



FUNDAMENTAL BAPTIST MISSIONS INTERNATIONAL

## The COVID-19 Pandemic: A Search for Answers to the Medical Questions

Bro. Siemer September 2021

*This is written with a great awareness of my own limitations. I'm not a virus specialist, nor am I caring for COVID patients; but as a physician, I've been trained to approach medical concerns in a disciplined way. Often, pastors, missionaries, and other Christians approach me with questions about the medical aspects of the pandemic. It's hard for any of us to provide guidance without a foundation in knowledge. This is written to provide a foundation for this knowledge so God's servants can find the truth and wisdom they need to make wise decisions.*

**Introduction:** Since the pandemic's onset, there have been a lot of questions without answers. Since this was a “new” virus, the medical community had a lot to learn in a hurry in order to treat patients effectively. The response of governments was unprecedented, with inconsistent and hurtful lockdowns and restrictions. The public response was worse. Driven by loss and fear, the volume of widely diverse and intensely vocal opinions obscured the truthful answers we sought. Worse yet, increasing individual frustration led to unprecedented polarization, stifling effective and constructive dialogue to find solutions. Even churches suffered as God's people disagreed.

**The Good News:** Pastors, missionaries, churches, and church members have experienced great opposition and yet, by God's grace, have responded by faith with innovation. From the outset, Spirit-filled pastors and missionaries have led their churches to deal with lockdowns, school closings, public-health requirements, and a host of other challenges. We have found God to be faithful and true as He has opened amazing doors to reach more people with the Gospel of our Lord Jesus Christ.

**The Need:** Yet God's servants struggle with an understanding of the medical aspects. What are the facts? Without a foundation in sound knowledge, how can we make wise decisions? Just as Israel was to magnify the name of the Lord before other nations in the Old Testament, we know that the Lord wants us to represent Him well in front of a lost world today. Yes, we fear God. Yes, we have the direction and empowerment of the Holy Spirit. Yes, our Saviour is our Advocate with the Father, and He promises to answer our prayers. And the world senses that we have this spiritual advantage and watches carefully to see what we do. Will we honor God by responding spiritually and wisely?

**The Progress:** Thankfully, “we” (collectively) know a lot more now than when this pandemic began.

1. There are many different coronaviruses, but only seven affect humans. Four cause mild or moderate disease. Three are dangerous: SARS-CoV, MERS, and COVID-19 (COVID). MERS came

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from camels and the SARS/COVID viruses from bats. This passage of viruses from animals to infect humans (called “spillover”) explains why new diseases (like Ebola and COVID) appear without warning and affect people around the world. The public-health community serves to detect new disease threats and to respond on our behalf.

2. COVID is unique because it has been genetically modified in two major ways over the last 20 years. The second modification was in Wuhan, where the pandemic began. We know this because patents exist for both modifications. Because it was modified, it behaves differently than the other viruses with which we are familiar (Ref: Dr. Zelenko’s podcast).
3. We wondered if COVID would mutate and, if so, how frequently. “Fears were realized,” and a number of mutant viruses have appeared, most notably the Delta variant. The concern of experts at this point is, “The longer this pandemic persists, the greater the possibility of a ‘doomsday variant,’ more highly infectious and much more dangerous in nature.”
4. We wondered if we could eliminate the virus with the vaccine by creating herd immunity. We’ve learned this cannot and won’t happen. We should instead work to move from the “pandemic phase” (community-level outbreaks in multiple countries, simultaneously) to the “endemic phase” (the virus is being addressed everywhere) as soon as possible. [*Think of this in terms of a forest fire. As long as there is “virgin forest” with a lot of underbrush and dead/fallen trees, the potential for an out-of-control fire exists. Once a controlled fire has gone through the area, the likelihood of a catastrophic fire is minimal. Firefighters fight large fires with local “backfires” for this reason.*] The goal of a “herd immunity” of around 80% can be understood as a goal for the endemic phase, and should be viewed as the sum total of three groups:
  - a. Those who’ve had the infection and now have natural immunity (now 20% in the U.S.).
  - b. Those who’ve been vaccinated and now have acquired immunity (now 50% in the U.S.).
  - c. Those who are being treated with effective prophylactic or treatment medication.
5. We wondered if acquired immunity (from the vaccine) would be better than natural immunity (from having COVID). We’ve learned that all the vaccines have been based on the spike protein antigen, which means if a COVID mutation ever should alter the spike antigen sufficiently without affecting the variant’s pathogenicity (how dangerous and infective it is), then all the vaccines could be rendered ineffective. Natural immunity is always more broad-based, including several antigens (usually on the surface) of the infective virus.
6. We hoped that we could eradicate the virus. In actuality, this is impossible. It is a “new” virus; no one has any natural immunity, so there is no resistance. The vaccine is only partially effective. Everyone eventually will be exposed, and all must prepare to deal with it. The focus is not on

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eradication but rather on moving from pandemic phase to endemic phase. This will happen when there is worldwide herd immunity. This is a GLOBAL PROBLEM. Our mindset must be on the well-being of others, rather than just on ourselves.

7. We hoped that vaccination would help people.
  - a. The experts in epidemiology (the spread of disease) say it has saved many thousands of lives . . . the vaccinated elderly and vulnerable who were most at risk and who are now largely protected. (Over 99% of people now admitted to hospitals for COVID are unvaccinated. If vaccinated people should happen to become infected, they tend to have milder disease and are more likely to survive.)
  - b. We hoped that it would be impossible for a vaccinated person to infect others, but with the Delta variant, this hope was shattered.
  - c. We hoped it would reduce restrictions, but vaccinated people are subject to ALL international travel and social restrictions.
  - d. We hoped that if herd immunity could be achieved in a country by vaccination, they would be safe, but in Israel and in the Seychelles, they achieved 80-85% vaccination rates but then experienced very harsh outbreaks of the Delta variant. This is a global crisis, not a local one. Large portions of the world are still very vulnerable, so the pandemic marches on.
  - e. We wondered if Sweden’s approach was wise. Their government was widely criticized for selectively protecting their vulnerable population, avoiding lockdowns and school closures, yet when the Delta variant hit Sweden and her neighbors, the damaging effects were far less in Sweden because the Swedish people had broad, natural immunity from the earlier, milder strains.
8. Leaders in most countries expressed that the lockdowns were necessary. Hopefully, it helped hospitals not to be overwhelmed, but the virus spread anyway. The collateral damage has been extensive.
  - a. Suicidal ideation among teenagers up 25% (normal 4-5%), and even children are committing suicide in the developing world.
  - b. Education and social development of children is being delayed.
  - c. There are many mental health concerns community-wide and worldwide.
  - d. Opioid abuse and deaths, along with other drug abuse, are on the rise.
  - e. Medical treatment, that should have been provided, wasn’t given or was delayed.
  - f. Preventative health measures, which should have been performed, weren’t.

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- g. Economic toll is devastating (businesses have closed, bankruptcies, far worse in the developing world, with grave consequences among the poor who couldn't work).
      - h. Social unrest and crime, as large segments of the population were idle for extended periods of time; U.S murder rate up 29.4% in 2020.
  9. We thought that all vaccines would be equal, but they aren't. They vary in their degree of effectiveness, in their method of operation, in their development, in their production, and in their harmful side effects. Christians should understand the differences and choose accordingly. Many see ethical reasons not to take certain vaccines.
  10. We hoped the individual vaccines would meet the requirements to be a wise medical intervention. Once again, we are doing a risk/benefit analysis.
    - a. Safe? Some potential complications have already been identified.
      - i. Acute (short term) → 1<sup>st</sup> trimester miscarriages, myocarditis, blood clotting problems (Ref: Dr. Zelenko's podcast for death rates in Israel and in the U.S.).
      - ii. Subacute → "More is better" doesn't work with vaccinations. Sometimes "two doses is good, while three isn't" ("pathogenic priming" or "paradoxical immune enhancement"). This must be considered when immunizing those with natural immunity (prior COVID infection) or when giving "boosters." Those who specialize in this field must give us good guidance.
      - iii. Long-term → It is not known if infertility, autoimmune disorders, or cancer might be long-term side effects.
    - b. Effective?
      - i. We know that the vaccines provide partial protection for a limited time. We don't have the data to say more.
      - ii. We know they reduce the risk of hospitalization and death, especially for the elderly and those in a high-risk group.
    - c. Necessary?
      - i. For the elderly and high-risk, probably yes. They are more "fragile," and their immune system is less robust. The disease is more dangerous than the vaccine.
      - ii. For the young, most medical experts say no. Influenza is more dangerous to children than COVID is to them, and no one has ever recommended immunizing children for influenza because the risk is so low.
  11. There is much controversy about who to immunize. It is a risk/benefit analysis between the risks for the individual of vaccinating or not vaccinating. The pros and cons vary according to age and

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- risk factors. We cannot ignore those who are urging caution. We promote “ethical deployment” of the vaccines, meaning those who need them most should receive them first.
12. Thankfully, experienced clinicians worldwide, laboring to care for the sick, have compared notes. We now have evidence-based protocols based on the research and this experience which can be effectively used by any clinician for outpatient and hospital care. Early outpatient care reduces mortality by 85% (from 7.5% to less than 0.5%).
    - a. The “Zelenko Protocol “(authored by the doctor who treated President Trump)
    - b. The FLCCC Protocols (authored by a group of lung and intensive care clinicians)
      - i. “I-MASK+” for prevention and early outpatient care
      - ii. “MATH+” for hospital treatment
      - iii. “I-RECOVER” for long-haul COVID recovery
  13. Inexpensive, proven drugs that have been safely used for other diseases for many years have now been “repurposed” for COVID and are included for early outpatient treatment (not inpatient treatment) in the protocols. They’ve been safely and effectively used in other countries to quench COVID outbreaks with documentation (e.g. Ivermectin’s use recently in India, Mexico and Peru). This “off-label” prescribing is a common procedure among physicians, as medications are used with due caution for conditions for which they haven’t been officially approved.
  14. Three recognized, national authorities in public health published “The Great Barrington Declaration” in October of 2020, recommending an effective and cost-effective overall approach to end the pandemic from a global perspective, recommending “Focused Protection.”
    - a. COVID-19 vaccination should be for all the elderly and those otherwise at risk.
    - b. For those at minimal risk (children and the young), return to life as normal. COVID infection will naturally pass through the communities, they will suffer the mild illness, and they will have natural immunity

#### The Current Debate:

- Pastors and missionaries should know that there is a disagreement in medical circles with regard to the prevention and treatment of COVID.
  - The CDC publishes extensive information having to do with COVID, including prevention and treatment. Everyone appreciates this wealth of available knowledge.
  - A treatment approach has been developed by public health experts and clinicians, but there’s much public disagreement in medical circles with regard to certain elements of this published approach.

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- Those doctors who have disagreed with the official position have surprisingly been criticized, censored, and even censured. They believe that truth is being suppressed.
- Unfortunately, there has not been a venue for the public discussion of these differences of opinion by the clinical, public health, and other professionals involved in an atmosphere of mutual, professional respect for the good of the people.
- This disagreement contributes to the growing division and polarization in our nation. Citizens who seek answers and find censorship (and other such distractions) when they seek medical information about COVID treatment and the COVID vaccine become very nervous.
- As we serve, we must point people to “the truth” wherever it is found.
  - The Word of God and the Person of Jesus Christ
  - That which can be known of God through Creation, including His natural laws (e.g. gravity)

#### Spiritual Frame of Reference:

Where did all this public contention come from? There is a collision of two mindsets:

- If one believes in God, there follows a logical progression: We’re created beings. → Human life is sacred. → Each individual has a free will. → Human decisions result in consequences. → We are motivated to act wisely. → God is the Judge and we will give an account for our actions.
- If one rejects God, likewise there is a logical progression: Humans are the products of evolution, here by chance. → There is no accountability to any authority. → Anyone can do anything he wants to get ahead... for possessions, pleasure or power. → Those in power make the choices and all others must submit. → So, power is to be sought most of all. Two illustrations:
  - Nazi Germany and their doctrine of *Übermensch*, with the Aryan Germans as rulers and all others as servants or destined for disposal
  - Soviet Russia founded on atheism, experiencing Stalin’s purges with countless millions murdered because they were seen as a threat to those in power

In the days I’ve been prayerfully preparing this material, the Lord led me to these quotes in a commentary on Ezekiel 39, with regard to Stalin and Russia.

- “The fool hath said in his heart, there is no God . . .” (Psalm 14:1)
- Concerning Russia, “You cannot negotiate with them.” Anon.
- Concerning Stalin, “The Great Upside-down Philosopher. Top is bottom, black is white, far is near and day is night. Big is little, high is low, cold is hot and yes is no.” Rube Goldberg

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- “We have deposed the czars of the earth, and we shall now dethrone the Lord of heaven.” Joseph Stalin

In other words, evil is not predictable. We can't figure it out. It doesn't make sense. It's not rational. We can't reason with or trust an evil person. Those who believe in truth are a threat to the evil.

In the battle of good versus evil, the evil have always promoted fear as a way to more easily control the people because fearful people can't think clearly. We mustn't yield to fear as we face everything related to COVID, nor can we lead others to fear. Let's fear God as we love Him, trust Him, and obey Him. Biblical fear of God will lead us to the spiritual blessings of knowledge, wisdom, and understanding.

#### **A Suggested Approach:**

- Become a student of the pandemic and everything related.
- Use all available resources on one's board of counselors.
  - Pastor and other spiritual authorities
  - Family doctor(s) and his/their resources with regard to medical questions
  - The Christian Law Association regarding legal ramifications (e.g. mandates, exemptions, etc.)
  - Peers in the ministry regarding matters of application . . . how to do whatever needs to be done
  - Reliable sources of news and information (such as hospitals with a reputation to defend)
- Utilize our God-given tools of (1) a walk with God in His Word, (2) prayer, and (3) the direction and empowerment of the Holy Spirit
- Ever-increasing obedience to the Great Commission (God's provision to love Him and others)

#### **Helpful References:**

- Official government sites
  - National Institutes for Health: <https://www.covid19treatmentguidelines.nih.gov/about-the-guidelines/>
  - Center for Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- WebMD internet sites for answers to common questions
  - For general information: <https://www.webmd.com/coronavirus>
  - Relative to the vaccine: <https://www.webmd.com/vaccines/covid-19-vaccine/default.htm>

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- Statistics: <https://www.worldometers.info/coronavirus/>
- Clinical Protocols
  - FLCCC: <https://covid19criticalcare.com/>
  - Dr. Zelenko
    - COVID treatment: <https://vladimirzelenkomd.com/treatment-protocol/>
    - COVID prophylaxis: <https://vladimirzelenkomd.com/prophylaxis-protocol/>
- Podcasts
  - Dr. Zelenko (treated President Trump):
    - His website: <https://vladimirzelenkomd.com/>
    - Testifying before an Israeli Rabbinical Court with regard to the vaccine: <https://rumble.com/vkqs1o-dr-zelenko-schools-israeli-rabbinic-court..html>
  - Dr. Malone (inventor of mRNA vaccine technology)
    - Vaccine Questions I: [https://www.theepochtimes.com/dr-robert-malone-mrna-vaccine-inventor-on-latest-covid-19-data-booster-shots-and-the-shattered-scientific-consensus\\_3979206.html](https://www.theepochtimes.com/dr-robert-malone-mrna-vaccine-inventor-on-latest-covid-19-data-booster-shots-and-the-shattered-scientific-consensus_3979206.html)
    - Vaccine Questions II: [https://www.theepochtimes.com/part-2-dr-robert-malone-on-ivermectin-escape-mutants-and-the-faulty-logic-of-vaccine-mandates\\_3981859.html](https://www.theepochtimes.com/part-2-dr-robert-malone-on-ivermectin-escape-mutants-and-the-faulty-logic-of-vaccine-mandates_3981859.html)
  - Dr. Martin Kulldorff (Harvard epidemiologist)
    - Dangers of Vaccine Mandates: [https://www.theepochtimes.com/harvard-epidemiologist-martin-kulldorff-on-vaccine-passports-the-delta-variant-and-the-covid-public-health-fiasco\\_3942556.html](https://www.theepochtimes.com/harvard-epidemiologist-martin-kulldorff-on-vaccine-passports-the-delta-variant-and-the-covid-public-health-fiasco_3942556.html)

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