



CORO LUX



Chorus of Light



NEWS OF NOTE



CORO LUX IS BUILT ON THE IDEAL OF “DOING GOOD AS WE DO WELL.” WE BELIEVE THAT IN DIVERSITY THERE IS STRENGTH. WE BELIEVE THE VOICES OF THE WORLD SHOULD BE HEARD, REGARDLESS OF ETHNICITY, GENDER, RELIGION, NATIONALITY, OR SEXUAL ORIENTATION. IN THE PAST WE HAVE USED OUR CONCERTS TO CALL FOR PEACE AND TO BENEFIT CHARITABLE CAUSES, AND WE WILL REDOUBLE OUR EFFORTS GOING FORWARD. THROUGH OUR ART WE SING FOR A BETTER WORLD.



CORO LUX

CONTENTS

January 2021 Volume 2 Number 1



Kirsten Norman leads you through our January newsletter. She previews the timely and informative articles you'll find in this issue

[Go to the article](#)



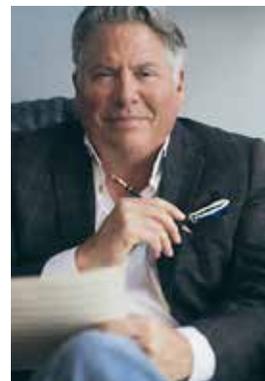
LaVonne Yazzie Interviews Chief Programs Officer at Roadrunner food Bank and *Coro Lux* Soprano Katy Anderson

[Go to the article](#)



Dr. Joe Alcorn updates us on the latest authoritative CORVID-19 information and provides guidance for singers in 2021

[Go to the article](#)



Bradley Ellingboe, *Coro Lux* Creative Director, reports on the coming events of the *Chorus of Light*

[Go to the article](#)



Ashley Jonkman interviews Vinnessa Ohle, alto, and the newest *Coro Lux* Board member

[Go to the article](#)



Doing good as we do well
Giving the highest quality performances, we also give back to the community

[Go to the article](#)



Great ways to financially help *Coro Lux*

For donors, it is about leaving a legacy and insuring their gifts support the values and causes that are most important to them

[Go to the article](#)



Performances by other local music organizations

Find out about their future concert schedules and cyber events

[Go to the article](#)



Kirsten Norman leads you through our January newsletter.

Happy New Year to everyone! I think I can speak for all of us when I say we are so grateful to have 2020 firmly in our rear view mirrors. A new year is, by nature, a time of renewal and new beginnings. But this time it's a particularly substantial metamorphosis, as sometime soon we all get to emerge from our dwellings, gather together, and sing! While it's always enriching to attend a virtual workshop like our upcoming JanFest, we nevertheless look forward to the day when we can sing together in person. In the meantime, here is some lovely choral-themed reading to help pass the time.

This month in our "What's New" column, Ashley Jonkman introduces us to our newest board member, Vinnessa Martinez Ohle. And our *Coro Lux* interview is with soprano Katy Anderson, who's day job is at the Roadrunner Food Bank— a crucial service, particularly these days. Artistic director Bradley Ellingboe discusses our upcoming winter

cyber activities and year-end giving. Finally, we have Dr. Alcorn's monthly Covid-19 update. Enjoy!

[Return to the contents page](#)

Read about our plans for the January 15 cyber event, "Singing In A Strangle Land," in Bradley Ellingboe's article. Dr. Rollo Dilworth will be headlining this not-to-be-missed event.

**IN THE TIME OF COVID:
SINGING IN A STRANGE LAND**

The 3rd annual MLK JanFest event on January 16th, 2021, co-hosted by the United Church of Santa Fe and *Coro Lux* will be virtual this year.



Our headliner will be award winning composer, educator and conductor, **Dr. Rollo Dilworth**. Dr. Dilworth has published more than 200 choral compositions as well as written or co-authored three books on choral technique. A frequent guest conductor, he has led 57 all-state choruses.

- Janfest will be co-led by the **Rev. Talitha Arnold** and **Bradley Ellingboe**. The program also features sessions on the voice by **Dr. Stevie Springer** and updates on covid -19 by **Dr. Joe Alcorn** discussing the prospects for live choral events in the coming year.
- The seminar will cost \$37.50. For more information and to register, go to abqcorolux.org



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LaVonne Yazzie



Interview with Chief Programs Officer at Roadrunner food Bank and *Coro Lux* Soprano Katy Anderson

By LaVonne Yazzie

It's wonderful to visit with you virtually by Zoom. How have you and your family been lately?

It's great to Zoom with you as well! So far, I feel very blessed in that my family and I have been unscathed health-wise. My two daughters engage in virtual online school. I am very lucky though, because my mom is a retired elementary education teacher and math intervention specialist and she has been leading the charge on that front. It's been a blessing for us, and it gives her purpose every day.

How have you and your family adjusted to life during the pandemic?

We have tried very hard to engage in enchanting and whimsical activities for the children during these uncertain times. We plan a theme party every other weekend; for example, we had a "full moon party" during the last full moon where we painted the girls' faces and created a "moon playlist" with songs about the moon in them. We do whatever we can while we are hunkered down to keep us from going nuts. It's been working for us so far and the children can be creative and dream.

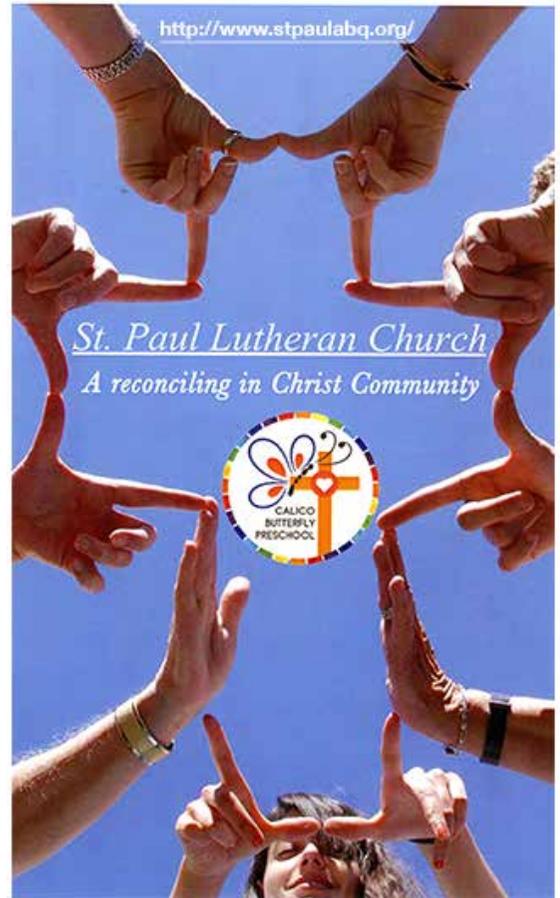
I remember from our previous conversations that you work at Roadrunner Food Bank. What is your role at Roadrunner and how has the pandemic affected the food bank's day-to-day operations?



Katy Anderson

My official position is as the Chief Programs Officer at Roadrunner, and basically, I lead the partnerships that we have in the whole state. My direct boss is the CEO. It's actually a fascinating story; the previous CPO was offered an amazing job opportunity elsewhere, and in February 2020, I stepped in as interim CPO while they began the official hiring process, and then bam! COVID hit two weeks

Continued on next page



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Interview continued

later and suddenly I was in a crucial position during a pandemic. In mid-April, they officially offered me the position. It has been trial by fire.

Congratulations on your promotion! What would you say is the biggest challenge that you have faced in your position?

The biggest challenge is pandemic specific. Lockdowns are happening all over; for example, pueblos have shut down their borders and it has been a challenge to ensure that food was getting out to those communities. Also, many organizations are headed by elderly volunteers who have serious health concerns and could no longer continue in their roles. There were many times when we physically had to go out and run these distributions. I remember for a time we were running four distributions every week, and we needed to find 30 to 35 volunteers to move 25,000 pounds of food for distribution. We also had to figure out how to stay safe and adapt our food distribution methods by switching to contactless drive-thru distribution.

It sounds like you were the right person to head this program after all. This might seem like a silly question, but how does Roadrunner source their food?

We get food from regular grocery stores like Albertson's, Walmart, and Smith's, and we also receive funding from the USDA through the Emergency Food Assistance Program. We also purchase food; I may go out and buy peanut butter that costs \$40,000 to \$60,000 or roughly \$1/pound in a 53 ft. trailer. The pandemic has affected food prices, and that has also affected us and the people we serve. There is a perception in the world at large that food banks get access to first-rate food, but there is no such special deal. We also get some food through food drives and donations that allow us to provide extra variety. We can source food a lot cheaper than what an average person would buy at the grocery store, so it is ultimately better to donate money directly to our organization.

I commend you on your work and service to the community. With so much going on at work, how is music playing a role in your life at present?

I deeply miss the camaraderie of *Coro Lux*, of melding voices with one another and creating beautiful chords. My husband is also musically talented, and he plays the guitar, trumpet, trombone, and saxophone. Both my girls take piano, and we all play music and sing together all the time. Recently, I've been going back and looking at the music I sang for my senior recital in college, where I performed Pantomime, En Sourdine, Mandoline and Apparition by Debussy. They are these really cool pieces based on commedia dell'arte, and I highly recommend them.

[Return to contents page](#)



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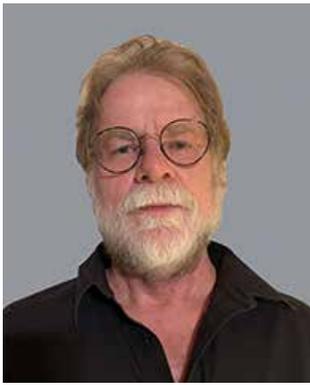
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COVID Myth- Conceptions

By Dr. Joe Alcorn

The Sniff Test: An informal “reality check” of an idea or proposal based on a combination of common sense, precepts of plausibility, and often the provision of just a little basic information. A chief advantage of a Sniff Test is to establish early on that an idea or process failing it is too outlandish to warrant significant time spent in a more exacting consideration. And in general it partakes of Occam’s Razor - that when confronted by several possible explanations, the simplest is the most likely - bearing in mind that judging what is simplest may be complicated!

Example:

From time to time as a physician I would encounter patients convinced that Oncologists conspire to avoid curing cancer in order to preserve their income. Presumably this explanation for slow progress seemed ‘simpler’ than an alternative, such as, “cancer is a complex process and the exacting research to sort it out is never fast enough.” But if we think about execution, what IS more simple and plausible: That Nature is complex and gives up her secrets gradually? Or that multi-disciplinary collusion has suppressed any ambition to cure the disease?

Let’s set aside the complexity of cellular replication gone awry that is cancer (along with the time required to unravel these complexities) to simply think about how to convert an energetic college student dreaming of the glory and satisfaction of curing cancer into an income-driven cure-suppressor.

How does one become an Oncologist? After application to medical school, matriculation and successful navigation of a competitive three year Internal Medicine Residency, Board Certification (requiring the passing of 4 exams) FINALLY there is application for one of between 500 and 600 three-year training positions in Oncology (with its certifying Board exams as well). These are mostly University programs with teaching and research faculty. So the

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(Covid Continued)

Oncology trainee has already had exposure to medical practice through 7 years of school and post-graduate training before even interviewing. The years of sub-specialty Oncology training will include close working-relationships with surgeons, pathologists, radiologists , pharmacists, statisticians, nurses and many other medical specialists following up on the work of lab scientists all over the world. Not to mention very close personal ties to the outcome for thousands of patients.

I always wondered if the folks convinced that Oncologists were committed to avoiding cure believed that training programs had some way of determining and selecting only applicants who were willing to abandon whatever youthful enthusiasm for cure they might have once had - (hard to imagine how an interviewer confirms this without giving it all away....!) Alternatively, Oncology Training Programs might recruit broadly and THEN at some point let their rookie Fellows in on the little secret, luckily finding it agreeable to them all so that no one protests or blows the whistle. Either way, it is difficult to reconcile the actual execution of such plotting with the reality of the training process - care of thousands of patients, attendance at hundreds of lectures and seminars, countless hours of study starting no later than the enthusiastic years of medical school - with the collegial collaboration of so many non-Oncologists - only to then, upon acceptance into Oncology training, pivot to some kind of prolonged 'stall' in which collusion across the world results in deep-sixing studies and treatments The more so in that survival with most cancers HAS improved considerably over the years. The more so in that EVERY Oncologist has to be in on this or cover is blown.

I would suggest that after mere consideration of the structures of training in Oncology, a conspiracy of Oncologists to avoid cure is actually quite complicated and so hard to pull off it just doesn't pass the Sniff Test.

Exploring Myths

Many, though not all, "COVID-19 myths" begin with the seeming simplicity of 'those people,' which is to say broad conspiracies of thousands, whose overlapping work coordinated from the top down seems the simplest explanation for puzzling or disturbing or threatening phenomena - like COVID-19. Phenomena for which the 'mainstream' understanding may be considered conceptually "simple' (by scientists and doctors who know the background biology!) but is

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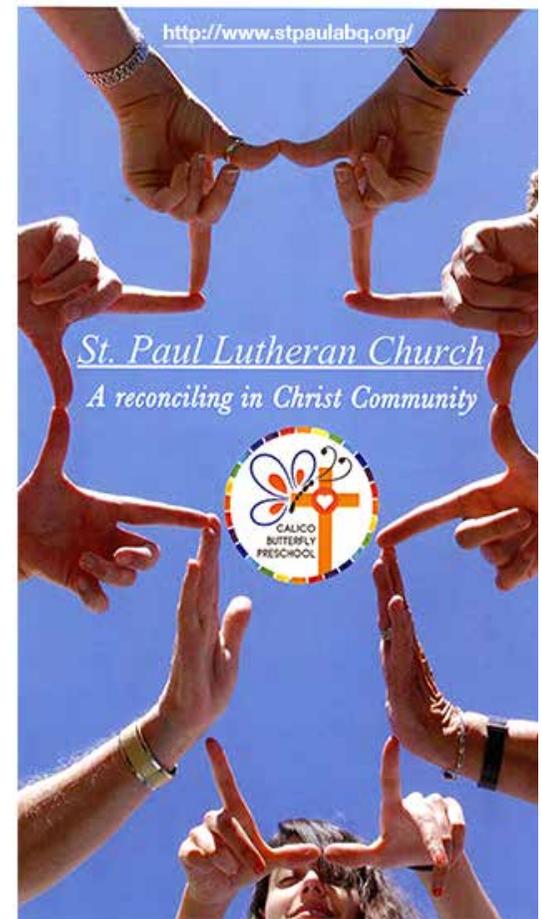
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(Covid Continued)

opaque to a skeptical layperson. If you are familiar with, say, anti-body mediated immunity, then the strengths AND pitfalls of anti-body based testing for SARS CoV2 seem conceptually simple. Whereas, if the word “antibodies” is abstract jargon, then it may seem simpler to believe that irregularities of diagnostics or immunity arise because of conspiracies along the lines of: “Research from Germany, China and the US, among others, involving cells in culture and experiments in test tubes and animals, and all the individual humans enrolled in trials, must have had carefully synchronized fake results.”

To address ‘myths’ it is useful to both demystify the technical aspects of consensus understanding but ALSO to consider just how complicated it is to carry off the alternative “simple” conspiracy - the ability to recruit so many cynical but skillful actors, to find the time for them to meet and decide what to suppress - to keep them from accidentally making an important advance in the field, and so on. How difficult it must be to keep others outside the conspiracy from making the discoveries that give it away, for example to be sure that results of work in one line of cell cultures in Japan yields results that are compatible with human studies in England, all coordinated without leaks! It turns out that the conceptually simple conspiracy is actually incredibly complex when you sit down to consider the logistics.

(In a way, Conspiracy Theories are the opposite of Science. It may be impossible to pull off as a ‘top down’ plan to tightly synchronize the work of thousands of individuals in different, but sometimes overlapping, fields toward malign ends. But when independently derived data across a variety of disciplines are examined ‘bottom up’ and, again and again support an overarching explanation or hypothesis, that explanation gains credibility... the way bacterial drug resistance and dog breeding and Mendelian Genetics, all derived independently, together support a theory of Evolution.)

Three COVID-19 Myths

Questions of Science and Conspiracy arise in the world of COVID-19 and so based on questions posed since last month, we’ll (mostly) subject them to Sniff Tests....

#1 For instance, one hears still the assertion that Death’s from SARS CoV-2 are being over-reported because the diagnosis of COVID-19 as cause of death

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We’re on YouTube!



Lauridsen interview



Rutter's "Magnificat"

Check us out.

https://www.youtube.com/channel/UC7MYTsW_bnjJun31GBHjwjQ

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There’s a time for applause, and a time for a helping hand

Although many of our activities have been curtailed by the need to quarantine, nonetheless, our expenses continue. As we do everything in our power to emerge from this pandemic as a healthy organization, we ask that you consider making a contribution. Coro Lux is a 501(c)(3) non-profit and all donations are tax-deductible as allowed by law.

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(Covid Continued)

provokes supplemental insurance or governmental payments to physicians - a seemingly 'simple' theory to explain away the alleged lethality of this disease. There are some under-appreciated data at odds with this assertion, such as physician office closures spiking and hospital revenues plummeting (<https://www.usnews.com/news/health-news/articles/2020-10-13/pandemic-dangers-drive-some-doctors-to-switch-jobs-early>; Google Mayo Clinic or Johns Hopkins to read about hundreds of millions in revenue losses) or that death rates aren't lower where physicians are strictly salaried like the VA or most of the rest of the world. The volume of inpatients is real. Consider the struggles of ambulance companies (https://www.nbcnews.com/news/us-news/ambulance-companies-breaking-point-after-receiving-little-covid-aid-n1249586?cid=sm_npd_ms_tw_ma) or the ICU bed shortage in Albuquerque, now a national story (<https://www.nytimes.com/interactive/2020/12/09/us/covid-hospitals-icu-capacity.html>) But hospitals generate much of their revenue by 'routine' surgical, GI or Cardiology care which are all greatly reduced in volume by the influx of COVID-19 patients. So, where is the evidence of physicians or hospitals, clearly overwhelmed with acutely ill patients, profiting? And how would the conspiracy to mislead the public and the government, requiring nurses and hospitalists, pathologists, immunologists, administrators, insurance companies, accountants, oversight agencies and inspectors not to mention the families of the deceased, actually coordinate this "simple" conspiracy? Are nurses profiting or would they notice the false outcomes and fake certifications? Wouldn't the insurance companies seeing an influx in claims do their own due diligence? How about Medicare oversight through Ways and Means, and Health and Human Services?

You might not want to read all 147 pages of what is PROBABLY the origin of this myth: the 2020 Medicare regulations that include modest supplemental facility (not doctor) payments for care of Medicare beneficiaries (only) on ventilators with COVID-19 in recognition of the expense of the PPE required for their care (<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>). But for Sniff Test purposes all you need to know is that NO billing relies upon or is effected by a cause of death. Hospital charges are generated by professional "Coders," who comb through the record to establish the objective criteria for patient complexity and diagnoses. The assignment of a 'cause of death' has no financial implications for physician or hospital. No

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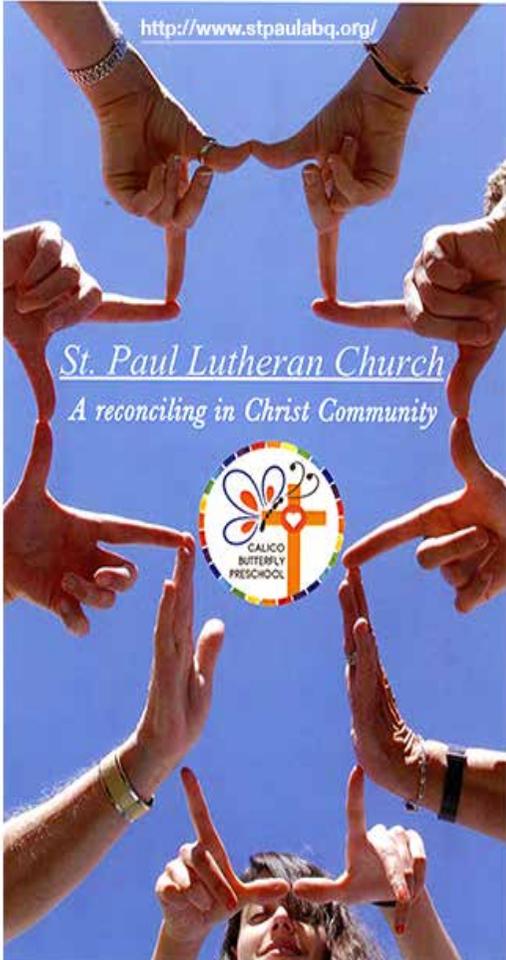
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(Covid Continued)

evidence of profiteering; no connection between cause of death and reimbursement - this 'myth' doesn't pass the Sniff test.

#2 How about the assertion that DIAGNOSES of COVID-19 are erroneous and reflect, depending upon the version of this concern, wildly inaccurate tests, tests that cannot distinguish SARS-CoV2 from OTHER Corona viruses, or a deliberate mis-diagnosis of influenza or other illnesses as COVID 19 in order to.... well usually the assertion is for some financial benefit....or ostensibly to acquire some degree of control over people through Public Health Measures?

Surely here the Sniff Test will have to again consider the complexity of maintaining the collusion of doctors, nurses, respiratory techs, lab scientists, administrators, insurers and the Department of Health and Human Services, along with its Executive Branch direction and Congressional oversight.... but all this must begin with agreement that a lot of people have died of a rather acute disease, including three of my own colleagues (that I know of) so far, two in my next door neighbor's family, nearly 1900 around the state. The reports of ICU census, morgue storage space shortages, and hundreds of thousands of personal stories from families about their losses are consistent with this tragic phenomenon. The consistency of independent descriptions of this disease from hundreds of countries around the world limned a new Syndrome (<https://jamanetwork.com/journals/jama/fullarticle/2768391>) with features on physical exam, lab analysis and of progression and pathology not seen in other diseases - totally different from HIV and, though overlapping with moderate Influenza, readily distinguished by lab tests and other features, like blood clotting and cytokine response (ibid). A novel Corona Virus was isolated from patients with this syndrome (millions of times now) and that virus has fulfilled the "Koch Postulates" as modified for viruses (meaning it has been isolated from a COVID-19 patient, grown outside of humans in culture, then re-introduced to susceptible creatures causing illness) in half a dozen model systems demonstrating it is the infectious agent (see <https://www.nature.com/articles/s41586-020-2312-y>).

Furthermore, deaths have had no political affiliation (see https://ballotpedia.org/Government_official,_politician,_and_candidate_deaths,_diagnoses,_and_quarantines_due

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(Covid Continued)

[to the coronavirus \(COVID-19\) pandemic, 2020\).](#)

So either there is a newly-discovered respiratory illness that is now killing more than 3000 people per day in the US as this is written, or 60,000 hospitalist physicians, with their colleagues in radiology and medical subspecialties, along with more than two million hospital-based nurses, the lab scientists who have created the diagnostic tests and host of others - including patients' families - are consistently and unquestioningly mistaken or dishonest about their symptoms, their lab tests, their care and the effective treatment. Once again, the complexity of conspiracy is daunting whereas the evidence for the newly recognized disease is compelling.

#3 In one more variant of this Myth, deaths and the reality of SARS CoV-2 are acknowledged, but the deaths are claimed to be caused by OTHER Corona viruses or maybe all of them, (no one in particular being responsible - or virulent - enough to warrant mitigation) due to inaccurate lab testing. Here too a little information may disabuse of this concern.

Corona Viruses acquired their name because of their surface 'crown' of what are commonly called "spike proteins." We have, in earlier newsletters, reviewed the several innocuous Corona Viruses (the ones that cause mild upper-respiratory infections), as well as the more serious SARS and MERS Corona viruses, all of which have this features - the way all cars have tail lights. However, the '57 Chevy tail light of a harmless URI-causing Corona Virus is distinctly different from the SARS CoV-2 Tesla tail light.

Meanwhile, the key neutralizing antibody response that anchors our successful immunologic response to Corona viruses is very specific - if one of the minor Corona Viruses causes a simple Upper Respiratory Infection in a human, showing the body its 1957 tail-fin headlights aka Spike Protein (as 'antigen'), the antibody response to that virus is VERY specific for that taillight design. But if we are subsequently confronted by SARS CoV-2, our 1957 Chevy tail light antibodies are no use: they may be around in abundance, but they just don't lock onto the Tesla the way they did the Chevy. After all, the way antibodies 'work' is to precisely 'fit' a protein structure in this case the Spike Protein/tail light) thereby both marking that virus for additional immune-system action, while also, in many cases, actually interfering with the function of that Spike Protein in entering the human cell. The likelihood of

(Continued on next page)

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(Covid Continued)

that Chevy antibody to ALSO exactly precisely fit the Tesla is very, very remote. The upshot is that there does not seem to be any significant cross-immunity between corona viruses: immunity to one does not protect from another. And therefore MANUFACTURED antibodies to SARS CoV 2 as received by various infected celebrities, as well as the INDUCED antibody from COVID-19 vaccines are useful for SARS CoV 2 but no other Corona virus. The very fact that they are helpful establishes that it is SARS-CoV 2 that is causing the disease COVID -19.

Of course these antibodies would have NO impact on HIV or influenza or other viruses that don't even have spike proteins.

With this background it is possible to see that on the one hand no other agent BUT SARS CoV-2 has been implicated in the disease, and treatment that is very specific to this virus - Spike Protein antibodies - appear to be effective in treating COVID 19. This alone makes the assertion that COVID 19 has some OTHER cause untenable. But let's look just a little further at the reliability of tests - also discussed briefly in earlier newsletters.

SARS CoV -2 Tests

SARS CoV 2 differs from URI-causing Corona viruses the way field mice differ from muskrats - same family but not that hard to distinguish.

One way to tell that it is SARS CoV - 2 alone causing COVID-19 is to recover it (and only it) from the nasopharynx and determine genetic sequence - which has elements unique to each different Corona virus. Indeed, the various Corona viruses have slightly different spike proteins (and therefore elicit different antibodies) BECAUSE they have different genetic sequences.

A short-cut to this strategy would be to NOT determine the entire genetic sequence of the virus, but take a portion of it that is unique - NOT found in the other Corona viruses - and test for that specific sequence. Doing this by Polymerase Chain Reaction or PCR is a highly specific technique and the most commonly employed COVID-19 diagnostic test. The specificity of a unique portion of the genome makes confusion of SARS-CoV 2 with other corona viruses almost impossible.

BUT bear in mind: 1) you could have more than one Corona Virus at a time; 2) you could fail to get a good quality specimen for analysis; 3) you could recover

(Continued on next page)



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(Covid Continued)

genetic material by swab even though the clinical infection is over, meaning the virus no longer capable of replication with only this genetic 'debris' present; 4) there could be a mistake with reagents or assay conditions or test results mis-read; 5) there are a number of commercial versions of the test which vary slightly in precision. In short, NOTHING is infallible, but PCR testing is SO sensitive and specific that it is the basis for many clinical diagnostic tests we have relied upon for decades (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7106425/>), such as those for HIV or TB or even whooping cough - not to mention this is the technique that cracks the case on most TV forensic science dramas... Hence, the 1993 Nobel Prize to its originator. Bottom line - done properly this test is extremely specific - as high as 95% - and very unlikely to mix up SARS CoV-2 with any other corona virus in symptomatic patients.

While the business end of the antibodies to SARS CoV 2 is very specific for the Spike protein (and therefore recovery of post-convalescent antibodies OUGHT to be similarly specific), the actual measurement of these antibodies isn't itself based on PCR and isn't perfect. The non-business end of antibodies can be similar enough that you MIGHT get some cross-over and measurement of non-COVID-19 antibodies when you try and measure SARS CoV-2 induced antibodies. That is why there is so much ongoing work to try and improve the specificity of these antibody tests, which may be on the order of 80%. Distinctly different from the PCR swab for active disease!

Why mention this? Setting aside for a moment the question of just why anybody (let alone a consortium of doctors, nurses, scientists, lab personnel, technicians, administrators, pharmacists and so on) would be motivated to mis-identify the diagnosis of a disease that is now killing daily more than we lost on 9/11, it IS easy to get confused between the accuracy and role of Antibody Tests (measuring our response to virus) vs. the PCR tests (that measure the presence of viral RNA) and conclude that testing is just inaccurate. The sensitivity and specificity of both kinds of tests will depend on the true prevalence of the disease in the tested population (for instance, if a tested population truly had nobody with the disease, then any positive tests are false positive, not true), but for patients with typical symptoms, PCR diagnostics are highly accurate, while antibody tests have several inherent limitations. Still, perhaps 3-5% of patients might be mis-classified with a single PCR test - enough to make interpretation

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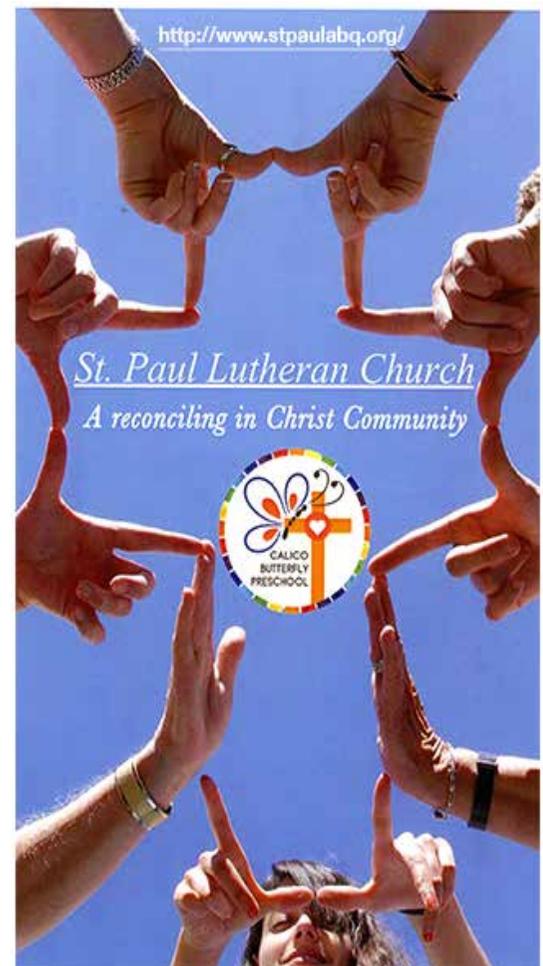
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(Covid Continued)

tricky but not enough to mislead big-time on disease attribution, especially since both positive AND negative misclassification occurs if tests are used outside of clinical context.

(We have touched on 'pre-test probabilities' and how they affect test interpretation before but some of these intricacies are further discussed here: <https://www.bmj.com/content/bmj/369/bmj.m1808.full.pdf>)

Bottom line: Between the unique clinical presentation of COVID-19 - as different from other Corona Virus infections as Measles is from Chickenpox - and the power of the PCR testing results (and the less precise but still consistent results of antibody testing) the notion that COVID-19 is not the result of a unique Corona virus just doesn't pass the SNIFF test.

Enough with the Myths already

MEANWHILE - the important developments since last month are Vaccines! Britain is already deploying the Pfizer/BioNTech mRNA vaccine. The trials reported "possible" allergic reactions in 1:1000 patients if you include significant local redness and discomfort that might not be truly allergy-mediated. The first FDA assessment of safety and value JUST came out 9 minutes ago (<https://www.fda.gov/media/144245/download>), so it will take a day or two to absorb. However, to cut to the chase, the committee voted to proceed with full FDA approval and as far as I can tell the only misgivings were whether the data on the 16-17 year old cohort was robust enough to approve use for those folks as well as people over 18.

I understand people's concerns about the "speed" of development that suggest worry about cut corners - and we DON'T want to make the data analysis hasty. But the principle acceleration of the process lay in the rapid understanding of the viral genome - within a week of isolation back in January - in conjunction with the vaccine research done on other Corona viruses over the years, as well as the investment in rapid recruitment of patients for the series of trials required to establish dose, safety, and efficacy, discussed in previous newsletters. So the speed was primarily in the generation of the Data - but the data are the data and vaccinated patients were some 95% less likely to get symptomatic COVID-19 (with

both Pfizer and Moderna mRNA vaccines) than non-vaccinated. Additionally, those that acquired infection

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(Covid Continued)

had mild cases. The only thing 'lacking' is 6-12 months of follow-up data from the original trials - typically available for vaccines developed more slowly. Given the known morbidity and mortality of the disease itself, our inability as a nation to reliably undertake simple mitigation measures, and the safety in trials of tens of thousands of patients, I anticipate FDA approval. This is NOT to say that there won't be a report sometime in the next few months of a patient who had recently been vaccinated who has a heart attack or is diagnosed with a lymphoma or an unusual neurologic disease. ALL of those things happen NOW - but increasingly, as people are vaccinated, they will be taking in place in people who were.... vaccinated. With so much of our recovery dependent upon vaccine-initiated immunity, there will be much made of these associations, but we will need to remember that this is not surprising and that association is not causation. Such cases will be subject to the most serious and sober review, but at this point there is no evidence to suggest the vaccination will have side-effects more dangerous than the disease.

It will be a huge project to get 70% of Americans vaccinated though, and it is not yet clear if a successfully vaccinated person can still acquire asymptomatic infection and spread it to someone still vulnerable. So keep those masks on, the distances observed, the attention to ventilation! And, alas, for singers - don't count on performance for some months yet. [Return to the contents page](#)



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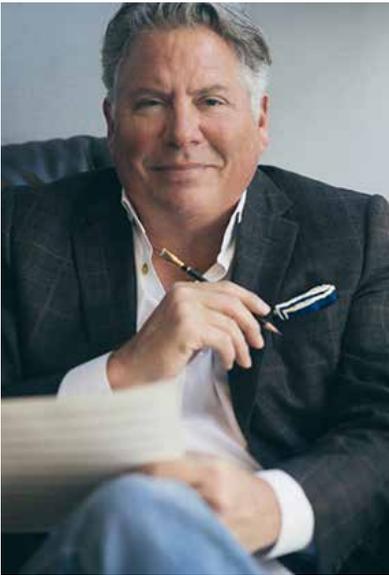
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An update of the work of our Chorus of Light.

By Bradley Ellingboe

Dear readers:

It's fairly typical to begin a message such as this with the phrase, "I hope this letter finds you well." Rarely has that stock phrase been more appropriate than in 2020! As this very strange year draws to a conclusion, I'm writing with an update of the work of our *Chorus of Light*.

Last season started off as normal, with a triumphant reprise of *Considering Matthew Shepard* in Santa Fe, and two different repertoires with the New Mexico Philharmonic (Vivaldi's *Gloria* and Handel's *Messiah*), as well as our second annual 'JanFest' in January of this year, celebrating the legacy of Gospel music as embodied by the great Mahalia Jackson.

Then in March... a complete *fermata*. However, though we've had to cease rehearsing and performing, we have not been inactive. In the intervening months we've launched this monthly newsletter, used our treasury to give financial assistance to some of our own members, and crafted a new statement on inclusivity.

Going forward, there are a variety of ways you can connect, including a **Virtual Carol Sing** premiering on December 15th at 7 pm. If you'd like to take part, visit our YouTube channel at https://www.youtube.com/channel/UC7MYTsW_bnjJun31GBHjwjQ Also, our third annual '**JanFest**' will be held virtually and is open to everyone. It will feature Dr. Rollo Dilworth and include much that will be of

Continued on next page



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Update continued

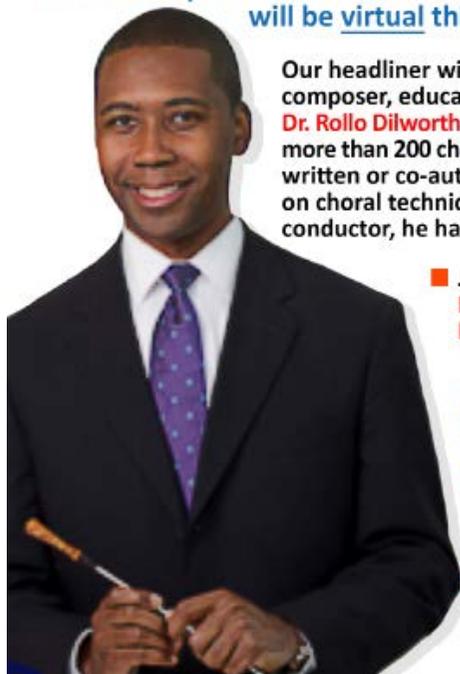
interest to singers and non-singers, alike. Go to www.abqcorolux.org to sign up.

As we all know, some people's lives have been decimated by the pandemic, both in terms of health and income, while for others it has been little more than an inconvenience. Though the *Coro Lux* organization has received no income since January, nonetheless, our expenses continue. Please consider a tax-deductible gift to *Coro Lux* at year's end. If you wish to donate online, you can go here: <https://abqcorolux.org/donations/> Moreover, *Coro Lux* has recently set up the apparatus to receive charitable IRA distributions from those who are above the age of 70.5, as well as any gifts of appreciated securities from taxable investment accounts. For more information on that, please write to me at the address found below.

For now, best wishes for the coming months. May we all emerge from this with a renewed commitment to *harmony* in all its forms! [Return to the contents page](#)

IN THE TIME OF COVID: SINGING IN A STRANGE LAND

The 3rd annual MLK JanFest event on January 16th, 2021, co-hosted by the United Church of Santa Fe and *Coro Lux* will be virtual this year.



Our headliner will be award winning composer, educator and conductor, **Dr. Rollo Dilworth**. Dr. Dilworth has published more than 200 choral compositions as well as written or co-authored three books on choral technique. A frequent guest conductor, he has led 57 all-state choruses.

■ Janfest will be co-led by the **Rev. Talitha Arnold** and **Bradley Ellingboe**. The program also features sessions on the voice by **Dr. Stevie Springer** and updates on covid-19 by **Dr. Joe Alcorn** discussing the prospects for live choral events in the coming year.

■ The seminar will cost \$37.50. For more information and to register, go to abqcorolux.org

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Ashley Jonkman



**Ashley Jonkman
interviews Vinnessa
Ohle, the newest Coro
Lux Board member**

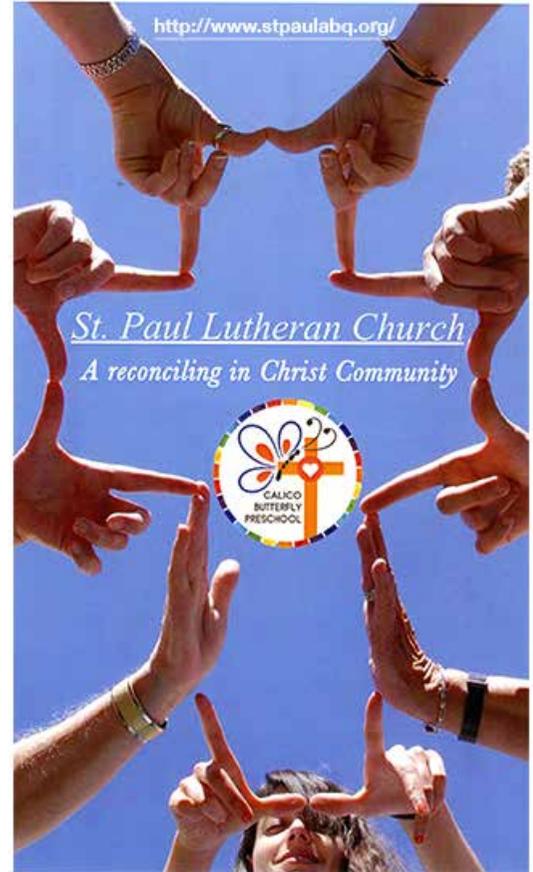
If you ask Vinnessa Ohle what the best part of her job is, she'd tell you that this year has made abundantly clear what it is: being physically with her students. She's in her 6th year of teaching as an elementary music teacher at Katherine Gallegos Elementary School in Los Lunas. She teaches hundreds of students on a normal week, so instead of doing music classes over Zoom or Google Meet, she's been recording videos of herself teaching each class. While she's making do, she misses seeing those faces light up when they really understand something, when they catch a little bit of the magic of music. The silver lining of a complicated 2020: "I severely underestimated how much I actually loved my

"I didn't realize how much I loved teaching in person and being with my students. I love helping them learn, and being in a classroom."

job. Before this year I was wondering, 'Should I even keep being a music teacher?' I didn't realize how much I loved teaching in person and being with my students. I love helping them learn, and being in a classroom." While videos certainly aren't ideal, she's keeping up her connection with her kids by holding virtual office hours where students can come to ask questions, or just hang out and see a familiar, friendly face. This is one of her favorite parts of this year's job, offering a connection to kids who may really need it. "Some kids don't have stable homes. I'm blessed to be a settled adult. It must be hard for kids," she said.

Vinnessa was a music student early on—her love

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Ohle interview continued

of singing was sparked in elementary school when she was given a solo in a school production. After that, she continued on in band in middle school (playing saxophone), and joined choir AND band in high school. She was even voted “Most Musical” by her graduating class! After high school, her path was clear and she studied music education at UNM, where she met her husband, *Coro Lux* tenor Neal Ohle. They’ve been married 4 years, together for 10! Her sorority voted her “Most Likely to Sing in Carnegie Hall.”

In her free time, Vinnessa is an avid gamer (board games, video games, you name it!), enjoys crafting (especially tie-dye!) and loves to spend time with family and friends. A natural extrovert, she’s most looking forward to getting

“I appreciate *Coro Lux* because it keeps me tied to being a musician, not just a music educator.”

back into the classroom and getting to go out with friends after rehearsals when things go back to normal. While she loves music, after a long week of teaching music, she savors the sounds of silence. When I asked her what album she’d bring to a deserted island, she said she’d bring anything by Queen!

After she graduated from UNM with her Bachelor of Music Education, Vinnessa joined *Coro Lux*, where she has just begun her first year on the board. “I appreciate *Coro Lux* because it keeps me tied to being a musician, not just a music educator. A lot of my job is focused on what I’m teaching my students— state testing, state standards, et cetera, kind of just a narrow way of thinking. With *Coro Lux*, I don’t have to



Vinnessa Ohle

worry about teaching anyone, I can just worry about my part and me being able to sing my part!” While she’s thrilled to be on the board, she said it came as a “huge surprise” to be asked. She considers herself a jack of all trades—so her substantial experience in marketing, administrative work and outreach will be a wonderful addition to the *Coro Lux* board!

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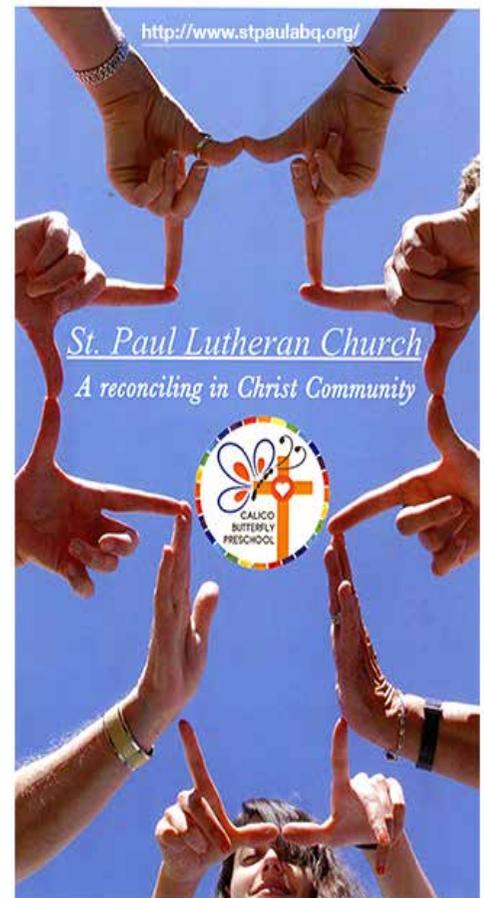


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How do you apply this strategy?

- The distribution proceeds must be paid directly to Coro Lux.
- Charities must receive distributions no later than December 31 of the respective tax year to be considered as a donation to the charity for the year.
- You cannot receive any goods or services in return for the IRA charitable distribution.

Can you use the charitable distribution to meet any required minimum distributions for the year?

- Yes, you can use up to the entire \$100,000 per person each year to satisfy any required minimum distributions you may have for the year, please consult your tax advisor for the detailed rules. The amount distributed as a charitable IRA distribution is included in the owner's required minimum distribution for the year, if any.

Your financial advisor should work with you and your tax advisor as you evaluate this strategy to determine whether it makes sense in your overall estate plan. [Return to contents page](#)



When the world changes,
we're here to help

We applaud Coro Lux.

Supporting your community is important to you — and to us. That's why we're committed to helping you make a difference.



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News from other organizations



Polyphony, led by Dr. Maxine Thevenot, announces their annual Children’s Messiah is going virtual this year. The date of the release of the virtual choir project is set for December 19 at 10:30 am. For more information or to register, go here: www.polyphonym.com



In an early September email and video, Santa Fe’s Sangre de Cristo Chorale introduced the composer for its latest commissioned work: the multi-talented and interdisciplinary Katie Kring. In its November 4 email and video, the Chorale announced the text for that work, which will be performed at the first in-person concert. Just before Thanksgiving, Chorale members will share Thanksgiving traditions in a video collage. You’ll find all videos to date on the Chorale’s website (<https://sdcchorale.org/>), where you can sign up for the email list.

January:

To launch the new year, Santa Fe’s Sangre de Cristo Chorale shares its latest update on the commissioned work by Katie Kring. The January 13 Musical Work in Progress video focuses on the composing process—something seldom shared with audiences. All videos are on the Chorale’s website (<https://sdcchorale.org/>), where you can sign up to receive notice of future videos as they’re posted.

(Continued on next page)



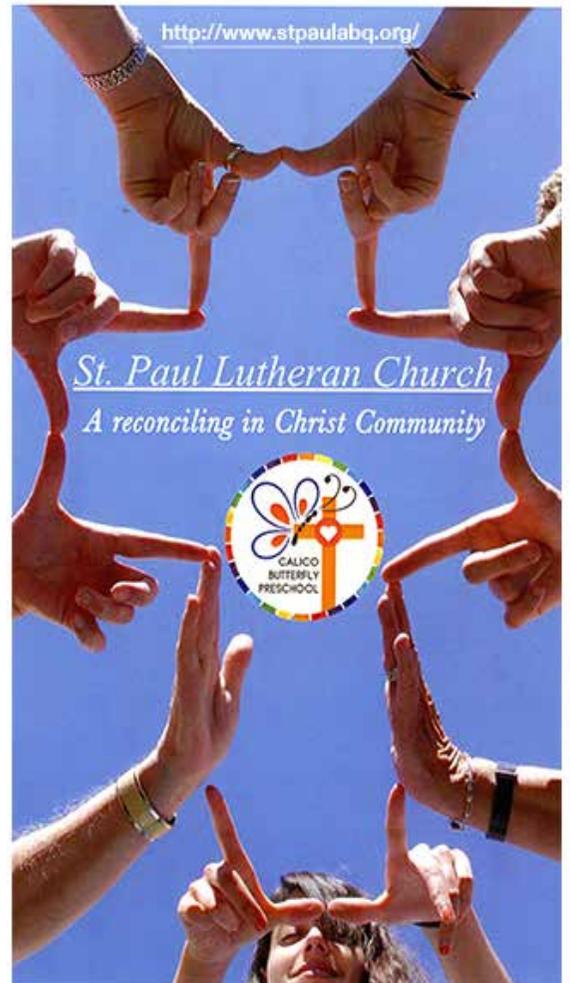
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Home for the Holidays with Catalina!

AVAILABLE ON & AFTER:

**Saturday, December 19, 2020, 6 p.m.
MDT**

Catalina Cuervo soprano

Juan David Mora piano

While the holidays may look a little different this year, the NMPHil is here with musical offerings to remind you of the celebrations of yore. Featuring the “fiery soprano” Catalina Cuervo!

ACCESS AT NMPHIL.ORG

Karen Gomyo: Bach, Biber & Adams



AVAILABLE ON & AFTER:

**Saturday, December 26, 2020, 6 p.m.
MDT**

Karen Gomyo violin

J.S. Bach Partita No. 3 for Solo Violin in E Major:
Preludio, Loure, Gavotte en Rondeau

Biber Passacaglia

Samuel Carl Adams *Diptych*

The *Chicago Tribune* has praised Ms. Gomyo as “a first-rate artist of real musical command, vitality, brilliance, and intensity.” For this NMPHil offering, she presents a program of both old and new works: from the Baroque with Bach and Biber to the current day with Samuel Carl Adams.

Pay what you wish starting at \$.99 (minimum).

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