/health/fetal-homicide-state-laws.aspx>)

Is what We Remember that Important?

Posted on July 7, 2020 by Rev. Paul R. Harris

"You don't remember what your father said, but you remember what he did." This was my first circuit counselor's defense of deeds over creeds. He was a mid-50's grad of the seminary. I was a new 1983 grad of the logical seminary, and I wondered did he know he was paraphrasing the Catholic aphorism regularly but wrongly attributed to St. Francis "Preach the Gospel at all times, and if necessary use words."?

This was part of his theological prepping of me for ministry after ordaining me. He said that people will not remember what you preach or teach; they will remember what you do, and he cited my own experience growing up as proof. If we go there for proof, among other things I can prove that praying hard and not studying produces good grades. Sloe gin isn't. A deer either has antlers or not, you can't pray them on the animal.

However, we have moved on from that erstwhile bit of 60's wisdom even as we have from things not being "my bad" or even the 90's "doing you." Now, if *Chicken Soup for the Soul* is any authority, "people may not remember exactly what you did, or what you said, but they will always remember how you made them feel" (*Inspiration for the*

Young at Heart, 284). Resisting the urge to break out into a chorus of “I feel good”, this bit of advice is the stock and trade of every glad-hander, brown-noser, shine-man, or AAL insurance salesman (Sorry, you have to be a certain age Lutheran to get that last one). And it’s the hook of many songs. Think “You make me feel like a natural woman”; “Hooked on a Feeling”; “I feel love” etc. The only one I think of that comes close to refuting this point is Boston, “More than a Feeling.” But can anything good come out of Boston?

No, I wish to take on the deeds over creeds and feelings both at the point of remembering. I love songs about remembering: “The Song Remembers When”; “Try to Remember”; even Barbra’s “Memories” move me. That being said what we do or don’t remember better not carry the day.

I visit three or maybe four, I can’t remember now, memory care units. These folks may or may not remember me as their pastor and I’ve been here 20 years. Talk about a forgettable personality! They usually remember the Lord’s Prayer, maybe the Apostles’ Creed, and sometimes even the Confession of Sins. But some can’t remember or at least express the what or why of Holy Communion.

What I remember or you remember or our people remember can’t carry the day. What God remembers does. And He says, “I will remember their sins no more” (Jer. 31:34). He says, “Even though your father and mother forget you, I won’t” (Ps. 27:10). He says, “He remembers that we are but dust” (Ps. 103:14).

When we preach, we aren’t – or better not be – preaching memories into people. We’re preaching Christ and Him crucified into them. We’re preaching into them the God who has them carved into the palms of His hands. We’re preaching God’s creed that He wills all to repent and to come to the knowledge of the truth. We’re preaching God in Christ’s deeds of passive and active righteousness that redeemed the world and for His sake God cannot forget to be gracious or merciful.

In a postmodern world which only recognizes one valid currency, one accurate truth indicator: emotion, feeling, it’s very easy to play to that, and if you do, people will remember very little else. Most of all they won’t remember what God forgets and doesn’t.

Several People Pointed me to this article, and I thought it timely and well-reasoned, so I publish it here for you to decide (PRH).

Imprimis – Hillsdale College

A Sensible and Compassionate Anti-COVID Strategy

October 2020 • Volume 49, Number 10 • Jay Bhattacharya
Stanford University

Jay Bhattacharya Jay Bhattacharya is a Professor of Medicine at Stanford University, where he received both an M.D. and a Ph.D. in economics. He is also a research associate at the National Bureau of Economic Research, a senior fellow at the Stanford Institute for Economic Policy Research and at the Freeman Spogli Institute for International Studies, and director of the Stanford Center on the Demography and Economics of Health and Aging. A co-author of the Great Barrington Declaration, his research has been published in economics, statistics, legal, medical, public health, and health policy journals.

The following is adapted from a panel presentation on October 9, 2020, in Omaha, Nebraska, at a Hillsdale College Free Market Forum.

My goal today is, first, to present the facts about how deadly COVID-19 actually is; second, to present the facts about who is at risk from COVID; third, to present some facts about how deadly the widespread lockdowns have been; and fourth, to recommend a shift in public policy.

1. The COVID-19 Fatality Rate

In discussing the deadliness of COVID, we need to distinguish COVID cases from COVID infections. A lot of fear and confusion has resulted from failing to understand the difference.

We have heard much this year about the “case fatality rate” of COVID. In early March, the case fatality rate in the U.S. was roughly three percent—nearly three out of every hundred people who were identified as “cases” of COVID in early March died from it. Compare that to today, when the fatality rate of COVID is known to be less than one half of one percent.

In other words, when the World Health Organization said back in early March that three percent of people who get COVID die from it, they were wrong by at least one order of magnitude. The COVID fatality rate is much closer to 0.2 or 0.3 percent. The reason for the highly inaccurate early estimates is simple: in early March, we were not identifying most of the people who had been infected by COVID.

“Case fatality rate” is computed by dividing the number of deaths by the total number of confirmed cases. But to obtain an accurate COVID fatality rate, the number in the denominator should be the number of people who have been infected—the number of people who have actually had the disease—rather than the number of confirmed cases.

In March, only the small fraction of infected people who got sick and went to the hospital were identified as cases. But the majority of people who are infected by COVID have very mild symptoms or no symptoms at all. These people weren’t identified in the early days, which resulted in a highly misleading fatality rate. And that is what drove public policy. Even worse, it continues to sow fear and

panic, because the perception of too many people about COVID is frozen in the misleading data from March.

So how do we get an accurate fatality rate? To use a technical term, we test for seroprevalence—in other words, we test to find out how many people have evidence in their bloodstream of having had COVID.

This is easy with some viruses. Anyone who has had chickenpox, for instance, still has that virus living in them—it stays in the body forever. COVID, on the other hand, like other coronaviruses, doesn't stay in the body. Someone who is infected with COVID and then clears it will be immune from it, but it won't still be living in them.

What we need to test for, then, are antibodies or other evidence that someone has had COVID. And even antibodies fade over time, so testing for them still results in an underestimate of total infections.

Seroprevalence is what I worked on in the early days of the epidemic. In April, I ran a series of studies, using antibody tests, to see how many people in California's Santa Clara County, where I live, had been infected. At the time, there were about 1,000 COVID cases that had been identified in the county, but our antibody tests found that 50,000 people had been infected—i.e., there were 50 times more infections than identified cases. This was enormously important, because it meant that the fatality rate was not three percent, but closer to 0.2 percent; not three in 100, but two in 1,000.

When it came out, this Santa Clara study was controversial. But science is like that, and the way science tests controversial studies is to see if they can be replicated. And indeed, there are now 82 similar seroprevalence studies from around the world, and the median result of these 82 studies is a fatality rate of about 0.2 percent—exactly what we found in Santa Clara County.

In some places, of course, the fatality rate was higher: in New York City it was more like 0.5 percent. In other places it was lower: the rate in Idaho was 0.13 percent. What this variation shows is that the fatality rate is not simply a function of how deadly a virus is. It is also a function of who gets infected and of the quality of the health care system. In the early days of the virus, our health care systems managed COVID poorly. Part of this was due to ignorance: we pursued very aggressive treatments, for instance, such as the use of ventilators, that in retrospect might have been counterproductive. And part of it was due to negligence: in some places, we needlessly allowed a lot of people in nursing homes to get infected.

But the bottom line is that the COVID fatality rate is in the neighborhood of 0.2 percent.

2. Who Is at Risk?

The single most important fact about the COVID pandemic—in terms of deciding how to respond to it on both an individual and a governmental basis—is that it is not equally dangerous for everybody. This became clear

very early on, but for some reason our public health messaging failed to get this fact out to the public.

It still seems to be a common perception that COVID is equally dangerous to everybody, but this couldn't be further from the truth. There is a thousand-fold difference between the mortality rate in older people, 70 and up, and the mortality rate in children. In some sense, this is a great blessing. If it was a disease that killed children preferentially, I for one would react very differently. But the fact is that for young children, this disease is less dangerous than the seasonal flu. This year, in the United States, more children have died from the seasonal flu than from COVID by a factor of two or three.

Whereas COVID is not deadly for children, for older people it is much more deadly than the seasonal flu. If you look at studies worldwide, the COVID fatality rate for people 70 and up is about four percent—four in 100 among those 70 and older, as opposed to two in 1,000 in the overall population.

Again, this huge difference between the danger of COVID to the young and the danger of COVID to the old is the most important fact about the virus. Yet it has not been sufficiently emphasized in public health messaging or taken into account by most policymakers.

3. Deadliness of the Lockdowns

The widespread lockdowns that have been adopted in response to COVID are unprecedented—lockdowns have never before been tried as a method of disease control. Nor were these lockdowns part of the original plan. The initial rationale for lockdowns was that slowing the spread of the disease would prevent hospitals from being overwhelmed. It became clear before long that this was not a worry: in the U.S. and in most of the world, hospitals were never at risk of being overwhelmed. Yet the lockdowns were kept in place, and this is turning out to have deadly effects.

Those who dare to talk about the tremendous economic harms that have followed from the lockdowns are accused of heartlessness. Economic considerations are nothing compared to saving lives, they are told. So I'm not going to talk about the economic effects—I'm going to talk about the deadly effects on health, beginning with the fact that the U.N. has estimated that 130 million additional people will starve this year as a result of the economic damage resulting from the lockdowns.

In the last 20 years we've lifted one billion people worldwide out of poverty. This year we are reversing that progress to the extent—it bears repeating—that an estimated 130 million more people will starve.

Another result of the lockdowns is that people stopped bringing their children in for immunizations against diseases like diphtheria, pertussis (whooping cough), and polio, because they had been led to fear COVID more than they feared these more deadly diseases. This wasn't only true in the U.S. Eighty million children worldwide are now

at risk of these diseases. We had made substantial progress in slowing them down, but now they are going to come back.

Large numbers of Americans, even though they had cancer and needed chemotherapy, didn't come in for treatment because they were more afraid of COVID than cancer. Others have skipped recommended cancer screenings. We're going to see a rise in cancer and cancer death rates as a consequence. Indeed, this is already starting to show up in the data. We're also going to see a higher number of deaths from diabetes due to people missing their diabetic monitoring.

Mental health problems are in a way the most shocking thing. In June of this year, a CDC survey found that one in four young adults between 18 and 24 had seriously considered suicide. Human beings are not, after all, designed to live alone. We're meant to be in company with one another. It is unsurprising that the lockdowns have had the psychological effects that they've had, especially among young adults and children, who have been denied much-needed socialization.

In effect, what we've been doing is requiring young people to bear the burden of controlling a disease from which they face little to no risk. This is entirely backward from the right approach.

4. Where to Go from Here

Last week I met with two other epidemiologists—Dr. Sunetra Gupta of Oxford University and Dr. Martin Kulldorff of Harvard University—in Great Barrington, Massachusetts. The three of us come from very different disciplinary backgrounds and from very different parts of the political spectrum. Yet we had arrived at the same view—the view that the widespread lockdown policy has been a devastating public health mistake. In response, we wrote and issued the Great Barrington Declaration, which can be viewed—along with explanatory videos, answers to frequently asked questions, a list of co-signers, etc.—online at www.gbdeclaration.org.

The Declaration reads:

As infectious disease epidemiologists and public health scientists, we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings, and deteriorating mental health—leading to greater excess mortality in years to come, with the working class and

younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all—including the vulnerable—falls. We know that all populations will eventually reach herd immunity—i.e., the point at which the rate of new infections is stable—and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sports, and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

I should say something in conclusion about the idea of herd immunity, which some people mischaracterize as a strategy of letting people die. First, herd immunity is not a strategy—it is a biological fact that applies to most infectious diseases. Even when we come up with a vaccine, we will be relying on herd immunity as an end-point for this

epidemic. The vaccine will help, but herd immunity is what will bring it to an end. And second, our strategy is not to let people die, but to protect the vulnerable. We know the people who are vulnerable, and we know the people who are not vulnerable. To continue to act as if we do not know these things makes no sense.

My final point is about science. When scientists have spoken up against the lockdown policy, there has been enormous pushback: “You’re endangering lives.” Science cannot operate in an environment like that. I don’t know all the answers to COVID; no one does. Science ought to be able to clarify the answers. But science can’t do its job in an environment where anyone who challenges the status quo gets shut down or cancelled.

To date, the Great Barrington Declaration has been signed by over 43,000 medical and public health scientists and medical practitioners. The Declaration thus does not represent a fringe view within the scientific community. This is a central part of the scientific debate, and it belongs in the debate. Members of the general public can also sign the Declaration.

Together, I think we can get on the other side of this pandemic. But we have to fight back. We’re at a place where our civilization is at risk, where the bonds that unite us are at risk of being torn. We shouldn’t be afraid. We should respond to the COVID virus rationally: protect the vulnerable, treat the people who get infected compassionately, develop a vaccine. And while doing these things we should bring back the civilization that we had so that the cure does not end up being worse than the disease.
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Ever learning, but...

Posted on March 9, 2015 by [Rev. Paul R. Harris](#) (Revised November 2020)

You know when a person says something and then says “but” that he is about to modify, and usually in a bad way, what he has just said. You would think “ever learning” has *got* to be a good thing. Not so says St. Paul in [2 Timothy 3:7](#). He speaks of those “ever learning but never able to come to a knowledge of the truth.”

Luther too regularly railed against those who knew no more of the Faith at the end of the year than they did at the beginning and at those who having read the Catechism through once thought they had mastered it. He spoke of how even though he had written it, he still read and prayed it

regularly. How about us?

I think the LCMS’ devotional series *Portals of Prayer* has done a lot to inculcate people with a one and done mentality. It’s a different devotion for every single day of the year. I admit that the devotions are better now than they were 30 years ago when virtually everyone ended with what you were supposed to do. However, a different devotion every day doesn’t inculcate anything but change.

When people comment about a good devotion in this resource it’s always about some funny, different, or new factoid they learned. Here’s an example of the kind of thing I hear. This is from the May 10, 2010 *Portals of Prayer: A young man who was valedictorian of his public high school class was given. ...strict instructions about refraining from using the name of God in his speech. Here’s what he did. He convinced ninety-two of his friends in the graduating class to sneeze at an orchestrated time. The young man then shouted out, ‘God bless you!’ Contrary to instructions, he got God out anyway.*”

It wasn’t always this way. Before *Portals of Prayer* began publishing 75 years ago, the LCMS’ publishing house produced *The Family Altar*. In fact, I believed they ceased publishing that resource to adopt this “new” devotional way. *The Family Alar* is a book of devotions to be used year after year. This is how you learn things: going over good information again and again. The men in Athens are not being praised when Scripture says they delighted in nothing but hearing something “new” ([Acts 17:21](#)).

I am not on the warpath against *Portals of Prayer* but against the falsehood that believes it can only learn, or even learns better, if the information comes in a new form with new stories. This attitude is inconsistent with liturgical worship and catechetical education.

Ever learning only comes to the knowledge of the truth if the truth is what you are ever learning. Ever learning cute or interesting stories is fun, but it doesn’t arrive at knowledge of the truth but of more stories.

If you’re tired of the ever learning of the modern devotional method, there are other resources that are consistent with confessional Lutheranism, liturgical worship, and catechetical education.

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All articles must be approved by Rev. Paul R. Harris. Articles with no author are written by him.

DECEMBER 2020

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 ADVENT VESPERS 7:30 PM	3	4	5
6 12:15 PM ADULT CLASS	7 5 PM JR. CONFIRMATION	8	9 ADVENT VESPERS 7:30 PM	10	11	12
13 BUS CAROLING & CHILI DINNER 1-6 PM	14 5 PM JR. CONFIRMATION	15	16 ADVENT VESPERS 7:30 PM	17	18	19
20 CHILDRENS' X-MAS PAGEANT 12:15 PM	21 NO JR. CONFIRMATION	22	23	24 CHRISTMAS EVE CANDLELIGHT SERVICE 7:30 PM	25 CHRISTMAS DAY FESTIVAL SERVICE 10:00 AM	26 →
27	28 PASTOR	29 OUT	30 DEC 26 TH -	31 JAN 9 TH	→	

JANUARY 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 PASTOR ON	2 VACATION
3 PASTOR	4	5 ON	6	7 VACATION	8	9
10 12:15 PM ADULT CLASS	11 5 PM JR. CONFIRMATION	12 ELDERS' MEETING 6:30 PM	13 7:15 PM DANIEL	14	15	16
17 12:15 PM ADULT CLASS	18 5 PM JR. CONFIRMATION	19 VOTERS ASSEMBLY 7 PM	20 7:15 PM DANIEL	21	22	23 TEXAS RALLY FOR LIFE 1-4 PM @ CAPITOL
24 12:15 PM ADULT CLASS	25 5 PM JR. CONFIRMATION	26	27 7:15 PM DANIEL	28	29	30
31 12:15 PM ADULT CLASS						

DEC 2020 - JAN 2021