

SACRED HEART CHURCH

Church Location: 515 Main St., Red Bluff, California 96080
Office Location: 2355 Monroe Ave., Red Bluff, California 96080
www.sacredheartredbluff.org
Rev. Chuck Kelly, Pastor
Ignacio Montes, Deacon

SACRED HEART SCHOOL: 527-6727

PARISH OFFICE: 527-1351

PARISH FAX: 529-2586

MASS SCHEDULE

Sunday: 10:00 AM in English and 12:00 noon in Spanish
Outdoor Mass at the Parish Hall

SACRAMENT OF RECONCILIATION: Saturdays: 3:30 PM - 5:00 PM

BAPTISMS: By appointment only. Please call the Office.

CHRISTIAN MARRIAGE: Please contact the Rectory at least 6 months advance.

ANOIDING OF THE SICK: Anytime upon request to the elderly, serious accident or illness.

SOLEMNITY OF ALL SAINTS

NOVEMBER 1, 2020

I had a vision of a great multitude, which no one could count,
from every nation, race, people, and tongue.
They stood before the throne and before the Lamb.

REVELATION 7:9

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Successful organizations live by strong mission statements. All Saints' Day reminds the Church of her mission: to know the love of God on earth in order to experience the fullness of God's happiness forever in heaven. The Church herself—and each one of us, her members—can use this celebration to give thanks and to renew our commitment to evangelization. If the heart of Jesus desires to unite all souls in heaven, then we must spend time every day actively praying for and serving God's people. In our words and actions, we can pour Christ's love into the world. We can be the light of the world, reminding everyone that this life is a foretaste of what is to come.

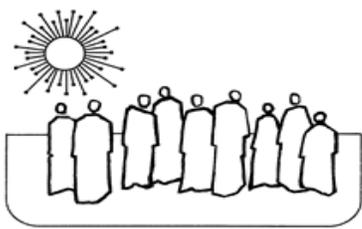
THE REWARD

God's enemy, Satan, does not want us to think of heaven, prepare for heaven, or long for heaven's peace. Satan wants us to forget about our connection to the Lord and live only for the glory we can find here and

now. We feel that hellish pull whenever we grow tired of doing good, especially when no one appreciates or thanks us. We know the temptation to despair when we hear skeptics ridicule believers, especially if we can't point to convincing evidence that God provides for us that there is a life after this one. These shaky, uncomfortable experiences may come to us once in a while, or they may take root in our hearts and burden us for years. This is precisely why we must celebrate All Saints' Day with hearty gladness, because every single blessed soul in heaven is praying for us. The Communion of Saints is real, and the strength that Jesus sends to us through their prayers makes an actual difference in our lives. Just as we pray for one another here on earth, our big brothers and sisters in Christ continue to pray for us, inviting us to know and share the love of God.

Today's Readings: Rev 7:2-4, 9-14; Ps 24:1bc-2, 3-4ab, 5-6;
1 Jn 3:1-3; Mt 5:1-12a

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Thirtieth Sunday in Ordinary Time November 1, 2020

OUR HOPE AND GOD'S PROMISE

The Church uses these waning November days and darker skies as the season to remind us of the last things. Today's feast, the Solemnity of All Saints, is the centerpiece of three days that point to doctrines we proclaim each time we say the Apostles' Creed: "We believe in the holy catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body and life everlasting." And while the days and our hearts may be dark, the readings today are bright with the light of faith. John's vision in the book of Revelation reveals dazzling angels and white-robed saints gathered in triumph around the throne of God. In the responsorial psalm we sing our longing to see God's face, and in the second reading John writes that we are God's children and will, in fact, see God "as he is" (1 John 3:2). This is our hope. This is God's promise. Today we celebrate the triumph of those who already gaze on the face of God. Tomorrow we cry out for mercy with those in purgatory, who, like us on earth, still long to see God's face.

SACRED HEART PARISH MISSION STATEMENT

*We are a diverse, multi-cultural Roman Catholic Parish.
Relying on the guidance of the Holy Spirit,
we endeavor to build the kingdom of God through
liturgy, prayer, education and outreach to those in need.
We come together as a faith community to celebrate life's joys and
sorrows and minister to all who come to us.*



Prayers for Strength and Healing If you wish to add someone to the prayer concerns for the sick, please gain permission from the patient *before* calling the Parish Office. Thank you.

Please remember in your prayers, the sick and their caregivers:

María Guerrero, Alicia Prieto, Dcn. Jack Bullen, Bea Lambdin, Barbara Bullen, Glenda Parker, Ferrell Shatswell, Doug Bauman & Family, Bill Pierce, Anakona Pierce, Kolton Kafader, Trisha Andrews, Carol Underwood, Donna Schoelen, Clare Carbonell, Dottie Hackson, Mark Preston, Cindy McDonald, Justine McDonald, Jim Logan, Diamond Family, Rebecca Anderson, Dave Klingforth, Peggy Kinner Dawson, Johnny T. Seyssel, Maria Martinez, Cadence Bonham, Sam Ranberg, Cee Dempsey, Cynthia Loeffler, Amelia Preston, Jane Shea, , Andrew Spanfelner, Ralph Neyes, Don Hargreanes, Conway Halas, Sabrina Baker, Jim Maki, Eric Casey, Braxten Bjorn Roe, Pat Davies, Frank McCaughey, Steven Barker, Blake Payton, Jim & Carol Osted, Tom Amundson, Keith Staton, Scott Gadbois, Cully & Ruth Dodds, Kathleen Figuerido, Lupe Green, Laura Fletcher, Carter Duanan, Tommy Pagdilao, Peggy Salazar, Ernie King, Candy Harman, Maria Lucero, , Judy Morris, Manuel Casados, Carolyn Gilbert, Patrick Froome, Guillermo Sandoval, Tom Steffen, Jackson Campbell, Paulette Goble, Laura Angelo, Louisa Barber, Collins Scott, Heather Beeman, James Casados, Anne Owens, Floyd Casados, Patricia Bleeker, Richard Reinero, Steve Thomas, Rick Tamagni, Krista Parsons, Teresa Valenzuela, Ron Crivelli, Jill Angliss, Mark Spanfelner, Elaine Rodrigues, Aniya Thompson, Melissa Hernandez, David Miley, and the Hernandez Family.

RIP
Mike Davice

PLENARY INDULGENCE DURING NOVEMBER

Christ won saving grace for us on the cross. That grace is given to His Church as a treasury. It comes to us through the Sacraments, the Scriptures, priest blessings, etc. Another way is through an indulgence, which is the remission of the temporal punishment due to sin. When I sin, Christ forgives me in Confession, but I am still responsible in justice to pay for the damage I've done. That's called temporal punishment. An indulgence takes that away. It is not a game for those who want some kind of freebie. It's for people who already love the Lord and are striving for holiness.

Due to Covid, our Holy Father has made it possible for us to receive an Indulgence on any day in November. Our Father would want us to devoutly visit a Church, pray the Our Father, the Creed, and for the Pope's intentions, and to go to confession and communion the week before or after that day.

For the homebound the conditions are to unite yourself spiritually to the members of the faithful while being detached from sin, to have the intention of confession and communion even though you can't go, pray for the Pope's intentions and spend time offering another form of prayer ideally before an image of Jesus or Mary.

We thank our Holy Father for making these graces available to us during these difficult times.

Peace, Fr. Chuck

Holy Father's Intentions for the Month of November:

Artificial Intelligence

We pray that the progress of robotics and artificial intelligence may always serve humankind.

Mass Schedule / Intentions

Week of Oct 31 – Nov 8

Sat	5:15 PM	
	7:00 PM	
Sun:	10:00 AM	† Bryan Alvares
	12:00 PM	Pro Populo
Mon	12:00 PM	All Souls
Tues:	12:00 PM	
Wed:	5:00 PM	
Thurs:	12:00 PM	
Fri:		No Mass
Sat:	5:15 PM	† Larry Nebon
	7:00 PM	Pro Populo
Sun:	10:00 AM	† Tim Sargant
	12:00 PM	Intentions of Andrea Santana

Rosary for November:

~ For the faithfully departed ~

Feast Days and Readings for the Week

Monday:	Wis 3:1-9; Ps 23:1-6; Rom 5:5-11 or 6:3-9; Jn 6:37-40, or any readings from no. 668 or from Masses for the Dead, nos. 1011-1016
Tuesday:	Phil 2:5-11; Ps 22:26b-32; Lk 14:15-24
Wednesday:	Phil 2:12-18; Ps 27:1, 4, 13-14; Lk 14:25-33
Thursday:	Phil 3:3-8a; Ps 105:2-7; Lk 15:1-10
Friday:	Phil 3:17 — 4:1; Ps 122:1-5; Lk 16:1-8
Saturday:	Phil 4:10-19; Ps 112:1b-2, 5-6, 8a, 9; Lk 16:9-15
Sunday:	Wis 6:12-16; Ps 63:2-8; 1 Thes 4:13-18 [13-14]; Mt 25:1-13

Week at a Glance Nov 1st – Nov 8

Mon:
Tues: 7:00 PM English Baptism Class- David's Rm
Wed: 6:30 PM CFF English Parents-outside David's Rm
Thurs: 6:30 PM Arbol de Amor- 736-1462
Fri:
Sat:
Sun:

BAPTISM CLASS: Parents and Godparents of children to be baptized are required to take an Adults-only Baptism Preparation Class. You are encouraged to take the class before the child is born. The Spanish class is usually held on the last Monday of the month at 7 PM in David's Rm. The class in English is usually held the first Tuesday of every month at 7 PM in David's Room. Please call the office to register, *and* to confirm the class date, 527 - 1351.

BULLETIN ANNOUNCEMENTS & Concerns: Emeli Hernandez; emeli.hernandez@sacredheartredbluff.org

LAY MINISTRY: Breanna Farmer; breanna.farmer@sacredheartredbluff.org

KNIGHTS OF COLUMBUS: John Reineman, Grand Knight, 530-945-1348.

MEN OF SACRED HEART: sacredheartone@gmail.com, phone: 722-6694

PARISH OFFICE: 10 AM to 4 PM, Mon-Thru, 2355 Monroe Ave., 527 - 1351; Fax 529 - 2586.

RCIA: (Rite of Christian Initiation of Adults): For persons wanting to know more about the Catholic faith please call 527 - 1351.

RESPECT LIFE MINISTRY: Margie Duey, 586-1506

GABRIEL PROJECT: Linda Rose, 527-3608

SACRED HEART PARISH E-MAIL:
SacredHeartRedBluff@outlook.com

SACRED HEART PARISH WEBSITE:
www.sacredheartredbluff.org.

WOMEN'S GUILD: Sandi Kramer, President, 527-8900.

NEW PARISHIONERS, OR IF YOU ARE NOT RECEIVING

CONTRIBUTION ENVELOPES: Please call the Parish Office at 527 - 1351

National Vocation Awareness

Please help us invite families involved in the ministries at your parish to the upcoming rosary to pray for vocations and our seminarians on Friday, November 6 at 4pm. The rosary will be broadcasted on Youtube at www.youtube.com/c/DioceseSacramento

SACRAMENT OF CONFIRMATION NEWS

A letter has been sent to families who were to be Confirmed in March

with information and a form to return choosing November 14 or 21, 2020 dates. Please return your forms as soon as possible. Thank you.

CFF

Parent's English class will be on November 4 at 6:30 PM. Classes will continue alternating English and Spanish on Wednesdays throughout the year.

The coronavirus in Tehama County:

Reopenings and restrictions

Gov. Gavin Newsom's reopening system classifies counties into four tiers based on metrics developed by state officials. Which tier a county falls in determines what can be reopened. Tehama County is currently in Tier 1, which keeps schools and most nonessential businesses closed. Places of worship and cultural ceremonies are "Open" outdoors only with modifications.

Please refer to our County Health Directors' statement, "*Staying the Course: Protecting Our Communities from COVID-19*," included with this week's bulletin.

Weekend Mass schedule

Our weekend Mass schedule follows:

Saturday:

3:30-5:00pm Confessions

Sunday:

10:00 am English

12:00 pm Spanish

Saturday Mass is being recorded to be viewed on Sunday. To watch the Mass please see the Sacred Heart Parish Website.

Support your Parish

The communities rely on continued weekly offertory to support their daily ministry. During this challenging time in the life of the Church, please consider supporting your parish with a one-time or automatically-recurring online donation. <https://www.scd.org/catholic-foundation/support-your-parish>. If you would like to mail a donation, the address to send it to is 2355 Monroe Ave Red Bluff, CA 96080.

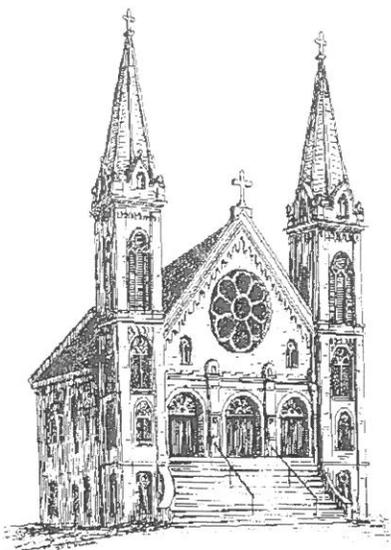
Latino Outreach

Latino outreach will be having a vision and dental program! It's providing Latino adults access to vision and dental services by getting a voucher for an eye exam and or glasses or a voucher for a dental exam and basic dental care. For more information please contact LOTC Vision & Dental Enrollment Specialist at lotcvdprogram@gmail.com or call at (530) 690-5856.

Natural Family Planning

For Natural Family Planning information, please go to our diocese website www.scd.org. On the home page select Offices & Ministries, next select Marriage & Family, scroll down to choose Natural Family Planning. There is extensive information including local contacts in Chico and Redding. Spanish is available with the Redding teacher.

This message is brought to you by our Respect Life Ministry.



IGLESIA DEL SAGRADO CORAZON

Iglesia - 515 Main St., Red Bluff, California 96080
Oficina - 2355 Monroe Ave., Red Bluff, California 96080
Rev. Chuck Kelly, Sacerdote
Ignacio Montes, Diácono

Escuela del Sagrado Corazón: 527-6727

Escuela de Mercy High: 527-8313
Oficina: 527-1351
Fax: 529-2586

HORARIO DE MISAS

Sábado Vigila: 5:15 PM Inglés, 7:00 PM in Español

Domingo: 8:00 y 10:00 AM Inglés, 12:00 PM Español

Diario: Lunes, a Jueves 7:00 AM

Miércoles: Misa para la escuela en el salón de la parroquia 8:30 AM

SACRAMENTO DE RECONCILIACION (confecciones): **Sábado:** 4:00 PM

BAUTISMO: Por cita solamente. Favor de llamar a la oficina

MATRIMONIO CHRISTIANO: Favor de llamar a la oficina a lo menos 6 meses de anticipo.

CATECISMO (Grados 1-8) Miércoles 6:45 PM durante el año escolar.

UNCION DE LOS ENFERMOS: Favor de llamar a la oficina o la rectoría en el caso de accidente, enfermedad o para ancianos.

**SOLEMNIDAD DE
TODOS
LOS
SANTOS**
1º DE NOVIEMBRE DE 2020

Vi luego una muchedumbre tan grande, que nadie podía contarla.
Eran individuos de todas las naciones y razas,
de todos los pueblos y lenguas.
Todos estaban de pie, delante del trono y del Cordero.

APOCALIPSIS 7:9

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Las organizaciones exitosas se mantienen con firmes declaraciones de su misión. El Día de Todos los Santos refresca la memoria a la Iglesia de su misión: conocer el amor de Dios en la tierra para experimentar la plenitud de la felicidad de Dios para siempre en el cielo. La Iglesia misma y cada uno de nosotros, sus miembros, puede aprovechar esta celebración para dar gracias y renovar nuestro compromiso con la evangelización. Si el corazón de Jesús desea unir a todas las almas en el cielo, entonces debemos dedicar tiempo seriamente orando por y sirviendo al pueblo de Dios. En nuestras palabras y acciones podemos derramar el amor de Cristo en el mundo. Podemos ser la luz del mundo recordando a todos que esta vida es un anticipo de lo que está por venir.

LA RECOMPENSA

El enemigo de Dios, Satanás, no quiere que pensemos en el cielo, que nos preparemos para el cielo o que anhelemos la paz celestial. Satanás quiere que nos olvidemos de nuestra relación con el Señor y vivamos sólo para la gloria que podemos encontrar aquí y ahora. Sentimos esa atracción infernal cada

vez que nos cansamos de hacer el bien, especialmente cuando nadie nos aprecia o nos lo agradece. Sabemos de la tentación de la desesperación cuando escuchamos a los escépticos ridiculizar a los creyentes, especialmente si no podemos señalar pruebas convincentes de que Dios nos ofrece una vida después de esta. De vez en cuando podemos tener estas experiencias débiles e incómodas o pueden enraizarse en nuestros corazones y mortificarnos por años. Esto es precisamente por lo que debemos celebrar el Día de Todos los Santos con abundante alegría, porque cada alma bendita en el cielo está rezando por nosotros. La Comunión de los Santos es de verdad y la fuerza que Jesús nos envía a través de sus oraciones hace una diferencia verdadera en nuestras vidas. Así como oramos unos por otros aquí en la tierra, nuestros hermanos y hermanas mayores en Cristo continúan orando por nosotros, invitándonos a conocer y compartir el amor de Dios.

Lecturas de hoy: Ap 7:2-4, 9-14; Sal 24 (23):1bc-2, 3-4ab, 5-6;

1 Jn 3:1-3; Mt 5:1-12a

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ANUNCIOS PARA EL Octubre 31/1 De Noviembre

❖ **Latino Outreach**

¡El Latino Outreach tendrá un programa dental y de la vista! Proporciona a los adultos latinos acceso a servicios de la vista y dentales al obtener un vale para un examen de la vista o anteojos o un vale para un examen dental y atención dental básica. Para obtener más información, comuníquese con el Especialista de inscripción dental y de visión de LOTC en lotcvdprogram@gmail.com o llame al (530) 690-5856.

❖ **Programa Medi-Cal**

Si vive en el condado de Shasta o Tehama y necesita cobertura médica, llame al Programa Medi-Cal para obtener más información y hable con uno de los promotores comunitarios: Yolanda R (530) 524-3816, Doris M (530) 524-3279 Millie M (530) 524-0153, Chelsea H (530) 524 – 0795

❖ **Planificación familiar natural**

Para obtener información sobre planificación familiar natural, visite el sitio web de nuestra diócesis www.scd.org. En la página de inicio, seleccione Oficinas y ministerios, luego seleccione Matrimonio y familia, desplácese hacia abajo para elegir Planificación familiar natural. Existe una amplia información que incluye contactos locales en Chico y Redding. El español está disponible con el maestro de Redding.



PAUL R. MOON, D.D.S. Family Dentistry

2060 Main St., Red Bluff
527-2147

Daniel M. King, MD
Eye Physician & Surgeon
411 Cedar
Red Bluff, CA 96080
Phone 527-6123



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Staying the Course: Protecting Our Communities from COVID-19

October 28, 2020

It has been over nine months since the official onset of the COVID-19 pandemic, and seven months since California went to shelter in place status. It seems like a good time to recap a little about the events that have happened.

We at RANCHO are keenly aware of the differences between our individual counties and the rest of California. We are certain our residents are aware of those differences as well. RANCHO represents a rural and relatively remote area of California, with a substantial amount of geographic space. And yet, the vast space represents only about 5% of the state's population.

It is safe to say that fewer people and wider spaces have benefitted our counties during this outbreak of the coronavirus. In some ways we have been protected, maybe too much, from the worst consequences of the virus. So at this juncture, having come this far into the pandemic and with so many among us sick and tired of it, we thought it would be a good idea to review the reasons we are all living this way and doing what we are doing on a daily basis. And in the process, maybe remind some of the skeptics in our region about the real reason this is important.

At the beginning it was called a “novel” virus. In the language of medicine and microbiology, that means a virus that is completely new to humankind. It also means that nobody has immunity by virtue of a prior infection. The scientists around the world who studied the genetic material and the components of the coronavirus immediately realized that it was something new, something that attacked human cells by a different route than what we had ever seen, and was likely to be a big problem.

We learned a fair amount about the virus' behavior because of the early reports from China. They showed a pattern of disease and likelihood of severe disease that was useful, and on first glance, not very frightening. The data seemed to show that anywhere from 1-3% of those infected were likely to die, which is small compared to many notorious viral and bacterial infections in the past. The data also seemed to show that the chance of dying jumped to 10% or more if a patient was hospitalized and needed critical care. This was almost always happening in cases of elderly patients and those with chronic diseases. We hoped these numbers might prove to be biased and therefore a bit misleading, as there was good reason to believe that many cases in China had gone undetected. We were also aware that at the outset of the epidemic in Wuhan, nearly all persons who were confirmed as positive cases were hospitalized on a precautionary basis, which we realized would also skew the data.

Looking at our own state and national numbers as they are now is a better measure, and tells us what we really need to know. Worldwide reporting as of this last week showed over a million deaths and

almost 39 million cases. That works out to about 2.7% fatalities - of known cases. The United States is in the same ballpark; 220,000+ deaths out of over 8 million cases (about 2.6%). But again, these statistics only speak to the known cases. CDC Director Dr. Robert Redfield has publicly stated that perhaps up to 10 times as many people are infected as are ever confirmed. If we make that assumption, the true fatality rate may be as low as 0.26%. That sounds much better, even though it may be a bit optimistic.

But the problem was and has been susceptibility - in other words, who can get sick. As a novel virus, every human being on the planet was susceptible to getting infected from the moment the pandemic began. We in public health could do the math. It takes about 70% of people to get infected and recover before a virus of this type could be expected to slow down or stop infecting new persons. For the entire nation, this would mean about 230 million people infected and recovered to naturally slow or halt the virus - assuming, of course, that recovery would prevent a new infection from starting again. For California, this would add up to 27.6 million infected. So, if we had done nothing to stop the virus, just let it go through our communities unchecked, the fatalities would have been enormous and unconscionable. Using the lowest fatality estimate of 1% as was known back in March, deaths would have been 2.3 million in the nation, and about 275,000 in the state of California. Applying the much lower fatality rate of 0.26% as we calculated above (which again, makes the assumption that 10 times as many cases are happening as are detected by testing), the numbers fall, but only to 600,000 deaths nationwide, and about 75,000 for the state.

And here is the thing about that, which leads to the next issue; those numbers are only if everything goes perfectly, and the death rate holds to where we have been able to keep it so far. Those numbers basically assume unlimited hospital beds and unlimited hospital staff, with plenty of protective gear, plenty of drugs for treatment and every other aspect of the medical system working smoothly and on time. The reality is that the speed of virus transmission and the number of hospital beds in the state need to be taken into account. With no intervention of any kind, transmission can happen fast. Each week of the epidemic would have seen rates of infection and death higher than the week before. We think that it would have taken about 12 weeks to get to that 70% marker of 27+ million Californians infected (maybe a little longer in more remote counties in the state) but before it was over, the peak weeks of demand for hospital care would have been off the charts. Why? Because the math tells us so.

Let's assume again that only 1 in 10 who gets infected is confirmed. That means that a minimum of 2.7 million Californians needed to be infected and confirmed before we reach that safe zone of herd immunity. Our current total of all hospitalized patients since the beginning of the pandemic in the country is about 8% of all confirmed cases. If that number was to hold true, then in California we could expect at least 216,000 patients hospitalized for COVID over the life of the pandemic, whether it was twelve weeks or twelve months. On top of that enormous number, hospitalized COVID-19 patients don't go home right away. The length of stay can be very long, with an average of 10-14 days, and even longer for the most ill. And, the core number of patients needing hospital care would show up in the middle of those twelve weeks, many thousands of patients each day. Remember, too, that much of the time, hospitals are at least half full with other patients being treated for other things. This is the most optimistic scenario we can imagine - the real numbers would probably have been at least 2-3 times higher.

The uncontrolled epidemic would not have gone well. We do not have unlimited hospital space or unlimited staff. In California on the best of days, we have about 75,000 hospital beds of all types, and many hospitals are full or nearly so much of the time under ordinary conditions. We did the math a little more and realized that it was not doomsday thinking to recognize that very quickly hospitals everywhere would be full, emergency shelters full, hospital personnel getting sick, ambulance drivers and paramedics getting sick - the system would stop. In many ways, we would be thrown backward in time, to the way medical care was delivered hundreds of years ago. Meaning, that in addition to all the people dying from COVID-19, many more would be dying from all the usual things for which people go to the hospital. Things like strokes, heart attacks, gastrointestinal bleeding, wounds and trauma, overdose, and infections. Those people would have nowhere to go and no options. They would be told to go home or stay home and hope for the best. And remember, for those persons who need to be in the hospital with COVID-19, being told there was nothing to be done would probably mean that many or most of them would go home to eventually die. Most people don't last too long when they need extra oxygen.

It would have been a nightmare. Let's use heart attack as an example - in the United States, about a million people have heart attacks each year, and many of them would die if they were not treated in the hospital. Under the best case scenario, perhaps as many as 100,000 people would die nationwide from heart attack alone during those twelve weeks, and that assumes that everything gets back to normal right away after the epidemic slows. Then add on to that strokes, bleeding disorders, pneumonia, kidney infection, chronic lung disease, trauma - the list goes on and on. It's hard to really grasp this picture, but a conservative estimate of total death from all causes, including COVID-19 during an unchecked outbreak, is probably at least 5% of the population. For California, that would mean 1.97 million, for the country 16.4 million. But let's be even more optimistic and say that only 1% of the population dies under this frightening scenario. That's still almost 400,000 people dead in California, and 3.28 million in the United States. Even those extremely conservative numbers produce far more deaths in 12 weeks than we lose in an entire year.

Those were the kinds of numbers and kinds of scenarios people in public health and emergency management all around the country were, and still are, dealing with. And not to sound cavalier, but that is a lot of dead Americans. It's exactly why such unprecedented measures were taken nationwide to halt the spread of the virus. And honestly, people should know that even the best experts in public health at the highest levels did not know for certain how these measures, such as sheltering in place, cancelling travel, masking and hand washing would work. We all presumed and hoped that it would be enough, based on years of experience with other similar diseases. What we saw in China made us think that they would work, but nobody knew for certain. Back in March, there were a lot of fingers being crossed, all around the country and around the world.

In some respects you could say that the worst of the pandemic is over, in the sense that no one in authority, any governor, or any President, no matter what they think now or may have thought, is going to take a chance on letting the nightmare scenario happen. We now know exactly how to shut down the virus and save our healthcare system and save lives. The hard part of dealing with the virus now is figuring out what we need to do to let our society be active enough to save livelihoods, as well as lives. This is not easy, because the people in charge of making those decisions are learning as they go, just as we are all learning as we go. The modern world has never had to manage such an infectious

organism with only such simple tools at hand; literally, measures that were last used this way a century ago.

So, that's it, in a nutshell. Had we let the virus run unchecked, it would have hit us all hard, smashed up the medical system and shut us down in a much worse way than we can possibly imagine. Millions would have died in the process, mostly the elderly - that is why even now, we are telling elders to stay home, to sit this one out and wait for a vaccine. And, we are reminding everyone how important it is to protect them. Everyone has someone in their network of family or friends who is at risk, and many people have already lost someone.

We probably can't sway everyone's opinion, but people need to know that this is what we and the rest of the world faced this spring and continue to face every day. It's not as if the United States was the only country to shut down this year to stop the virus. The coronavirus is everywhere on the planet and behaving much the same way worldwide. Every country has imposed some sort of shutdown, or restrictions, some more extreme than others. We are just stuck with this, and we face tough choices. And we are absolutely certain that the scenario we described above would have happened, everywhere, and all at once. It almost happened in New York, and parts of Texas and Florida, and in a dozen other hotspots around the country. It almost happened here, too. This summer, one California county was transferring patients to other counties every day for weeks, and more than one California county that was almost to that point, because they had filled up their hospital beds - a miniature version of what we averted this spring.

In our part of the state, we did not experience anything like that. We had the advantage of extra time, plus our usual advantage of extra space to protect us. Most of our local counties were clearly free of the coronavirus, or nearly so, when the shelter in place order went into effect. Since then there have been a relatively small number of hospitalized patients, and even smaller number of deaths among us. But things are changing in some of our counties. Virus transmission is heating up, and outbreaks that could have been prevented are materializing. And we are sad to see that in some of those cases, it seems to be more an issue of people willfully ignoring protective measures that have resulted in amplified transmission of COVID-19, rather than chance events. We need people everywhere to understand that the difference between doing well and not doing well with this virus is sometimes only a matter of a few cases. There is not as much room for maneuvering as people think, even here. The one thing we have learned to expect from the coronavirus is to expect the unexpected.

We can't pick and choose who will get infected. All we can do is choose what we will do to protect ourselves and our society, and protect the ones among us who are most likely to suffer. So we are asking people to be patient as we all work through this frustrating and tragic pandemic. We really don't have any other choice, because the alternative would be unthinkable.