# Returning to the Building

Theological, Ecclesiastical, and Practical Considerations

# Foundational question

Is it more faithful to use the resources of time, talent, and treasure available to us to set protocols and policies meant to limit the risk as much as possible for people to return to the building, knowing that the risk cannot be completely eliminated?

Or is it more faithful to use the resources of time, talent, and treasure available to us to live into being the Body of Christ dispersed and deployed until it's safe for all people to return to the building without restrictions?

# Theological Considerations

- What is the congregation's understanding of welcoming all people into the community of faith?
- How is that understanding of welcome challenged when there are limits placed on how many people can gather or who can gather (age and health related)?
- What does it say about who we are as followers of Jesus Christ if we have to turn people away from the sanctuary because of policies we have adopted in an effort to minimize risk?

# Theological Considerations

- "All things are lawful for me," but not all things are beneficial. "All things are lawful for me," but I will not be dominated by anything. (I Corinthians 6:12)
- "All things are lawful," but not all things are beneficial. "All things are lawful," but not all things build up. Do not seek your own advantage, but that of the other. (I Corinthians 10:23-24)
- But God has so arranged the body, giving the greater honor to the inferior member, that there may be no dissension within the body, but the members may have the same care for one another. (I Corinthians 12:24b-25)

### **Ecclesiastical Considerations**

- The Great Ends of the Church (F-1.0304)
  - Proclamation of the gospel for the salvation of humankind
  - Shelter, nurture, and spiritual fellowship of the children of God
  - Maintenance of divine worship
  - Preservation of the truth
  - Promotion of social righteousness
  - Exhibition of the Kingdom of Heaven to the world

### **Ecclesiastical Considerations**

- The Church is the body of Christ... (F1.0301)
  - a community of faith, entrusting itself to God alone, even at the risk of losing its life
  - a community of hope, rejoicing in the sure and certain knowledge that... God is making a new creation. The Church lives in the present on the strength of that promised creation.
  - a community of love, where sin is forgiven, reconciliation is accomplished, and the dividing walls of hostility are torn down
  - a community of witness, pointing beyond itself through word and work to the good news of God's transforming grace in Christ Jesus

- Until a vaccine is developed and 70-80% of the population are vaccinated, there will continue to be risk of new outbreaks of the virus
- Any actions considered prior to re-opening the building will only reduce risk, not completely remove it
- Because it is possible for someone carrying the virus to be completely asymptomatic, there is no way to ensure that any gathering is virus free and therefore risk free
- What level of risk is acceptable when you consider inviting the congregation to return to the building for various activities?

- The following information is taken from a blog authored by Dr. Erin Bromage, Comparative Immunologist and Professor of Biology (specializing in Immunology) at the <u>University of Massachusetts</u> <u>Dartmouth</u>.
- https://www.erinbromage.com/post/the-risks-know-them-avoid-them
- Remember the formulae:
  - Successful Infection = Exposure to Virus x Time

### Related to Re-Opening the Building

 In order to get infected you need to get exposed to an infectious dose of the virus; based on infectious dose studies with MERS and SARS, some estimate that as few as 1000 SARS-CoV2 viral particles are needed for an infection to take hold. Please note, this still needs to be determined experimentally, but we can use that number to demonstrate how infection can occur. *Infection* could occur, through 1000 viral particles you receive in one breath or from one eye-rub, or 100 viral particles inhaled with each breath over 10 breaths, or 10 viral particles with 100 breaths. Each of these situations can lead to an infection.

- If a person coughs or sneezes, 200,000,000 viral particles go everywhere. Some virus hangs in the air, some falls onto surfaces, most falls to the ground. So if you are face-to-face with a person, having a conversation, and that person sneezes or coughs straight at you, it's pretty easy to see how it is possible to inhale 1,000 virus particles and become infected.
- But even if that cough or sneeze was not directed at you, some infected droplets--the smallest of small--can hang in the air for a few minutes, filling every corner of a modest sized room with infectious viral particles. *All you have to do is enter that room within a few minutes of the cough/sneeze and take a few breaths and you have potentially received enough virus to establish an infection.*

- Speaking increases the release of respiratory droplets about 10 fold;
   ~200 copies of virus per minute. Again, assuming every virus is inhaled, it would take ~5 minutes of speaking face-to-face to receive the required dose.
- The exposure to virus x time formulae is the basis of contact tracing.

  Anyone you spend greater than 10 minutes with in a face-to-face situation is potentially infected. Anyone who shares a space with you (say an office) for an extended period is potentially infected.

- We know that at least <u>44%</u> of all infections--and the majority of community-acquired transmissions--occur from people without any symptoms (asymptomatic or pre-symptomatic people). You can be shedding the virus into the environment for up to 5 days before symptoms begin.
- Ignoring the terrible outbreaks in nursing homes, we find that the biggest outbreaks are in prisons, religious ceremonies, and workplaces, such a meat packing facilities and call centers. Any environment that is enclosed, with poor air circulation and high density of people, spells trouble.

### Related to Re-Opening the Building

Just to see how simple infection-chains can be, this is a real story from Chicago. "Bob" was infected but didn't know. Bob shared a takeout meal, served from common serving dishes, with 2 family members. The dinner lasted 3 hours. The next day, Bob attended a funeral, hugging family members and others in attendance to express condolences. Within 4 days, both family members who shared the meal are sick. A third family member, who hugged Bob at the funeral became sick. But Bob wasn't done. Bob attended a birthday party with 9 other people. They hugged and shared food at the 3 hour party. Seven of those people became ill. Over the next few days Bob became sick, he was hospitalized, ventilated, and died.

But Bob's legacy lived on. Three of the people Bob infected at the birthday went to church, where they sang, passed the tithing dish etc. Members of that church became sick. In all, Bob was directly responsible for infecting 16 people between the ages of 5 and 86. Three of those 16 died.

The spread of the virus within the household and back out into the community through funerals, birthdays, and church gatherings is believed to be responsible for the broader transmission of COVID-19 in Chicago.

- Indoor spaces, with limited air exchange or recycled air and lots of people, are concerning from a transmission standpoint. We know that 60 people in a volleyball court-sized room (choir) results in massive infections. Social distancing guidelines don't hold in indoor spaces where you spend a lot of time, as people on the opposite side of the room were infected.
- The principle is viral exposure over an extended period of time. In all these cases, people were exposed to the virus in the air for a prolonged period.
   Even if they were 50 feet away (choir or call center), even a low dose of the virus in the air reaching them, over a sustained period, was enough to cause infection and in some cases, death.

- Any long-term gathering of people within a confined space increases the risk of exposure through contact; any time longer than 10 minutes begins to increase the risk of infection if someone is carrying the virus in that space
- Singing is considered to be exceptionally hazardous because of the increased projection of aerosolized droplets; experiments have shown that cloth masks do not protect from droplets projected while singing
- Speaking also increases the projected number of aerosolized droplets, with the louder or more animated the speaker, the further more droplets are projected

- In order to make a gathering space as risk-free as possible, the CDC advises that:
  - surfaces and touchpoints be regularly and thoroughly cleaned
  - all people wear facemasks
  - you wash your hands for at least 20 seconds with soap and water after touching any shared surface
  - anyone who has any signs of illness or is at a higher risk of illness stay home

- What would it look like as a session to take action to follow these minimal guidelines:
  - surfaces and touchpoints be regularly and thoroughly cleaned
  - all people wear facemasks
  - you wash your hands for at least 20 seconds with soap and water after touching any shared surface
  - anyone who has any signs of illness or is at a higher risk of illness stay home

### Final Guidance

- State and local authorities continue to provide the first guidelines for communities; limitations on the size of group gatherings should be followed
- Concern for the well-being of all members of the church, including the pastor, and the larger community should be the overriding factor in any decisions related to re-opening the church building
- Given the highly infectious nature of this virus and the lack of proven treatment or vaccination, we strongly encourage sessions to continue to provide for digital worship for the foreseeable future