



A Message from First Lady Teresa Little

Looking to History - Including Our Own Family History - on the Impacts of Disease

March 31, 2021

Infectious diseases have been with us since before recorded history. The lives of countless numbers of families have been forever altered by them. Diseases have changed the course of civilizations. As serious outbreaks occur, they cause us to be fearful, angry, and to confront our own mortality. They bring moral, spiritual, and political issues to the forefront. They stress and can break individuals, institutions, and societies.

But infectious diseases also bring forth much kindness, generosity, and innovation.

Hippocrates (460-370 B.C.), known as the father of medicine, and his followers were the first people to record diseases clearly enough that we would recognize them today as malaria, mumps, diphtheria, tuberculosis, tetanus, polio, and others.

The Black Death, caused by the plague, swept through Asia, Europe, and Africa in the 14th century (recent research indicates the Mongols may have unknowingly carried the plague through Central Eurasia in the 13th century). It killed as much as half the population, raging for 500-600 years. People fled their ill family members leaving them to suffer and die on their own. The Black Death was a zoonotic disease (an animal disease which transferred to humans), as is COVID-19.

The last major outbreak of the plague in the United States occurred in Los Angeles in 1924.



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COVID-19 Vaccine Appointments!

Use the Idaho vaccine pre-registration tool to get on the waitlist for an appointment at coronavirus.idaho.gov.

This is also the site for much more information on the vaccine, vaccine rollout, and much more.

In the 15th and 16th centuries, Europeans brought along smallpox, measles, and typhus to South and Central America. Epidemics resulted in the population of Mexico falling from 20 million to 3 million in the 50 years between 1518 and 1568.

Smallpox ravaged our Native American population when it hit the shores of North America in the 1600s.

Due to the scientific work of Edward Jenner in the 1770s a smallpox vaccine was developed. Since 1977 smallpox has been gone from our world. It was eradicated solely through vaccination.

The great flu of 1918-1919 led to 50 million deaths worldwide.

My Own Family History Tells the Story of the Impact of Disease Outbreaks

I have some written materials that allow me to know the impact disease outbreaks have had on my own family.

My third great grandparents, Pieter and Helena Pfanstiehl, and their children emigrated from Holland to America in 1847. They first settled in New York City and then to the newly settled Dutch colony of Holland, Michigan in 1848. Malaria swept through the colony with nearly all the people becoming ill. They died by the score. In a few cases, whole families were wiped out. Pieter, Helena, and their entire family became very ill. Six of their children died; three were buried in one day. There was not enough lumber to make coffins. Boards had to be chopped and hand-sawed from logs. Oxen drove the wagon to the graves dug in the woods. Helena was home with a raging fever. Pieter, still very ill, was the only attendant at the burial. The place of burial for the Pfanstiehl children and many others remained unknown in 1919 when Pieter's youngest son wrote letters telling of their experiences. Before the colony was well enough the unmarked graves were unrecognizable. Pioneer life could be very difficult.

Trailblazing Women of Idaho!

On March 11, I had an opportunity to tour the new exhibit at our Idaho State Museum, "Trailblazing Women of Idaho."

It is inspiring and runs from March 2021 through November 2021. Learn more about the special programming scheduled throughout the run of the exhibit by visiting history.idaho.gov/events.

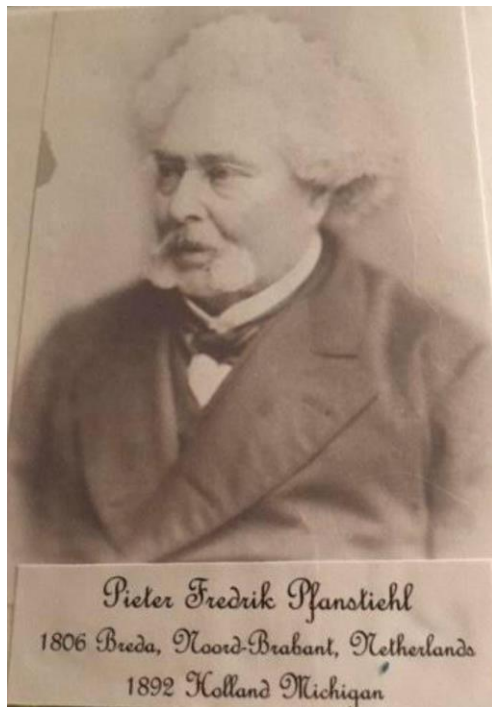
Hemingway!

Airing April 5-7 on Idaho Public Television is the new documentary "Hemingway" by Ken Burns and Lynn Novick. It is a 3-part, 6-hour exploration of Ernest Hemingway's life and work. For added insight:

Bill Manny produced a new Idaho Experience program entitled, "Idaho's Hemingway." Watch it on Idaho Public Television or stream it.

"Conversations on Hemingway" include 9-hour long discussions with Ken Burns, Lynn Novick and guests explore Hemingway's art and legacy. Those are available to watch at pbs.org/kenburns/hemingway/events/.

Discussion 3, Hemingway and the Natural World, was introduced by Ron Pisaneschi, General Manager of IdahoPTV and moderated by Jenny Emery-Davison of The Community Library in Ketchum.



Pieter Pfanstiehl, my third great grandfather



Helena Meulenbroek Pfanstiehl, 1812-1885, my third great grandmother

My grandmother, Lola Gamble Clyde, was born in 1900 in Moscow, Idaho. She was an early day schoolteacher and well know local historian. In the 1970s she was recorded for an extensive oral history project. She said when diseases were going around her father had everyone stay right at home. They lived far from town anyway but, he said, "Don't

you dare leave the ranch, don't you dare go anyplace. Stay right here or you'll catch it."

She could remember a small cloth bag with asafetida, a very stinky resin made from the root of the asafetida plant, being hung around children's necks in the Fall to keep communicable diseases away. The children were to wear it all Winter.

There were treatments for illness such as turpentine mixed with goose grease to rub on people's chests, sweating illness and fever away, cod liver oil and calomel (mercury chloride mineral). During one smallpox scare she remembered her father putting some carbolic acid in a pan of water. He took a whist broom and went about sprinkling everybody in the house with it thinking it would disinfect the air and the kids.

She was in high school during the 1918-19 flu pandemic. Her high school closed for 3 months. So very many died - the robust and healthy, the young, and the old.

Lola's father, Daniel Gamble, died of consumption (tuberculosis) on August 16, 1928. Lola notes, "When I started teaching school about 1920 the first thing I was wanting to do was to get every child in the school vaccinated for everything there was a vaccine for....So, we've come a long way and I don't enjoy those good old days half as much as some people do."



My grandmother, Lola Gamble Clyde, 1900-1993

Getting Confident About the Vaccine

I personally have confidence in vaccines. I have been consistent in receiving my flu vaccine each year. Shingles does not seem like a great experience, so I have been vaccinated for that. My age indicates a recommendation for a pneumonia vaccine, so I have accomplished that also. I was ready and willing to receive my coronavirus vaccine as it became available to me.

I understand others are reluctant. I asked a couple of my friends whose profession is health care for their well-educated input.

Laurel Whittemore is a registered nurse and the Clinical educator for Valor Health in Emmett. She accepted a four-week tour of duty in a COVID-19-only Intensive Care Unit in Southern California in August of 2020.

Dr. Jim Thomson has practiced family medicine in Emmett for the past 37, almost 38, years.

Question: How could they develop these vaccines so quickly?

JT: We are seeing a miracle of modern science. The COVID virus was genetically sequenced a week after it was identified as a novel infectious disease. This was shared around the world. Most pharmaceutical companies started working promptly modeling from this genetic information and developing a safe vaccine.

LW: There are several reasons that this vaccine was able to be developed and implemented so quickly.

1 - We already had the groundwork in place from our efforts in developing two other coronaviruses in the last 20 years: SARS (Severe Acute Respiratory Syndrome) in 2003 and MERS (Middle Eastern Respiratory Syndrome) in 2012. Most of the vaccine research was already done and simply needed to be completed using Covid-19 information. A great analogy for this would be developing a new cell phone. You do not need to start from scratch when making a new phone. We take an existing phone and make adjustments or updates to accommodate our needs.

2 - We have more advanced technology than we did even 10 years ago. Computers, software, lab equipment, DNA sequencing, and testing procedures have all made research faster and easier than it has ever been. The mRNA science that is used in the Pfizer and Moderna vaccines has been studied for decades and was then ready to use when the pandemic hit. This is a perfect example of why research and development in diversified fields needs to continue all the time and not just in response to a crisis.

3 - Regulatory agencies reviewed that vaccine's scientific information as it became available, not at the end of the trials as is typically done. Because this information could be evaluated and approved on a rolling basis, it greatly sped up the development process. The COVID vaccines still had to go through the clinical trials that are required of other vaccines to ensure they are safe. But how could those clinical trials get done so quickly? See #4.

4 - Finding and recruiting volunteers to participate in clinical trials can often be one of the most lengthy and difficult parts of the development process. We had ample volunteers willing to take part in the trials making that part of the process a weeks-long task, not months or years. We are fortunate that this pandemic was only a coronavirus. If it were a high mortality illness such as Ebola, this process would have been significantly more difficult. As it was, lots of people had COVID-19 and lots of people wanted to be part of the trials which lead to accelerated results.

5 - Lastly, because of the sheer numbers of people affected around the world, we had LOTS of people working on the vaccine at the same time. 10 scientists can accomplish much more than 1 scientist. 100 scientists can do even greater things in a shorter period. And so it was with scientists working together all around the globe and sharing information for the common good, not just their state or country. Companies that were normally competitors shared equipment, facilities, and most importantly, knowledge. What a great example of what can be accomplished when we work together.

Question: Have the vaccines been tested long enough to be safe?

JT: Mostly because of federal funding and the emergent nature of the pandemic, many of the sequential development activities were done in parallel. They started the manufacturing process before they even tested the vaccine. They started various levels of clinical trials in parallel. This saved years but, each stage of development and testing was fully completed before the first shot went into the general public's arm.

LW: In the US, there are several safeguards that are required to ensure vaccines are safe. COVID vaccines must go through the same testing process as other vaccines. Clinical trials usually start with 20-100 volunteers and move up from there as the tested vaccine is seen as safe to proceed. Moderna used 30,351 participants, Pfizer used approximately 37,000 participants, and Johnson & Johnson used approximately 45,000 participants. Since the rollout of the vaccines in December of 2020, over 126 million doses have been administered in the United States. As more information is gathered and the more time goes by, scientist remain optimistic about the safety and effectiveness of the vaccine.

Question: Will the COVID-19 vaccines alter your DNA?

JT: No. The messenger RNA or adenovirus are used to stimulate an immune response. They will not alter your DNA.

LW: No. The COVID vaccines cannot change your DNA. They are in different “rooms” so-to-speak within the cell and will not interact with your DNA in any way.

Question: Are there side effects to the vaccine?

JT: Yes. A sore arm is expected. If you have had COVID you will feel achy and be tired for a day or 2. The new vaccines have proven remarkably safe. Being tired for 2 days is not an abnormal reaction to be afraid of.

LW: The following are current reported side-effects of the Moderna shot. Pfizer and Johnson & Johnson have similar reported side-effects.

- Pain at the injection site (92.0%)
- Fatigue (70.0%)
- Headache (64.7%)
- Myalgia (61.5%)
- Arthralgia (46.4%)
- Chills (45.4%)
- Nausea/vomiting (23.0%)
- Axillary swelling/tenderness (19.8%)
- Fever (15.5%)
- Swelling at the injection site (14.7%)
- Erythema at the injection site (10.0%)

Question: What is the concern with variants?

JT: The new variants have a slight change in the spike protein that our immune systems use to recognize and fight off COVID. This means we will have a more difficult time overcoming the virus. This makes some variants more transmissible. So far the vaccines have remained effective against all tested variants. But naturally acquired immunity from having had COVID does not seem to work as well on the South African variant. If we do not have adequate vaccination to reach herd immunity, we will continue to develop more and more variants. But my biggest fear is a variant that is not covered by vaccine or prior infections. Then we start all over with the next COVID pandemic.

LW: It is common for viruses to mutate. It is not surprising, therefore, that SARS-CoV-2 has made some variant strains. Scientists have confirmed the existence of several including the U.K., South African, Brazilian, Californian, and the New York strains. As long as the virus is active and circulating, there will be the possibility of new variants. New information regarding these variants is being gathered every day but, it is believed that the current COVID vaccines will offer protection for all the variants so far,

though it may be less than the 94%-95% effectiveness against the original COVID virus, particularly with the South African strain. Scientist still recommend getting the vaccine, if you choose, because 57% protection is better than 100% of no protection.

Question: What is the risk of developing long-haul COVID-19 if I become ill with coronavirus?

JT: High enough to get vaccinated.

Question: Where are the best sources of information to help me make my decision?

JT: I find Dr. Fauci gives clear, up-to-date, and honest advice. The CDC can be trusted. Your personal physician should be able to advise you regarding your specific health conditions.

LW:

[Centers for Disease Control](#)

[Moderna vaccine](#)

[Pfizer vaccine](#)

[Janssen \(Johnson & Johnson Vaccine\)](#)

[What does Emergency Use Authorization mean?](#)

[Idaho specific](#)







Laurel Whittemore and Jim Thomson in action at the vaccination clinics.

A Parable

This may seem a bit harsh to you; however, this parable keeps coming to mind as I think of the coronavirus. When I substitute the words: social distancing, masks, and vaccine, it strikes a chord.

A terrible storm came into a town and local officials sent out an emergency warning that the riverbanks would soon overflow and flood the nearby homes. They ordered everyone in the town to evacuate immediately.

A faithful Christian man heard the warning and decided to stay, saying to himself, "I will trust God and if I am in danger, then God will send a divine miracle to save me."

The neighbors came by his house and said to him, "We're leaving and there is room for you in our car. Please come with us!" But the man declined. "I have faith that God will save me."

The flood waters rose higher, pouring water into his living room, and the man had to retreat to the second floor. A police motorboat came by and saw him at the window. "We will come up and rescue you!" they shouted. But the man refused, waving them off saying, "Use your time to save someone else! I have faith that God will save me!"

The flood waters rose higher and higher and the man had to climb up to his rooftop.

A helicopter spotted him and dropped a rope ladder. A rescue officer came down the ladder and pleaded with the man, "Grab my hand and I will pull you up!" But the man STILL refused, folding his arms tightly to his body. "No thank you! God will save me!"

Shortly after, the house broke up and the floodwaters swept the man away and he drowned.

When in Heaven, the man stood before God and asked, "I put all of my faith in You. Why didn't You come and save me?"

And God said, "Son, I sent you a warning. I sent you a car. I sent you a canoe. I sent you a motorboat. I sent you a helicopter. What more were you looking for?"

We have an opportunity to end the coronavirus pandemic in our world. That opportunity hinges on the personal responsibility each of us takes to educate ourselves on the vaccines available to us and our willingness to be vaccinated.

With love,



Teresa

We often shared Easter with my grandparents, Lola and Earl Clyde, in Moscow. Hot cross buns graced our Easter dinner table and grandma liked to tell us of their symbolism. She was a fan of sunrise service and those little Peeps, too.

There are many theories on the origins of hot cross buns. One dates to an Anglican monk in the 14th century who baked them and distributed them to the poor on Good Friday. They gained popularity around England and became a symbol of the Easter weekend.

Hot Cross Buns

3 ½ cups all-purpose flour
2 packages instant yeast
1 teaspoon ground cinnamon
½ teaspoon salt
½ cup vegetable oil

½ cup water
1/3 cup granulated sugar
¼ cup whole milk
3 eggs
¾ cup golden raisins
½ cup dried cranberries
½ cup candied citrus peel
Zest of 1 orange

Finishing touches:

1 egg
1 tablespoon water
1 cup icing sugar
2 tablespoons heavy cream
1 teaspoon pure vanilla

In a stand mixer fitted with a dough hook or paddle attachment, place the flour, yeast, cinnamon, and salt. Run the mixer on low speed for a few turns to mix these dry ingredients together. Set aside.

In a bowl, whisk together the oil, water, sugar, and milk. Turn the mixer speed to medium and slowly add these liquid ingredients to the flour mixture while the machine is running.

Add the eggs one at a time, mixing between additions, and continue to mix. Once the eggs have been fully incorporated, you can add the dried fruit, peel, and zest. Continue mixing for about 5 minutes, until the dough is shiny and smooth and pulls away from the sides of the bowl.

Lightly butter a large bowl and place the dough in it. Loosely cover the bowl with plastic wrap and place it in a warm, draft-free place. Allow the dough to rise until it has doubled in size, about 90 minutes.

Once the dough has fully risen, remove the plastic wrap and punch the dough down in the bowl to release the air produced by the yeast. Turn the dough out onto a lightly floured work surface and allow it to rest for about 10 minutes.

Divide the dough into 24 equal pieces. Take each piece of dough and roll it loosely into a ball. Cup your hand over a ball of dough, with your fingertips touching the counter, as though you were holding a tennis ball in place on the counter. Start to roll the ball quickly around in tight circles with your hand cupped over it until you have formed a perfect little ball of dough with no seams.

Place the 24 balls in prepared pans and loosely cover with plastic wrap. Place the pans in a warm, draft-free spot and allow the buns to rise until doubled in size, about 1 hour.

Once the buns have finished rising, remove the plastic wrap.

Make an egg wash by combining the egg and water in a small bowl, using a fork to whisk them until frothy. Using a pastry brush, coat the top of each bun with this egg wash.

Preheat the oven to 375 degrees F.

Bake the buns for about 15-20 minutes, or until they are a lovely golden brown and not sticky in the center. A wooden skewer inserted in the center should come out clean.

In a small bowl, combine the icing sugar, cream and vanilla and whisk until you have a smooth and glossy icing. Fill a small piping bag fitted with a plain tip with the icing. Top each bun with a cross of icing.

-Teresa Little

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