

October 14, 2020



Dear New Castle Presbytery,

We have heard from some folks asking for some guidance from us about whether or not to reopen our churches for worship and outside groups, and if so, how to do so safely. Very little has changed since we first issued our recommendations, except that now we are much wearier of Zoom, Facebook, and YouTube.

It is now seven full months since COVID ground much of our activity to a halt. Estimates call for another seven, at least, before vaccines are widely available, and people are getting antsy. Even if you don't know anyone who has had the virus, it is still a quirky and potentially devastating thing.

All that being said, each church is in its own context. We straddle two states in two different states of reopening.

- Maryland is in Phase 2, with houses of worship able to gather at 75%.
- Delaware is still in Phase 2, and allows for houses of worship to open at 60%
- Different counties and towns have different rates of contagion.

Some of our churches have been opened for a few months, using precautions. Some are still planning to worship online through the first of the year and then discern further action. Some allow singing with masks and others have a worship leader sing or read the lyrics. Nearly all limit their gathering time to only ½ an hour or 40 minutes to minimize exposure or Zoom fatigue.

As the Apostle Paul wrote in 1 Corinthians 10:23, “All things are lawful,” but not all things are beneficial.’ Please bear in mind that we are all wrestling with yearning, fatigue, and discomfort.

Our bottom line recommendation is to prayerfully discern what is in the best interest of the well-being of your congregation and the surrounding community, rather than reacting to a few unhappy voices emerging from a frustration we are all feeling. It may be the most faithful thing to wait until the virus is better managed. But, if you believe that it is more faithful to reopen, then do so with utmost respect for the scientifically recommended safeguards. Resources are listed below.

But know this: While it is true that medical personnel have become better at treating COVID, and the death rate is now about 1%, the fact is that there are sobering statistics about long-term and possibly permanent problems for those who survive. **For every one death, there are an additional:**

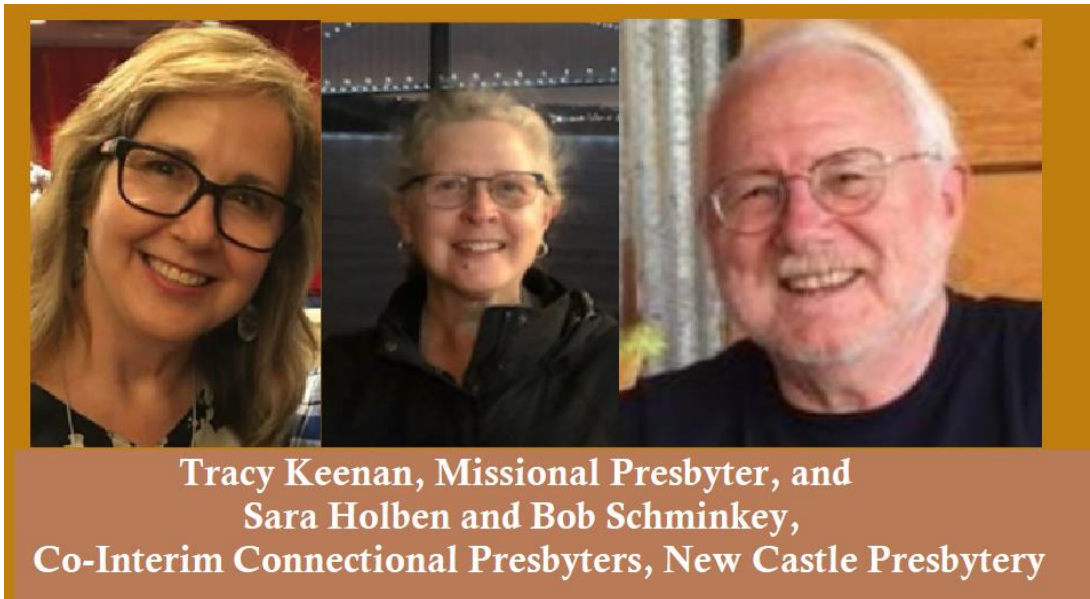
- 19 requiring hospitalization
- 18 with heart damage
- 10 with lung damage
- 3 with strokes
- 2 with neurological deterioration
- 2 with decreased cognitive function

Lisa Allgood is a ruling elder and the transitional Executive Presbyter at the Presbytery of Cincinnati. She is also an immunocytochemist, and better able than most of us to navigate medical journals and the numbers bandied about by statisticians.

The information attached comes from this article from the Presbyterian News Agency, which interviewed Lisa in August. Nothing has significantly changed since then. Here is a link to that article: (<https://www.presbyterianmission.org/story/exploring-the-impact-of-covid-19-on-churches-and-worshiping-communities/>)

Please do your part to keep your people and your communities as safe as possible.

Grace and peace,



A few excerpts from Lisa Allgood's article:

Allgood has some scientific wisdom and practical advice for individuals and worshipping communities:

- Don't mess with this one.
- Follow the guidance that's given, because the states don't [always] specifically include places of worship in their guidance.
- The virus is highly infectious and sneaky because people are infectious two or more days before they show symptoms, if they show symptoms at all; up to 40% never really do, which means you'll never know if you're in front of someone who's infected.

From a church aspect, Allgood recommends worshipping communities continue to take these precautions:

- Wear masks. (Face shields are not a good substitute, since air still flows underneath them.)
- Keep physically distant (at least six feet).
- Limit building utilization as much as possible, if you are back worshipping in the building; worship outside or, better yet, virtual for now if at all possible.
- If doing hybrid virtual/in-person hybrid services, make sure the worship first honors God, then those who are with you online. Let those in the pews be the witnesses, not the focus of the service.
- Sanitize all surfaces. (The virus has been shown to stay viable on impermeable surfaces for about 3–4 days and on permeable surfaces for 1–2 days.)
- Absolutely limit anything that's touched by multiple people (hymnals, communion and collection ware, etc.).
- No singing. (Singing is like four minutes of a sustained cough in the way it projects aerosols, and projects farther than simple speech, 18–24 feet.)
- No air conditioning or ceiling fans (even with fancy filters, the air that leaves the AC may be clean but AC air is pushed down and over the people in the pews, cycling around the room — so if it flows over someone infected to the people around him or her, the air is no longer filtered and is now infectious. When that recycled, exhaled air flows for more than 15 minutes over someone, that's peak chance of becoming infected). One thing congregations could do is run the AC to get the building cool, then turn it off during the service.
- If you're aware of someone being exposed, shut everything down and clean it, and inform your local board of health so they can contact trace who else may be infected.
- Simply be safe. God is in control. But yes, humans can be brought down by a microscopic particle we don't even really call "living."

More resources below:

- Guidance from Delaware re: singing in a group.
[https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/10/Guidance Singing Vocalization Yelling Band 10.5.20 update.pdf](https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/10/Guidance_Singing_Vocalization_Yelling_Band_10.5.20_update.pdf)
- Article on HVAC systems and Covid: <https://www.usatoday.com/story/news/health/2020/07/15/covid-air-conditioning-could-facilitate-coronavirus-airborne-spread/5429919002/>
- Article on Bathrooms and Covid: <https://thehill.com/policy/healthcare/public-global-health/503039-new-study-finds-that-coronavirus-particles-could-be>
- Article on Indoor Air and Covid: <https://www.nytimes.com/2020/05/14/health/coronavirus-infections.html>
- Masks: <https://youtu.be/x6cTDGqcUpA>
- Coughing: <https://youtu.be/4eQdCvHMY-U>
- Singing: https://youtu.be/jY_HueZbRNg
<https://youtu.be/JM1msYMn5vA>
<https://youtu.be/mMJXpRUkg0o>
https://youtu.be/fcJ_A8UAFww

- Medical journals

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30222-8/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30222-8/fulltext)
<https://www.telegraph.co.uk/global-health/science-and-disease/revealed-long-term-severe-effects-covid-19-can-go-months/>
<https://www.healthcentral.com/article/long-term-effects-coronavirus>
<https://newsnetwork.mayoclinic.org/discussion/how-does-covid-19-affect-the-heart/>
<https://jamanetwork.com/journals/jamaneurology/fullarticle/2764549>
<https://www.nejm.org/coronavirus>
<https://www.cdc.gov/library/researchguides/2019novelcoronavirus/databasesjournals.html>
<https://jamanetwork.com/journals/jama/pages/coronavirus-alert>