

# A Brief COVID-19 Analysis and Its Implications for the Church

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## **Purpose:**

- To briefly analyze the *relevant*, currently available data (as of 3.24.2020) regarding the COVID-19 (CV) pandemic and the administrative – public health response to it *in the context of a CHRISTIAN world and life view*.
- Provide recommendations as to how the body of Christ at large, and church officers in particular, should respond.
- Questions to be examined include: Has the government properly interpreted the data? Have they, in response to the pandemic, violated biblical law? If they have, what does God’s law require that they do? Does the civil magistrate have the right to control where and when God’s people meet for worship?

## **Christian Worldview Analysis:**

- The analysis presented in this brief essay has been conducted with a presuppositional apologetic in concert with a Reformed, thoroughly “Calvinistic”, theonomic, post millennial Christian worldview (as summarized by the Westminster Confession of Faith [WCF] and the Larger and Shorter Catechisms).

By way of review:

- There are no “raw” facts only interpreted facts. Therefore, all men interpret all raw facts through the lens of their worldview (aka their religion), *ALWAYS*.
- All men, self-consciously or not, are religious as someone or something(s) is transcendentally the focus of their attentions / affections and forms the basis for their views on “how the world works” and “what’s the meaning of life”.
- There is no neutrality amongst mankind’s various worldviews (Mathew 12:30). Each person’s worldview is shaped and framed solely by the Word of God (Sola Scriptura) or it’s not. It’s either Christ or the world; there are no alternative choices. This principle of non-neutrality is to be consistently applied to all of life including our various scientific endeavors as to their conduct and in the interpretation of scientific data.
- The doctrine of non-neutrality in concert with the Great Commission, Romans 13 and the Dominion (Creation) mandate instructs us that civil magistrates, in their capacity as civil magistrates, are accountable to God and His Law for their actions. A foundational

principle of God's Law when applied to the civil judicial sphere is the vitally important "Equal protection under the law" (Ex 22:21; Numbers 15:16)

- While many of the people at WHO, CDC, local and state public health departments, etc. are mostly able and intelligent individuals with good intentions and true expertise with regards to certain facets of coronavirus analysis, they nonetheless swim in their own worldview and *will interpret* COVID-19 with that worldview. And, they will NOT be neutral in that interpretation.
- Christians must keep in mind that the majority of public health and other government officials currently guiding their populaces (and actually terrorizing them in many jurisdictions) regarding the coronavirus pandemic are immersed in the dominant worldview of our culture: atheistic materialism.
- Atheistic materialism (AM) is totally antithetical to a biblical Christian worldview and has foisted upon what was formerly known as the "Christian West" or "Christendom" (all the while aided and abetted by an apathetic church whose love has grown increasingly cold in love of the Law of God as it pertains to personal and societal sanctification):
- A demand for public acceptance of homosexualism and other grotesque sexual perversions, abortion, infanticide, eugenics, transgenderism, Darwinianism, racism, massive indebtedness, "lawful" counterfeiting of currency and calling it "QE or fiscal stimulus", *unequal* protection under judicial law, false weights and measures, lying, falsification of data, hatred of the biblical family structure, socialism, unjust taxation and on and on and on.

AM hates the Law of God yet its adherents, irrationally, are in constant agitation with the world around them over what they view as "moral and just". And devastatingly, it is "Messianic" in character and therefore in total *defiance* of the First Commandment of our Lord.

- In light of the foregoing, Christians should assume that those adhering to this worldview or some facet of it (AM) are ordinarily, unless proven otherwise (by thorough analysis of whatever topic is at hand in the light of the *principles* [general equity] set forth in the entire Word of God), BLIND GUIDES in the many areas of life to which they speak. The blind leading the blind.

Having said this, we can take comfort in knowing that (a) because of God's "common grace" and (b) because "the works of the law" are written on the hearts of all men, the unregenerate will (despite their total depravity) borrow heavily from the Christian world and life view in an attempt to understand the world in which they live. As such, they will "get right", more or less, many things in this world.

Nonetheless, errors of epic proportion are unavoidable, too. Citizens of the US are seeing this scenario play out right now before their very eyes.

- It may be objected that the Bible has nothing to say about Coronavirus. This is true. But the Bible has much to say about how we can *ethically* interpret and apply the science of Coronavirus (the science in and of itself is technical in nature and not ethical but the conduct of scientific endeavors, its interpretation and application most certainly are).

## COVID-19 (SARS-CoV-2) Analysis

At this time, we are under an endless barrage, an avalanche so to speak, of data, ideas, interpretations and opinions regarding the pandemic and much of it is contradictory in nature (a violation of God's law of non-contradiction).

Most of this is white noise, however, and "non-experts", applying biblical principles, can competently assess the *veracity* of the *response* to pandemic coronavirus as well as its data collection and analysis (and, as we have noted, even non-believers unwittingly apply biblical principles everyday as they MUST heavily borrow from the Christian world view to live in a somewhat consistent fashion).

For brevity's sake, I am including but a few citations in support of this analysis as it is not intended to be an academic treatise in the formal sense.

This link is very helpful and foundational to our analysis BUT must be carefully interpreted:

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

- Coronavirus, a frequent cause of cold and flu syndromes, is not new. The current strain (COVID-19[CV]) is novel (7<sup>th</sup> Coronavirus strain discovered that infect humans) and began to circulate probably in the fall prior to being formally identified in late December 2019 (this due to a clustered outbreak of severe disease in high risk patients in Wuhan, China).
- CV is one of about 200 microbes that can cause flu syndromes (there are a number of non-infectious diseases that can cause "flu"). Therefore, having the "flu" describes only a syndrome (a collection of signs and symptoms: cough, fever, shortness of breath, muscle aches, headache, nasal congestion, etc.) but cannot inform us as to the cause of those symptoms. Testing is mandatory for accurate diagnosis. Most people with the "flu" DO NOT have influenza or coronavirus.
- The overwhelming majority of severe CV cases (probably > than 99%) occur in high risk patients: the extreme elderly (age >85) or the infirm, chronically ill of any age. Only anecdotal reports exist of death or extreme morbidity in the generally healthy. People under age 20 are infected at an unknown rate but those who have tested positive have either no symptoms or mild disease. Mortality in this group is all but non-existent.

- Current research, suggests an incubation period (the time frame between onset of infection and the exhibition of symptoms if they are to develop) of about 6 days in most but up to 14 days in very few. These data form the basis for the current recommendation that those who have had close contact (while not wearing appropriate personal protective equipment [PPE]) with CV infected patients be self-isolated for 14 days.
- The most recent data suggests that people who come in close contact with a CV infected patient (without PPE), will become infected at a rate of 1-5%. This low infection rate is consistent with the view that CV is NOT, despite hysterical assertions to the contrary, highly contagious (much like influenza but unlike measles). It is transmitted by droplets (sneezing and/or coughing) that land on someone or a surface that is subsequently touched. If one avoids touching the mucous membranes of the mouth, eyes and nose with UNWASHED hands the risk of transmission is greatly reduced.
- The Diamond Cruise ship (Japan) data are highly instructive. Here we have a closed population confined to a very small geographic area; no one in and no one out. This would be a high-risk environment for the spread of highly communicable diseases. Of over 3000 passengers quarantined (a large percentage of whom were in the 70-90 age range [another factor for high risk], only about 700 passengers tested positive, the majority without symptoms. Mild to moderate disease was noted in the rest and 7 died (case fatality of 1%; all passenger fatality rate [% of total ship passengers who died] is about 0.23%). These data alone should have caused public health authorities to think long and hard BEFORE implementing draconian prevention measures that would (not might) seriously cripple the economy (and which has presently many unseen serious consequences down the road which includes an increased risk of death in stressed populations).
- General population Coronavirus death rates are NOT fully known but are much lower than the death rates currently reported. Why?

$$\text{CV death rate} = \text{Total CV deaths} / \text{Total Number of CV cases (infections)}$$

We have no idea the number of total cases because most people infected with the virus show no symptoms or only experience mild to moderate disease and therefore are not *typically* tested. In other words, the denominator needed (total number of CV cases) for accurate reporting of death rate in general populations is lacking and currently reported death rates ONLY reflect those of a *specific* patient population (e.g. high-risk groups). This idea will be further developed below.

- The currently reported CV death rate of about 4% (higher in China and Italy) reflects *ONLY* the death rate of those patients sick enough to go the hospital and who received a confirmatory diagnostic test. Therefore, in this sick, high risk population, about 96% of patients have substantially recovered!

- By way of illustration and hypothesis, if the number of Chinese with CV infection (symptomatic or not) was one billion people (the denominator), the Chinese general population CV death rate (given a numerator of about 4000 CV deaths) would be 0.0004%. As it currently stands, given available statistics, only 0.00028% of the Chinese population have died from CV this year (number of CV deaths divided by population of China).
- At the end of the day, there are basically *three* coronavirus outcomes we need to care about: death, severe disease that does not cause death but requires an ICU stay +/- respirator support and non-ICU hospitalization rates (we have lesser concern about these cases as almost all in the non-ICU group recover quickly and go home).
- *The number of people in a region with a positive test does not matter at all as long as the aforementioned adverse outcomes occur at a very low rate;* and by all current accounts and evidence, these rates are indeed very low.

This concept is very important to recognize as case numbers are likely to increase substantially over the next few weeks and will be spun by the media in grave tones that this increase is reflective of a deepening pandemic. While this cannot be ruled out, a much more likely and simple explanation is that more people are now being tested as compared to a week or two back when very few test kits were available. The media are also looking high and low for any serious cases in low risk populations. They are very few but nonetheless are reported with wide eyed urgency thus stoking even greater fear and panic.

- “Flu like” illness is ubiquitous, rarely severe for most and, unfortunately, a situation for which not much can be done in the areas of prevention or direct therapy.
- The CDC estimates that EVERY YEAR in the US (representing about 5% of the world’s population), millions suffer from flu like illness, several hundred thousand people are hospitalized and that 20 to 80 thousand die. While many have questioned the veracity of these numbers for a variety of reasons, they are the official numbers the *CDC believes* to be true.

As such, CV morbidity and mortality rates *worldwide* are not even close to a situation that transpires *every year* in the US *alone* with regards to “regular flu”.

To say the least, the US response to this “crisis” is massively disproportional to the actual numbers (“the math”) given that approximately 16,000 people *WORLDWIDE* have died from CV to this point (estimated world population 7.8 BILLION). Alternatively, CDC estimates that 20,000 people in the US have died from flu this year (2019-20) alone!

With substantially more morbidity and mortality with “regular flu” year after year as compared to pandemic CV (which may be a one-time event), why has the US never

before “shut down the country” in response? Why does “this” CV require such a measure? The numbers don’t add up nor does the situation pass the “eyeball” test. We don’t see devastatingly large numbers of dead or hospitalized.

We are comforted in the knowledge that CV disease activity is beginning to wane in many countries, most especially China and South Korea.

- By way of comparison to the CV pandemic, *½ the population* of Europe is believed to have died from the Black Plague Death. 50-100 million from the 1918-19 Spanish flu pandemic, 1.5 million people die world wide every year from TB. 16,000 die in the US yearly from homicide; 38,000 from liver disease and 40,000 people or so die every year in motor vehicle accidents\*.

Given the response of the authorities to our pandemic CV, to be logically consistent, they should also be calling for a ban on motor vehicles and other “risky” behaviors as these deaths are actually somewhat preventable.

\*It is acknowledged that not all these examples are related to communicable diseases. I am simply attempting to show, comparatively, death in absolute numbers by various causes and in relationship to CV deaths.

- At this time, Upper East TN and SW VA is an extreme coronavirus “cold spot” with about 12 positive tests (the index Sullivan County case now resolved) with NO current hospitalizations or deaths. At the various facilities of our regional health care system (which includes extended care and rehab units), there are currently ZERO admitted patients with pandemic CV.
- In China, CV is currently “burning out” as the disease has not spread, by the Providence of God, throughout the country like wildfire causing mass casualties. Given longer days and warmer temps, a “burnout” here very soon is most probable.
- Lastly, despite repeated assertions to the contrary, there is NO evidence that extreme “social distancing” measures applied to general populations actually works.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6993921/>

South Korea ( <https://www.msn.com/en-us/news/world/how-south-korea-flattened-the-coronavirus-curve/ar-BB11AJwA?ocid=spartanntp> ), Indonesia and, I believe, Taiwan DID NOT employ these draconian measures and are enjoying very favorable outcomes. They isolated ONLY the sick, those directly exposed and those at high risk for adverse outcomes with infection while the rest of the nation essentially went about their business.

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Two additional citations I have found instructive:

<https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>

<https://thefederalist.com/2020/03/19/will-the-costs-of-a-great-depression-outweigh-the-risks-of-coronavirus/>

## Conclusions:

- COVID-19 is a pandemic virus that causes flu like illness. It appears to be very serious almost exclusively in a small percentage of patients confined to high risk populations. Exceptions to this are very rare at this point.
- For the general US population not in a high-risk group, CV-19 is likely nothing more than another annoying winter “bug” causing an acute respiratory illness (asymptomatic for some) in which a full recovery is expected and not requiring any meaningful medical intervention.
- While some in the public sphere have tried, any explicit or implied conflation of the current coronavirus pandemic with the past plagues of the world (Black Death, Spanish Flu, etc.) is completely without support and is totally irresponsible.
- In the US, it is quite likely that the devastating economic consequences of “our response” and the corresponding loss of civil liberties will MASSIVELY dwarf anything this virus was / is capable of doing. “Better safe than sorry” is not rooted in a biblical world view. If we are required to “count the cost” in our following of Christ, we are required to do so in other earthly endeavors (an argument from the greater to the lesser). Luke 14:28-33
- Some Christians, having adopted an apocalyptic view of the current situation, have tried to beat down others not sharing their view with arguments regarding certain applications of the sixth commandment (Westminster LC Q. 134-136). While the duty to preserve life is manifestly biblical, how that principle is to be applied to specific situations is exceeding difficult in many circumstances.

Obviously and by way of example, the deliberate, calloused and cavalier use of an open flame in a fireworks factory would be a clear-cut violation of the Law of God but otherwise all of life is ordinarily a constant risk-benefit analysis in a fallen world.

Are Christians violating the 6<sup>th</sup> commandment by driving a motor vehicle, consenting to risky surgery, engaging in public activity with a common cold, sailing on rickety, small

wooden ship(s) across the Atlantic by sail power only and no GPS in search of an escape from persecution by Erastian European civil governments, flying small aircraft, parachuting, working in coal mines, handling firearms, participating in a just war of national defense, building and operating nuclear power plants, taking care of very sick coronavirus patients in hospitals? If one thinks so, it needs to be explained how Christians are then to be in compliance with the command to take dominion of the earth for Christ by being His hands and feet.

- Christians are explicitly commanded in Scripture not to live in a spirit of panic, fear and anxiety. We need to strenuously avoid mimicking the world in this ever present, irrational, over the top hysteria in reaction to coronavirus. To reiterate, this is NOT the Black Death. Not even close. Its not even Regular flu”.
- Quarantine is in keeping with biblical precepts but is lawful ONLY with due process which includes unequivocal proof that the quarantined have the communicable disease in question or have been in close contact with an infected, ostensibly contagious person. “Stay in place orders” for the general population are patently unbiblical and therefore unlawful.
- In those jurisdictions effecting “stay in place orders” or other restrictions on the ability of one to move about or engage in lawful commerce and WITHOUT due process is a form of theft requiring restitution by the Law of God. Will this happen? No. Even if it was to happen any restitution made would be paid by currency units created “out of thin air” by the Federal Reserve in violation of the 8<sup>th</sup> commandment.
- An argument can be made that social distancing of the healthy low risk population is the last thing we want to do. If CV becomes cyclical, the more people with pre-existing immunity the better as past exposure will go a long way towards minimizing future disease spread within the community during future cyclical outbreaks.

Many will think this assertion just plain “crazy”, but those of us old enough (age > 60) will recall the chicken pox and measles (possibly the most contagious virus on earth) “parties” of our youth. It seems as though our mothers would give current public health authorities a run for their money as to public health “expertise”.

“Herd” immunity is real but only realistically achievable by natural infection. Herd immunity by any vaccine, while widely and aggressively attempted, has never been proven, only surmised.

- Lastly, it is readily apparent from these data points that governments around the world have, in a spirit of fear and panic, wildly over reacted to the CV threat. One reason for this has been revealed in this Reuter’s article from today:

<https://news.trust.org/item/20200323233149-ojsgg>



An excerpt: “March 23 (Reuters) - California's governor said on Monday that the state needs 50,000 additional hospital beds to accommodate a surge in coronavirus patients ***predicted by computer modeling.***

Governor Gavin Newsom, speaking at an afternoon press conference, said that some of those beds could be made available by hospitals but that thousands more will need to be found ***if predictions of the course of the illness prove true (emphasis added).***

By taking actions that defy belief, public authorities have (at least in part) chosen the most radical and damaging course of action possible, while failing to count the cost, based on COMPUTER MODELING! It is left to the reader to draw their own conclusions.

### **Recommendations:**

- Given that many (? Most) areas in the US are Coronavirus “cold spots” and other data provided herein, it is manifest that CV *does not* (at this time and likely not ever) rise to the level of being a “providential hindrance” so serious and profound that it mandates the cancellation of public, in person, Lord’s Day worship. Despite Dr. Fauci’s assertions to the contrary, it is not yet proven in any way that CV risk has exceeded or will exceed that of the seasonal flu. That it has or will is pure conjecture on his part.
- It is humbly recommended, therefore, that church Sessions / Consistories resume formal worship very soon (this week or next) with appropriate cautions and modifications. Members and guests should assemble if they are in a low risk group (it is *not* the responsibility of Session to determine the risk status of their members), feeling well, have no fever and no KNOWN exposure to a patient testing positive for CV.
- For a brief season, our congregations should continue to forgo handshaking, hugging and the like but medical evidence that this does anything positive for infection control in a healthy asymptomatic population is lacking. Of course, we all should practice meticulous hand hygiene and cough-sneeze cover techniques.
- It is a very weighty matter to challenge the edicts of the civil magistrate as Christians are to view them with respect and honor most especially in regards to their *lawful* commands.

Nevertheless, the decision to assemble or not assemble rests solely with the Session or an equivalent church leadership model. Christ ALONE is the Lord of Conscience and is the ONLY Head of the Church and neither the state, nor the CDC, the mayor, the public health department, WHO, etc. has any authority whatsoever to interfere with her ecclesiastical decision making.

The Session members by way of *their* freedom of conscience in Christ possess the Christian liberty and duty to do their *own* analysis of any particular ecclesiastical situation (in this case, the decision to engage in public worship despite edicts to the contrary from outsiders), come to their *own* conclusions and be free in their decision-making process from state interference (see relevant sections of the Westminster Standards).

- In light of a highly probable, severe economic dislocation as a result of “shutting the country down”, church leaders should consider a call for a special offering by those able to contribute in the Lord’s Providence, so as to bolster Diaconal benevolence funds. Many brothers and sisters in our Presbyteries / Consistories and beyond our Presbyterian / Reformed boundaries may need substantial material help over the remainder of this year and possibly long beyond.
- It is to be expected that not all will agree with this assessment and find it controversial or even outrageous (both within [sadly] and outside the church). Nevertheless, as our members are at various levels of maturity in their sanctification, some likely will have more tender consciences and be more susceptible to worry, doubt and anxiety. These individuals should be caringly excused from worship for a season even if they be determined (by their personal physician) to be at low risk.
- May the Lord grant us mercy, wisdom, protection and grace in these trying times.