

**Q&A from “The War on Truth” sermon series & related COVID-19 medical questions**  
Mark Rice, Pastor-Teacher, September 22, 2021

**Q&A Category #3: Dealing with vaccine mandates**

**I) Questions received:**

- 1) If a Christian is opposed to receiving the COVID-19 vaccine, is he or she morally justified in refusing the vaccine?
- 2) Is refusing the vaccine a moral issue? Is refusing the vaccine a moral issue if the government passes a law requiring one to take it?
- 3) How are Christians to respond to government mandates if they are clearly illegal and/or unconstitutional?

**II) Responses / answers**

1) Preliminary thoughts:

- A) There is no simple “yes” or “no” answer whether or not to take a COVID-19 “vaccination.”
- B) We need to be alert spiritually, think discerningly, and not assume that the government is making decisions that are good for you.
- C) Scriptures to keep in mind:
  - (1) Colossians 2:8-12 (don’t be taken captive)
  - (2) 2 Cor 10:5
  - (3) 2 Tim 3:13

2) Understand how the definition of a vaccine has been changed:

- A) *Miller-Keane Encyclopedia and Dictionary of Medicine, 7<sup>th</sup> ed. (2003):* “Vaccine: a suspension of attenuated or killed microorganisms (viruses, bacteria, or rickettsiae), administered for prevention, amelioration, or treatment of infectious diseases.”<sup>1</sup>
  - (1) amelioration is the process of making a bad or unpleasant situation better.<sup>2</sup>
  - (2) Rickettsiae are any gram-negative, parasitic bacteria ...that are transmitted by biting arthropods (such as lice or ticks) and cause a number of serious diseases (such as Rocky Mountain spotted fever and typhus).<sup>3</sup>
- B) *Collins Dictionary of Biology, 3rd ed. (2005):* “vaccine [is] a preparation containing live, attenuated (see ATTENUATION) or inactivated (killed) microorganisms (or some part or product of them), that is used to stimulate an IMMUNE RESPONSE in the recipient, which gains IMMUNITY.”<sup>4</sup>

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<sup>1</sup> vaccine. (n.d.) *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition.* (2003). Retrieved September 22 2021 from <https://medical-dictionary.thefreedictionary.com/vaccine>

<sup>2</sup> <https://dictionary.cambridge.org/dictionary/english/amelioration>, 2021-09-22

<sup>3</sup> <https://www.merriam-webster.com/dictionary/rickettsia>, 2021-09-22

<sup>4</sup> vaccine. (n.d.) *Collins Dictionary of Medicine.* (2004, 2005). Retrieved September 22 2021 from <https://medical-dictionary.thefreedictionary.com/vaccine>

- C) CDC in 2012<sup>5</sup>: Vaccine: A product that produces immunity therefore protecting the body from the disease.
  - D) CDC in 2015: “Vaccine: A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.”<sup>6</sup>
  - E) CDC in Aug. 2021: “Vaccine: A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.”<sup>7</sup>
  - F) CDC in Sep. 2021: “Vaccine: A preparation that is used to stimulate the body’s immune response against diseases.”<sup>8</sup>
  - G) Based on this, we must conclude that current COVID-19 “vaccinations” do not meet the traditional definition of a vaccination.
    - (1) Current COVID “vaccinations” do not use live, attenuated (see ATTENUATION) or inactivated COVID virus.
    - (2) Current COVID “vaccinations” do not protect the person from COVID disease.
  - H) Thus, when we are talking about “COVID vaccines”, please understand that there needs to use scare quotes around the word “vaccination.” I won’t always use square quotes in this lesson when mentioning COVID vaccines but skepticism is nonetheless intended due to the difference in definitions.
- 3) Gather current information about the COVID “vaccines”
- A) Listen to both sides (Prov 17:13, 18)
    - (1) For the pro-COVID “vaccine” case, you can go to the CDC and FDA websites.
    - (2) For the anti-COVID “vaccine” case, you can visit
      - (a) <https://americasfrontlinedoctors.org/>
      - (b) <https://www.truthforhealth.org/>
      - (c) Interview with Dr. Peter McCullough: <https://www.gloria.tv/post/x9wMebwYYPDv4xD76uUYFeXtu>
      - (d) Peter McCullough, MD testifies to Texas Senate HHS Committee: <https://www.youtube.com/watch?v=QAHi3IX3oGM>
- 4) Be warned that the pro-COVID “vaccine” side is aggressively suppressing information, censoring unconfirming medical personnel, and trying to shut down any debate about the efficacy or safety of the COVID “vaccines”.
- A) Truth never fears the light and heat of an honest and open debate.
  - B) Ask yourself
    - (1) Why is the government not allowing any debate on the efficacy or safety of the COVID “vaccines”?

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<sup>5</sup> <https://web.archive.org/web/20120710132002/https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

<sup>6</sup> <https://web.archive.org/web/20150214043055/https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

<sup>7</sup> <https://web.archive.org/web/20210826113846/https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

<sup>8</sup> <https://web.archive.org/web/20210902194040/https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>

- (2) Why is the government and most medical boards threatening COVID “vaccine” resistant doctors and medical staff with loss of job, license, or ability to practice?
- C) Be wise in what you listen to, don’t assume that everything you hear is true, whether it’s from official government sources or COVID “vaccine” hesitant source.
- 5) Understand the development status of COVID “vaccines”
- A) Most are still experimental, emergency use.
- B) Pfizer has obtained FDA approval
- (1) But the FDA approved version is not yet available
- (2) The FDA approval process did not follow typical protocol.
- C) None of the COVID “vaccines” have data showing
- (1) Long-term effect on health
- (2) Short or long-term effect on pregnancy
- (3) Short of long-term effect on people who have already had a COVID infection and recovered.
- 6) Understand the safety concerns and potential side effects of current COVID “vaccines”
- A) Helpful videos:
- (1) Dr. Ryan Cole, “Post Investigational Vaccine Death”,  
<https://www.bitchute.com/video/9gAk4DJ2ot8Z/>
- (2) Dr. Lee Merritt, “What is VAERS and What Does It Show?”,  
<https://americasfrontlinedoctors.org/videos/summit-sessions-the-science-lee-merritt-md-what-is-vaers-and-what-does-it-show/>
- B) Despite the government’s appeal that current COVID-vaccines are safe, note the following data directly from the Vaccine Adverse Events Reporting System which contains 701,559 Reports through September 10, 2021:
- (1) 14,925 deaths
- (2) 60,741 hospitalizations
- (3) 80,393 urgent care
- (4) 110,839 doctor office visits
- (5) 5,959 anaphylaxis; Mayo Clinic: “Anaphylaxis is a severe, potentially life-threatening allergic reaction.”<sup>9</sup>
- (6) 8,156 Bell’s Palsy; Mayo Clinic: “The symptoms of Bell’s palsy include sudden weakness in your facial muscles. In most cases, the weakness is temporary and significantly improves over weeks. The weakness makes half of your face appear to droop. Your smile is one-sided, and your eye on that side resists closing.... For most people, Bell’s palsy is temporary. Symptoms usually start to improve within a few weeks, with complete recovery in about six months. A small number of people continue to have some Bell’s palsy symptoms for life.”<sup>10</sup>

<sup>9</sup> <https://www.mayoclinic.org/diseases-conditions/anaphylaxis/symptoms-causes/syc-20351468>

<sup>10</sup> <https://www.mayoclinic.org/diseases-conditions/bells-palsy/symptoms-causes/syc-20370028>, 2021-09-22

- C) Just this week, Project Veritas published a video of an employee of the US Dept. of Health and Human Services who is blowing the whistle on what she has seen.<sup>11</sup> Highlights taken from a wnd.com article:
- (1) "Jodi O'Malley, a registered nurse at the HHS-run Phoenix Indian Medical Center in Arizona, told Project Veritas CEO James O'Keefe in a video featuring the recordings that she's seen dozens of people with adverse reactions to the vaccines come to the facility, but the cases are not being reported."
  - (2) She continues, "You have the FDA, you have the CDC, that are both supposed to be protecting us, but they are under the government, and everything that we've done so far is unscientific," she said.
  - (3) "She also recorded emergency room physician Dr. Maria Gonzales wondering aloud why HHS won't take into account the natural immunity that comes from infection.
  - (4) "The problem in here is that they are not doing the studies," Gonzales said to O'Malley. "People that had [COVID-19] and the people that have been vaccinated – they're not doing any antibody testing. Everybody is quiet with that. Why?"
  - (5) "O'Malley told Gonzales of a 30-year-old man who came to the center with congestive heart failure after receiving a second shot. "He's probably got myocarditis!" Gonzales said...Now probably myocarditis due to the vaccine." The physician added that "they are not going to blame the vaccine." Gonzales said doctors are violating the requirement to report adverse events and, instead, "want to shove it under the mat.""
  - (6) "In her interview with O'Keefe, O'Malley said she's "seen dozens of people come in with adverse reactions." One was a healthy 15-year-old who presented with blood clots three weeks after receiving his first dose of the Pfizer vaccine.
  - (7) The incident that prompted her [O'Malley] to become a whistleblower, she said, was when a coworker who had served the entire pandemic treating COVID patients in the ICU was forced to take the vaccine despite her religious beliefs." Note, that coworker developed a complication and died.
  - (8) O'Malley underscored the importance of reporting adverse effects, pointing out that the experimental vaccines, which came to market at least five times faster than ever before, are in Stage 3 clinical trials. "Normally, Stage 3 clinical trials is where you gather your data," she pointed out. "If we're not gathering that data and reporting it, then how are we going to say that this is safe and approved for use?" she asked.
  - (9) WND note: "The estimated study completion date of the Pfizer-BioNTech vaccine, for example, is January 2023. For cohorts such as pregnant women, the clinical trials won't be completed until 2027."
  - (10) "O'Malley's whistleblowing also addressed the blocking of off-label COVID treatments that many physicians around the world have found to be effective, particularly hydroxychloroquine and ivermectin." A pharmacist confirmed to O'Malley that that she's barred from prescribing ivermectin, even though it's use for COVID-19 is supported by more than 100 studies and the testimonies of governments such as the Indian state of Uttar Pradesh. "I am stuck. I am told that you are absolutely not to use it under any circumstances whatsoever for somebody with COVID, unless you don't want to have a job," said pharmacist Gayle Lundberg. "I am not going to lose my job over this."

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<sup>11</sup> <https://www.wnd.com/2021/09/evil-highest-level-hhs-whistleblower-claims-massive-cover-vaccine-risks/>, 2021-09-22

(11) As a historical lesson, understand the government's response in the 1970's to swine flu.

- (a) 60 Minutes Expose on government's vaccination of people for Swine Flu: <https://www.youtube.com/watch?v=JDKOxsneukM>
- (b) Swine flu vaccination was eventually halted but not before several people died.<sup>12</sup>

7) Understand the efficacy of current COVID "vaccines"

A) MacArthur in GTY blog article:

"We now have ample evidence (including data from the CDC's own reports) that the vaccines don't work as advertised. By September 2021, 70 percent of Californians had been vaccinated, but statewide numbers of people who tested positive were still rising. In August 2021, 364 people at Duke University tested positive for the virus. Only 8 were unvaccinated. All the rest—356 people—were fully vaccinated but became infected with the virus anyway. The university's response was to tighten their mask mandate.<sup>13</sup>

B) In an Aug 27, 2021 CDC published a report entitled "Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance", which highlighted that "Adjusted VE [vaccine effectiveness] during this Delta predominant period was 66% (95% CI = 26%–84%) compared with 91% (95% CI = 81%–96%) during the months preceding Delta predominance."<sup>14</sup>

C) Data from Israel and elsewhere is showing that natural immunity from a previous infection from COVID is better at protecting you from future infection than any of the COVID "vaccines."<sup>15</sup>

D) Dr. Peter McCullough: "The Vaccine Is Failing In The UK And Israel": <https://rumble.com/vlzlr0-dr.-peter-mccullough-the-vaccine-is-failing-in-the-uk-and-israel-offbeat-bu.html>

E) MacArthur in GTY blog: "If the vaccines worked, those who have been vaccinated would have nothing to fear from exposure to those who haven't. Ironically, as noted above, some of the most fearful people speaking out today are people who have already been vaccinated."<sup>16</sup>

8) Understand that COVID "vaccines" do not prevent transmission of COVID viruses

A) According to the CDC: "A person's risk for SARS-CoV-2 infection is directly related to the risk for exposure to infectious persons, which is largely determined by the extent of SARS-CoV-2 circulation in the surrounding community."<sup>17</sup>

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<sup>12</sup> <https://www.nytimes.com/1976/10/13/archives/swine-flu-program-is-halted-in-9-states-as-3-die-after-shots.html>, 2021-09-22

<sup>13</sup> <https://www.gty.org/library/blog/B210921>, 2021-09-22

<sup>14</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e4.htm>, 2021-09-22

<sup>15</sup> <https://www.westernjournal.com/massive-israeli-study-comes-bombshell-conclusion-natural-covid-immunity/>, 2021-09-22

<sup>16</sup> <https://www.gty.org/library/blog/B210921>, 2021-09-22

<sup>17</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>, 2021-09-22

- B) According to the CDC, the current COVID “vaccines” do not totally prevent those who get the shot from becoming infected.
- C) Thus, an infected vaccinated person can transmit COVID viruses to others in the same manner as the unvaccinated.
- D) Watch Dr. Christina Parks, Cellular and Molecular Biologist explain that the ‘injections’ do not and were never designed to prevent transmissions, only to attenuating symptoms of the alpha variant, which no longer exists:  
<https://www.bodychek.co.uk/uncategorized/4898/phd-cellular-molecular-biologist-explains-why-the-un-jabbed-are-not-selfish/>
- E) Thus, this destroys the idea that the vaccinated can run around maskless while the unvaccinated still need to mask.
- (1) Note: If you believe that you need to protect yourself from COVID viruses in a indoor public setting, only a well-fitted, sealed, N95 mask offers any real help. Surgical and cloth face masks do not stop the airborne COVID virus.
- (2) For more info see <https://thefederalist.com/2020/10/29/these-12-graphs-show-mask-mandates-do-nothing-to-stop-covid/>
- 9) Understand that whether to take one of the current COVID “vaccines” is a personal decision.
- A) Jack Hughes:  
 Once you have heard both sides of the story, consider your circumstances. If you are a single male in good health in your mid 40’s and are required to take the vaccination, you might feel the risk is minimal and get the vaccine. If you are a father of four young children and have autoimmune problems or other serious illnesses, you probably want to use far more caution. If you are a young single lady, you probably want to consider the consequences of getting the COVID vaccine and how it might affect your future ability to have children. Since everyone’s situation in life is different, there is no one “right answer.” You may still have health issues, but trust that God is sovereign and if you die, you will be with the Lord or if you are harmed by the COVID vaccination, that too is all part of God’s sovereign plan for you—kind of a COVID “Russian roulette” approach to the vaccine. You pray, relying on God’s providence, and get the vaccine. You might be in your 80’s and figure the possible benefits are greater than the risks and get the vaccine. Regardless, get informed, pray about it, and don’t sin against your conscience (Rom. 14:23).<sup>18</sup>
- B) John MacArthur:  
 “The question of whether to get a vaccine should be a personal, private medical decision, between each individual and his or her physician. It is not a matter where either the church or the government ought to intrude, especially by force of law. Personal medical decisions are not something we are obliged to render unto Caesar, and the church cannot become an enforcement agency for Caesar. For a church to demand proof of vaccination is to set a legalistic standard that is not authorized by Scripture. Again, the church is a place where the people of God come together as one, without passing judgment on one another over questions of conscience. And the issues of masks and vaccines are nothing if not matters of personal conscience. So the choice

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<sup>18</sup> <https://jack-hughes-m4mk.squarespace.com/for-everyone/covid-craziness-vaccine-mandates-and-fake-vaccine-passports9102021>, 2021-09-22

of whether to be vaccinated or not and whether to wear a mask or not should be left entirely up to each individual (Romans 14:1–23; 15:7).”<sup>19</sup>

10) Do not let anyone threaten you into taking a COVID “vaccine”, even to protect your job or career interests.

- A) There is much pressure on the unvaccinated
- (1) Society is telling you that being vaccinated is the loving thing to do.
  - (2) Many in society believe that arguing against COVID “vaccine” mandates is like arguing against drunk driving laws (see inset from Medina Post Poll on 9/21/2021).
  - (3) Vaccine passports are the rage in conversations.
  - (4) The medical evidence argues against vaccine passports since the COVID vaccines are not stopping infections.
  - (5) Vaccine passports appear to be a ploy for more control over our lives and will, if implemented, will lay at least the framework for the devil’s ability to control who buys and sells in the end times (Rev. 13).
- B) If you decide that it is not in your best interest, then carefully consider and kindly request all legitimate exemptions:
- (1) Note: you may want to reach out to the church or organizations who can help you navigate this.
  - (2) Medical exemption from having natural covid antibodies (previous infection from covid).
  - (3) Medical exemption from having some complicating factor that increases your risk to experiencing adverse reactions.
  - (4) Religious/conscience exemption due to the vaccine using cloned fetal cell tissues.
  - (5) Religious/conscience exemption due to your conviction that God does not want you to get the vaccine (Rom 14 issue).
- C) If these appeals fail, then you have two options
- (1) Take the vaccine.
    - (a) Note that taking the vaccine in this manner may strengthen the authority of the employer/school in future matters.
- D) Refuse the vaccine.

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### DAILY READER POLL

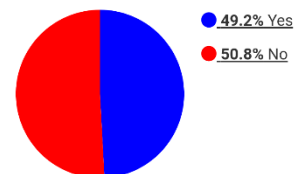
Is arguing against vaccine mandates similar to arguing against drunk driving laws?

In a point-counterpoint Guest Column feature today on vaccine mandates, Dr. Leana Wen argues that “remaining unvaccinated in public should be considered as bad as drunken driving” and that “both can cause substantial mortality, though deaths due to coronavirus far outstrip those due to drunken driving.”

According to Dr. Wen, “more than 650,000 Americans have succumbed to the virus thus far, which is more than all recorded intoxication-related fatalities in the last 40 years combined.”

Cast your vote below, then comment on today's Reader Poll question as part of our Street Talk feature by clicking [here](#).

Entries must be received by 6 p.m.



Back

<sup>19</sup> <https://www.gty.org/library/blog/B210921>, 2021-09-22

- (1) Note that rejecting the vaccine may cost you your job or opportunity to study at the school of your choice; but you can trust our Sovereign God to direct the affairs of your life.
- (2) If you take this route, it is recommended that you not quit your job. Americas Front Line Doctors advise:
 

“As the mandates are increasing and the “deadlines” fast approach, YOU SHOULD NOT QUIT YOUR JOB. Do not be fooled if your boss says you must resign. Make your boss fire you and do not sign anything or agree to anything that says otherwise. Do not agree with “voluntary resignation.” If you are fired, you are eligible for unemployment. Anything else and you are not.”<sup>20</sup>
- (3) Note: Employees have a strong hand right now due to the worker shortage. If enough employees refuse to get vaccinated, then the company or school is going to think twice before dismissing them.
- (4) If you are dismissed,
  - (a) You can joyfully accept the dismissal, knowing that God is sovereign and that He is using this to redirect your life.
  - (b) Be respectful so that you honor the Lord in your leaving.
  - (c) You can rest assured that God will provide another opportunity to study or another job.
  - (d) Your local church family will be there to help you.

11) Remember that how you respond spiritually is much more important than whether you get the vaccine or not.

A) Live as a witness for Jesus Christ

- (1) Don't fear death
- (2) Live by faith in the Son of God
- (3) Proclaim the Gospel boldly

B) Remember what is important (from GTY blog):<sup>21</sup>

- (1) “The church must stand firm on the truth. Scripture says the church is “the pillar and support of the truth” (1 Timothy 3:15). In that role we are often pitted against popular opinion and media narratives. It's a task that normally calls for boldness rather than subtlety. It would be sinfully negligent for any church to remain passive or pliant when waves of misinformation dominate popular opinion and deliberately foment anxiety. What makes the current case especially urgent is the way officials have intentionally fueled public angst with relentless propaganda, then exploited the public's fears in order to justify banning public worship—even while bars, strip clubs, and casinos remain open—and radical political protestors are permitted to swarm the streets. If we truly believe Scripture, we cannot automatically go along with the prevailing values and beliefs of the rest of the world—especially in a culture (like ours) where biblical righteousness is constantly under fierce attack, militant unbelief dominates public discourse, and diabolical ideologies routinely influence public policy. God's people must contend earnestly for the faith. We are to be aggressively engaged in the battle to liberate people from every falsehood and every lofty argument that is raised against the knowledge of God (2 Corinthians 10:4–5). And

<sup>20</sup> <https://americasfrontlinedoctors.org/do-not-quit-your-job/>, 2021-09-22

<sup>21</sup> <https://www.gty.org/library/blog/B210921>, 2021-09-22



we must bear in mind that “the wisdom of this world is foolishness before God” (1 Corinthians 3:19).”

- (2) “Joy, not fear, should dominate the fellowship of believers.” The New Testament is full of instructions and encouragements for Christians to cultivate joy, even in the midst of persecution and distress. “Rejoice always” (1 Thessalonians 5:16). “Rejoice in the Lord always; again I will say, rejoice!” (Philippians 4:4). One mark of a faithful church is that they are “rejoicing in hope” (Romans 12:12), not cowering in fear. Fear of death is abject enslavement, and that is the very thing Christ came to liberate us from. The purpose of Christ’s incarnation was so “He might render powerless him who had the power of death, that is, the devil, and might free those who through fear of death were subject to slavery all their lives” (Hebrews 2:14). As Christians, we “have not received a spirit of slavery leading to fear again” (Romans 8:15).
- (3) We must be “diligent to preserve the unity of the Spirit in the bond of peace” (Ephesians 4:3). The COVID crisis has been (and continues to be) a malignant source of division and conflict in otherwise sound churches. It is frankly preposterous and deeply troubling that any church leader would regard COVID as a greater threat to the church than disunity. Researchers say the recovery rate among those infected with the virus is as high as 99.75 percent. Many who test positive for COVID have no symptoms at all. The vast majority who do show symptoms are only mildly ill. Yet some church leaders have said they will henceforth forbid worshipers to attend if they cannot show proof of vaccination. Others sequester unmasked or unvaccinated worshipers apart from the main congregation. Thus they literally rebuild a middle wall of partition between diverse groups of believers, defying the principle of Ephesians 2:11–22.... In the context of a church gathering, masks are an obvious impediment to congregational singing, face-to-face-fellowship, and normal human interaction. Regardless, the question of whether to wear a mask in church should be treated as entirely a matter of personal conscience. Churches must not canonize rules of behavior that have no basis in Scripture. On all such matters not addressed either explicitly or by precept in Scripture, “each person must be fully convinced in his own mind” (Romans 14:5). On matters where the law of God is silent, “Who are you who judge your neighbor?” (James 4:12). Those same principles hold true on the question of vaccines. If the vaccines worked, those who have been vaccinated would have nothing to fear from exposure to those who haven’t. Nevertheless, several policy makers in health departments across the country are recommending universal vaccination mandates with no exclusions (even for those who have had the virus and acquired natural immunity). Governors and local health officials intend to require churches to monitor and enforce our people’s compliance. What is the church’s duty under those circumstances? The question of whether to get a vaccine should be a personal, private medical decision, between each individual and his or her physician. It is not a matter where either the church or the government ought to intrude, especially by force of law. Personal medical decisions are not something we are obliged to render unto Caesar, and the church cannot become an enforcement agency for Caesar. For a church to demand proof of vaccination is to set a legalistic standard that is not authorized by Scripture. Again, the church is a place where the people of God come together as one, without passing judgment on one another over questions of conscience. And the issues of masks and vaccines are nothing if not matters of personal conscience. So the

choice of whether to be vaccinated or not and whether to wear a mask or not should be left entirely up to each individual (Romans 14:1–23; 15:7).

- (4) A company of believers is not a “church” if they don’t gather. The word for “church” in the original New Testament manuscripts is *ekklēsia*. Even before the founding of the New Testament church, that word signified an assembly, a gathering of people. It comprises two Greek roots that literally mean “called out,” and more specifically, it refers to a body of people called out from their homes (or summoned out of a larger group) in order to muster together. Like the English word congregation, the concept of a group coming together is built right into the term. The church specifically comes together for worship, but the vital benefits of the assembly include fellowship, instruction, mutual encouragement, and accountability. Believers are commanded not to forsake the assembly (Hebrews 10:25), and that command comes immediately before the New Testament’s most somber warning about apostasy. Fellowship and corporate worship are therefore absolutely essential aspects of spiritual health for individual Christians, and they are also (obviously) vital for the very life of the church. Believers may be forced by illness, imprisonment, warfare, natural disaster, necessary travel, or some other significant emergency to abstain from the corporate gathering temporarily. But there is no justification for quarantining healthy people, and certainly no warrant for having the entire church suspend congregational worship on a prolonged basis. Plagues, pandemics, and persecution have frequently (if not constantly) threatened the people of God since that first Pentecost. Never have faithful churches responded to such obstacles by simply shutting their doors for months at a time and declaring distance-learning technologies a sufficient substitute for corporate worship.