

## JOIN US FOR THESE UPCOMING CCC PROGRAMS

**Feb 10 at 5:30 pm** “With a Truncated Transition, How Can President Biden Catch Up?” with Martha Joynt Kumar, Director White House Transition Project. She has a long history of studying transitions and publishing scholarly works about them.

**Feb 25 at 5:30 pm** “The Current Pandemic and Steps Forward” with Jane Hyatt Thorpe, J.D. Sr Associate Dean for Academics, Students & Faculty Affairs, Milken Institute School of Public Health, George Washington University.

**March 10 at 5:30 pm** “Fight House; Rivalries in the White House from Truman to Trump” with Tevi Troy, CEO American Health Policy Institute

**March 24 at 5:30 pm** “Contested Histories” with Nancy Hirshbein, Museum Docent & Founder of Dial-A-Docent

**April 7 at 5:30 pm** “Georgetown in the Coming Months” with Joe Sternlieb, CEO, Georgetown Business Improvement District.

**Georgetown Village Office will be closed on Feb 15 for President’s Day.**

We are deeply grateful for the generous contributions we have received during these challenging times. Your gifts have helped us meet the need for increased services for our members during this pandemic.



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# GEORGETOWN VILLAGE

FEBRUARY 2021

## FROM THE PRESIDENT

### LET’S HELP OTHERS AND KEEP OURSELVES HEALTHY AS WELL



*Toni biking for exercise.*

Starting with that unexpected Covid-19 stimulus payment of \$1,200 from the Federal Government last spring, I felt it was time to support as many less fortunate people as I could. Many Washingtonians are going hungry and too many are facing evictions. I used my payment to support several food pantries in the District, especially those organizations that also help residents avoid eviction. Increased homelessness is a serious problem and with Covid no one should be in shelters. My favorite non-profits right now are Martha’s Table, Friendship Place on Wisconsin Ave and the Legal Clinic for the Homeless. The latter is helping people in the tents that you see around town as well as preventing evictions with legal defense. Please tell me your favorites. There may be another stimulus payment coming up that some of us don’t really need.

At the same time, for us in the Village, our job is to stay safe and healthy so we do not overburden our children or the medical system, while we wait patiently for our vaccines.

Exercising outdoors more, rather than less, is one bonus of feeling “locked up”. Jonathan is now getting his 10,000 steps in almost daily. Happily, I meet many of you “villagers” out walking even in cold weather. And I know others are exercising on line with Yoga classes or our village instructor William Yates of the Y. The Village has fed us dozens of on-line options to keep us moving. And is helping us get our vaccinations as well! Just read the frequent announcements from our Executive Director.

As we wait for our vaccines and the all-clear, it is critical to do as much as we can to keep our legs strong and balance under control. FALLING IS NOT AN OPTION: A WAY TO LIFELONG BALANCE, by George Locker, is one new book I recommend on the subject of preventing falls through isometric standing exercise. But I am back on my little bike, biking outdoors and around the neighborhood when it’s not too cold. My balance is not perfect, but once up on the bike it’s fine even after a bout of vertigo years back. No, I’m not going on long rides, just uphill! Do you have a bike? Join me for an early morning climb up 37th Street. My wimpy goal is just to get past W Street. before walking the bike up to some less hilly streets in Glover Park. You don’t bike anymore? Another option for thigh muscle maintenance; make the short walk down to M St and a slow climb up the exorcist staircase onto Prospect, and back to my house on O St. for a socially distanced cup of tea on the porch. Just as good as going to a gym. Let’s do it together!

Your village friend,

**Toni Russin**, Co-President of Georgetown Village

### We hope to see you at our weekly events

**Happy Hour** taking place every other Tuesday during Pandemic Crisis.

**Coffee Talk** Every Wednesday Morning via Conference Call at 11 am.

**Book Group** Next book group meeting will be on February 22 at 10:15 via Zoom to discuss “Caste” by Isabel Wickersham.

**Covid Call-Every Thursday via Conference Call** Village Conference Call Number for all programs is 1-515-604-9094

Access Code 190-486-505#

# THE VACCINES ARE COMING!

by Pam Godwin

NOTE: Information about COVID-19 (aka SARS-CoV-2), including about vaccines and transmission, is still evolving as we learn more about the pandemic. That which we present is based on our best information at the time at which it was written.

Some are here and more are on their way! There are more vaccine candidates now that are simultaneously in the pipeline for COVID-19 human (clinical) trials than ever before for an infectious disease. WHO estimates 60 and The New York Times estimates 64 that are in clinical phases 1-3. All are trying to achieve the same thing, immunity to the virus, and some may be able to stop transmission. They do so by stimulating the natural immune response of antibodies and helper B and T cells via an antigen, a molecule found on the virus itself. In the case of COVID-19, the antigen so far has been the spike protein found on the surface of the virus. The coronavirus spike protein is used to infect human cells.

There are currently four main categories of COVID-19 vaccines in clinical trials, i.e., nucleic acid, viral vector, whole (inactivated or attenuated) virus, and protein subunit. To follow is a brief review of each:

1. Pfizer and Moderna are both nucleic acid (messenger RNA or mRNA) vaccines that have been approved by FDA under emergency use authorization (EUA). The mRNA is combined with lipids (fat-like chemicals) to protect it and allow easier entrance into cells. The cells use the mRNAs to make the spike protein. They are relatively “easy” aka “cheap” to manufacture. There are no live components, so there is no risk of the vaccine triggering the disease. This difference may affect how some people, for example, those that are immunocompromised react, since they do not contain any virus particles. However, the negatives of the current versions are that current vaccines require ultra-cold storage and booster shots to achieve full efficacy. While this type of vaccine has not been used in humans before, remember that this was also the case for every type of vaccine the first time it was used.

2. While not yet receiving an EUA, Oxford-AstraZeneca’s deactivated viral vector vaccine may be the next to be approved and distributed in the US. The viral vector vaccines differ from conventional vaccines in that they don’t actually contain antigens, but rather use the body’s own cells to produce them. The vaccine mimics what would happen during natural infection of the virus used as the vector (different from the virus that causes COVID-19) with inclusion, in this case, of DNA for the spike protein. The current Ebola vaccine is a product of the viral vector production technique. It does not have to be kept frozen, just refrigerated like most other vaccines. It is a relatively complex (expensive) to manufacture and there is more risk for contamination.

3. Whole virus uses a weakened (attenuated) or deactivated version of the virus causing the disease to stimulate the body’s normal defense mechanisms. Examples of currently utilized whole virus vaccines are hepatitis A and seasonal influenza. The advantages are a strong immune response and relatively simple to manufacture. The disadvantages include that it may not be recommended for people with compromised immune system and in rare cases, may trigger the disease or Guillian-Barre Syndrome.

4. The protein subunit (acellular) uses a select fragment of a whole pathogen (virus or bacteria) to stimulate the immune system. Examples include: hepatitis A, pertussis, diphtheria, and tetanus toxoid. They carry no risk for triggering disease but may not be suitable for people with compromised immune systems. They are, however, complex to manufacture and booster shots may be required.

The scientific and medical world have been galvanized to bring to market a highly effective vaccine. For both Pfizer and Moderna, FDA found that “... it is reasonable to conclude, based on the totality of the scientific evidence available, that the known and potential benefits of [Pfizer-BioNTech or Moderna] COVID 19 Vaccine outweigh the known and potential risks of the vaccine, for the prevention of COVID-19 in individuals ...”.

The Chinese health authorities, after 2-3 days of announcing the cause of the novel virus, on January 12th, 2020 they shared the full sequence of the coronavirus genome. World research laboratories were all off to an even start to successfully find a vaccine. Sequencing the genome of pathogens is crucial for the development of specific diagnostic tests, treatments, and vaccines. Historically, earlier genomic sequencing took years to discover and typically the knowledge was not shared with other entities. COVID-19 uniquely united the scientific and medical world for the first time. Safe and effective vaccines are here, and more are coming!



## LIZ VERVILLE REPORTS:

Village members Liz Verville and Marcia Coppel got their vaccinations in the first week! They were helped through the maze of phone calls and forms by the Village Executive director Lynn Golob-Rofrano. But the only location with open appointments was in far South East DC, and neither could drive there. So the village quickly found a volunteer, Michele Evans, who not only delivered them but waited several hours to bring them home! (See Photo) See what a Village can do! Hats off to the quick work and the caring response of the Village staff and Volunteers!



## THE CURRENT PANDEMIC AND STEPS FORWARD

by Joan Kennan

As we are still very much in the midst of a pandemic that has shown no sign of disappearing soon, it will be interesting to tune in on February 25 for the “Cocktails. Conversations and Covid” talk given by Jane Hyatt Thorpe. Professor Thorpe is Sr. Associate Dean for Academics, Students and Faculty Affairs, Milken Institute School of Public Health, George Washington University.

In addition to her teaching role as a Professor of Health Policy and Management at GWU, Jane Thorpe has served as the Deputy Director of the Office of Policy at the Centers for Medicare and Medicaid Services. In view of her broad experience in the public health field, we expect

Professor Thorpe will cover issues such as the current status and implications of vaccines, and because she understands the public health system in the United States, we can look forward to hearing her suggestions for how to rebuild it and how we can best position ourselves to pull out of the pandemic.

## GETTING TO KNOW OUR MEMBERS

**CORINNA METCALF** by Andrea Kiernan

Even though social activities went virtual within three months of Corinna Metcalf becoming a member of the Village, she’s still glad she joined and looks forward to more normal days ahead when we can all meet again in person. And when that happens, Corinna will be a fascinating addition to any gathering. Like so many of our extraordinary members, she has an amazing life story and she can’t wait for the pandemic to be over to really get to know our wonderful community.

Born in Germany, to a Jewish, liberal newspaper publisher, Corinna’s family moved to London for safety in 1936 but, three years later, she was with her mother and brother in Switzerland when war broke out. In 1941 they fled to San Francisco, a move only intended to be temporary, but her father died and they remained in the US. Corinna studied Dramatic Art and Languages at UC Berkley before heading to New York to try her luck on the stage. She performed in an Off-Broadway production and then became secretary (and on-tour understudy) to Samuel and Bella Spewack, authors of My Three Angels.

She decided to perfect her French and moved to Paris. A course in Translation and Interpretation at the Sorbonne led her to work in that field before spending two years working for painter, writer and gallerist William Copley (CPLY), rubbing shoulders with such famous Surrealists as Max Ernst and René Magritte. Although she wanted to remain in France, she eventually returned to California but was not to stay long because her East Coast-based brother was seriously ill.

She moved to DC where, working as a secretary in a law firm, she realized she would do better to go to Law School. She did this whilst working for the famous litigator, Edward Bennet Williams - excellent training to become an appellant lawyer for the National Labor Relations Board. Corinna has appeared in Appellant Courts, in every state except Hawaii and Alaska. And in her spare time she has written travel articles and restaurant reviews for the Washington Times!

**DEBORAH LEACH** by Diana Dennett

Deborah’s life-long interest in Western European decorative arts began when she took a formative college year abroad at the Sorbonne. She lived with a wonderful family who opened up a new world to her and guided further study and travel.

After design school where she graduated with honors, Deborah established her own firm, Deborah Leach Interiors, and worked as the principal interior designer for twenty years. She is well travelled with trips to Russia and Turkey and multiple trips to England. Deborah has enjoyed retirement and spends long over-due quality time with family and friends. She loves to read, take continuing education classes and sleeping late.

## VACCINE ARTICLE

By Resha Putzrath

**NOTE:** Information about COVID-19 (aka SARS-CoV-2), including about vaccines and transmission, is still evolving as we learn more about the pandemic. That which we present is based on our best information at the time at which it was written.

- Two vaccines have been approved by FDA's emergency use authorization (EUA). Remember that all vaccines and pharmaceuticals have the potential for some adverse effects. For both Pfizer and Moderna, FDA found that "... it is reasonable to conclude, based on the totality of the scientific evidence available, that the known and potential benefits of [Pfizer-BioNTech or Moderna] COVID 19 Vaccine outweigh the known and potential risks of the vaccine, for the prevention of COVID-19 in individuals ...". In the opinion of FDA experts and those of their external expert panel, the potential adverse effects of the vaccines are usually fewer and less severe than the potential adverse effects of the virus.

Check with your physician who should know if you have reasons to be concerned about receiving any of the available vaccines, e.g., you are immunocompromised or you have a history of severe allergic reaction to other vaccines, medications, food, or environmental agents. You cannot have had another vaccine recently (check with your physician or CDC). You must be well at the time of the vaccination: no fever, chills, sweats, cough, or unusual fatigue.

Keep a record of the card you receive at the site when you got your first injection. Take a picture of it, write the information in your calendar, and keep the card in your wallet. If you give the information to the Georgetown Village, they will have a record of the information and will call to remind you of your second appointment.

If a second shot is required, you should receive the same vaccine. Pfizer's interval between shots is 3 weeks and Moderna's is 4 weeks. We don't know anything about the potential effectiveness of receiving two different vaccines.

- You should continue your practices to limit exposure, such as wearing masks and social distancing.

The vaccines take time (up to two weeks after each shot) to become effective. That means it will take about 5 or 6 weeks after your first shot, or 2 weeks from your second shot, for you to develop the amount of immunity that you will obtain to the COVID-19 virus.

The vaccines are not 100% effective; they are approximately 90% effective that is considered a remarkably high rate. However, a few people who were fully vaccinated have been infected.

We do not know how long the immunity will last, as we don't have people who have been vaccinated for more than months. Scientists will use information on people who have been vaccinated to learn about that (discussed below).

Vaccinated people may be able to spread the virus to others. We do not have information about that for these first two vaccines.

Although we have learned a lot about the acute infective process of SARS-CoV-2, we are still learning about the potential long-term effects of this infection. The "long haulers" or "long COVID," as they are known, have persistent symptoms weeks and months after initial diagnosis.

- After your first vaccination, consider registering for CDC's v-safe that has HIPAA security for your personal information. You must have a smart phone. You should receive information about v-safe when you get your shot, or you can go to [vsafe.cdc.gov](https://vsafe.cdc.gov). This voluntary activity has several useful functions.

After you register, v-safe will text you daily to answer questions about any symptoms you have. Depending on your answers, someone from CDC may call you to check up on you.

The texts will be daily for one week and weekly for up to 5 weeks. They will also text you at 3, 6, and 12 months after your final dose.

If your vaccine requires a second dose, v-safe will remind you of that appointment and will restart the process with daily texts.

In addition to having a system that monitors you for potential signs to seek medical attention, this information will, we assume, be used by CDC to learn more about the efficacy and potential side effects of the vaccines. Providing this information should help us understand more about both this virus and the various vaccines, as well as providing information about better procedures for producing vaccines for other new viruses that occur in the future.

- This virus has and will continue to mutate. The current vaccines are expected to work on current variants, although their efficacy may change in the future.

- We believe that vaccination is an important part of mitigating the disease. If you have any questions, please consult your health provider. If you need a ride to your appointment, Village volunteers are available for transport.



# GEORGETOWN VILLAGE

## Calendar of Events February 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 Zoom Happy Hour 5:30pm - 7:00pm	3 Coffee Chat Conf. Call 11 am	4 COVID Call - 10:30	5	6
7	8	9	10 Coffee Chat Conf. Call 11 am Cocktails, Conversation & Covid- with Martha Joynt Kumar	11 COVID Call - 10:30	12	13
14	15 GV Office Closed	16 Zoom Happy Hour 5:30pm - 7:00pm	17 Coffee Chat Conf. Call 11 am	18 COVID Call - 10:30	19	20
21	22 Book Group at 10:15 via Zoom	23	24 Coffee Chat Conf. Call 11 am	25 COVID Call - The Current Pandemic & Steps Forward	26	27
28						

Conference Call number--1-515-604-9094-Access Code 190-486-505#



## WAYS GEORGETOWN VILLAGE CAN HELP YOU WITH YOUR VACCINES

We have been working very hard to keep our members and volunteers informed of vaccine availability and we want to be sure that everyone knows how we can help you with your vaccines.

- Keep you informed of vaccine availability. If you don't use email, PLEASE call the office and we will put you on my list of members to call. When we learn of availability you will get a call telling you how to sign up.
- We can have a volunteer help you sign up online for your vaccination.
- Transportation to your vaccine appointment
- GV can check in with you after your shot(s) to be sure you are doing alright.
- Call us when you get your vaccine and share the information on your card.
- We can help track the vaccine information and remind you when it is time to go for your second dose.
- Keep you informed of any new information about vaccines
- Send volunteers to grocery shop for you during this time
- If you have a reaction from your vaccine we can provide meals or other assistance as needed.
- REMEMBER TO CALL GEORGETOWN VILLAGE TO LET US KNOW IF YOU HAVE RECEIVED A VACCINE
- Just Ask-We are here to help!

