Church Imagined Gathering
By The Rt. Rev. C. Andrew Doyle

We are in the midst of a defining moment in the life of our diocese. This is a time of pain, loss, and grief that brings a measure of fear and uncertainty. It is also a time of creativity, renewed vision for mission, and discovery. I am so grateful for all of you who have stepped forward as beacons of light and grace to your people. Time moves forward and life is forever changed as it has been since the creation, freeing of Israel out of Egypt, and the raising of Christ. Our common life today is different than it was yesterday. Our daily living always has the opportunity for courageous change. Our moment awakens us to discover God's surprising resiliency within us.

I have said to you before, "God has a mission and God's mission has a church." We must meet this time of uncertainty with clarity and resolve. You have been successful at advancing mission for the VUCA (Volatile, Uncertain, Complex and Ambiguous) world. You turned on a dime and went virtual. Such a response is essential in times of disaster and crisis. Virtual gathering, though, is a lesson learned that we want to continue even as we come physically closer and our crisis has ended. It allows so many more people to participate in our common life. You have gone to online platforms for giving—this, too, brings us into the future. We are adapting and have literally moved in one month faster than we have in 5 years. We have multiplied the way we connect and keep in touch. These are lessons for us to hold onto as we enter the next part of our leadership journey.

We also need to remember that in the age of VUCA *certainty* is punished, while *clarity* is rewarded. In the work that follows what we are attempting to do together is imagine how to bring Vision, Understanding, Clarity, and Agility to our leadership around gathering.

May 11th was the date given in our last set of guidelines. We are going to move instead to a phased approach in order to imagine church gathering. I had hoped for a big Easter celebration together during the Easter season. I now realize you and I both have to think in terms of opening as we can, instead of everyone doing it together.

Cities and churches, albeit quickly, moved through phases as we entered "stay at home – work safe" measures. We will move back into public in phases.

This paper reveals how we might think together about gathering in the months to come. Presently we are gathering virtually. We aim to create some space for creativity around migration to gathering physically, and then gathering in churches, while being aware that pop-up mitigation may occur during the rest of the pandemic. This is a working plan for the foreseeable future.

The virus is not going away. We have to find clarity of action within a world of mitigation, where local contexts and parishes may move *back into stay at home protocols* and *out of stay at home protocols* through the phases at any time.

This document is provided to help you begin to imagine, with us, how to gather in the future. It is an invitation to envision the next steps in our learning process about mission, how to gather, how

we can share the Gospel in this unprecedented time.[i] This season will be another chapter in our adaptive work and the skills creation preparing us for future disaster and crisis work. The skills learned here will also be adaptive tools mastered for our future mission.

Why a phased approach?

A phased approach provides a vision for:
- Imagination about our future
- Helping our people understand the reality of our situation
- Beginning to put into place adaptive mission options
- Creating agility across regional and contexts

We entered (globally, nationally, and locally) a phased approach. It feels as though we entered it all at once but we did not. We saw the virus move through phases of initial contagion then to community spread. Likewise we saw churches move through phases of instruction: washing hands, no peace, no cup, physical distancing. Then from large event cancellation, to less than 200, to less than 100, to less than 50, to less than 10 people gathering.

Ed Yung in the Atlantic[ii] describes the VUCA reality of our current crisis this way:

> The only viable endgame is to play whack-a-mole with the coronavirus, suppressing it until a vaccine can be produced. With luck, that will take 18 to 24 months. During that time, new outbreaks will probably arise. Much about that period is unclear, but the dozens of experts whom I have interviewed agree that life as most people knew it cannot fully return. "I think people haven't understood that this isn't about the next couple of weeks," said Michael Osterholm, an infectious-disease epidemiologist at the University of Minnesota. This is about the next two years.
>
> The pandemic is not a hurricane or a wildfire. It is not comparable to Pearl Harbor or 9/11. Such disasters are confined in time and space. The SARS-CoV-2 virus will linger through the year and across the world. "Everyone wants to know when this will end," said Devi Sridhar, a public-health expert at the University of Edinburgh. "That's not the right question. The right question is: How do we continue?"

Reading the tea leaves of numerous papers from the Johns Hopkins, the Imperial College of London, CDC, CDC/Whitehouse Reopen America Protocols, WHO, UT Health, and the science arm of the American Enterprise Institute (which used leading epidemiologists to construct their best practice paper for getting back to work and reopening), what becomes obvious is that we will most likely experience a staged reentrance into public life. The question then before us is "how do we continue" living with this virus. How do we guide our churches through the phases?

Health leaders are speaking about several phases of stemming the effects of a pandemic and living with its impact. For our purposes phase I is oriented around the work of slowing the spread. Phase II includes lifting of "stay home – work safe" protocols while still prohibiting large groups. Phase III is about returning to work and a regularity of public life. Phase IV is the work of preparing for future pandemics.[iii]

There are numerous reports that provide the background for these phases as they pertain to the work of civic and health leadership within the context of federal and local government. This document is focused upon each phase of the work as they apply to institutions and congregations of the diocese. Fires, tornadoes, hurricanes, shootings, and trauma of every kind have taught you and I as leaders that recovery has phases. Grief has phases. Growth and life have phases. Our work here is to lean into the clarity of a phased approach rather than the certainty of a date approach.

Before us is the work of adapting into our mission the guidance of leading infectious disease specialists, epidemiologists, and outbreak scientists Scott Gottlieb, Caitlin Rivers, Mark McClellan, Lauren Silvis, and Crystal Watson. "National Coronavirus Response: A Roadmap to Reopening."[iv] Their scientific approach to defeating the disease offers insight into how we can imagine re-gathering.

We are in a unique position in this diocese to do good. We have been through disasters before. We have weathered them and we have thrived. This document puts together the best of what we know from our own experience and from thought leaders in the field.

For a diocesan perspective we can think of the phases in this way:

Phase I – "Stay at Home – Work Safe" – Virtual Worship and Gatherings

As of April 17, 2020, we are in Phase I.

Phase I Health Characteristics

In Phase I the following health-oriented characteristics may look and sound like the following:

- Widespread community spread of the virus
- Overtaxed health system
- Shortage of medical supplies
- Lack of availability of vaccine, therapeutics, and countermeasures
- Lack of protective supplies for general public

Phase I Church Protocols

We are, by the direction of the bishop diocesan, participating in efforts to slow the spread of the pandemic by agreeing to "stay at home – work safe" protocols.

- Churches are doing virtual worship.
- We are holding bible studies and group ministry online.
- We are limiting service ministries to safe protocols dedicated to essentials: mail service for the homeless, food provision, health-related ministries.

During this time we have successfully moved to virtual worship and gathering. We are undertaking the business of the church. We have created guidelines and provided a hub that includes resources for worship, finance, pastoral care, and service.

I am so honored by all the creativity and ingenuity which allow us to live the gospel in so many new ways. I am hopeful you will join us in applying the same ingenuity to the next phase of our work.

We need to prepare ourselves for the reality that we will not move into Phase II together. The diocese is big and we will be living in different realities at the same time. What is right in La Porte might not fit what is right in Austin. Just as we saw different parts of the diocese enter the crisis and Phase I at different times, we can expect the same as we move out of it. This will require regional episcopal guidance. Look to your regional bishops for guidance on when you and your congregation can move to phase II. They are here with you and for you, just as I am.

Phase II – Return to Offices and Continued Mitigation

Not unlike Phase I, this phase also has health characteristics. These have to do with both the preventative measures, and guiding principles for returning to *measured* public life.

Phase II Health Characteristics

We will know when some or all of the following begin to happen:

- There is a sustained reduction in cases for at least 14 days
- Local hospitals are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care[v]
- The city or state is testing all people with COVID-19 symptoms.[vi] Though recommended by all epidemiologists, this is unlikely to happen due to difference in government vs health protocols.
- The state is able to conduct active monitoring of confirmed cases and their contacts.[vii]
- Case-Based Interventions are implemented, including quarantine while waiting for results, traced relationships over 14 days, and quarantine for close contacts, accompanied by diagnostic testing.[viii]

Overall we may see local and state officials allow the public to move to Phase II when "slow the spread" reveals a minimum and sustained reduction in cases for at least 14 days.[ix] Where can you discover local health officials, public officials, and county health voices near you? Having this information for dialogue with your regional bishop will be important.

We can expect state and local officials to move to Phase II when we are able to diagnose, treat, and isolate COVID-19 cases and their contacts.[x] People are eager to move to Phase II, but this protocol reveals the longer tail of the impact of a pandemic. This is why the dates keep moving.

Cultural norms that we will hear during this time period will mirror the advice above and include the acceleration of vaccine creation[xi], therapeutics, prophylaxis for those exposed to infection to prevent them from developing disease or reduce its severity, and increased availability of serology testing – the ability to identify immunity in individuals. This last piece is as essential to our efforts to heal as testing for the virus, because it will enable us to understand if we are immune after having the virus and/or if some individuals are immune.[xii]

It is possible as local communities move to negative community spread that they will return to normal. At this time, limitations on gatherings may be lifted, wearing masks may not be necessary, and other precautions may be eased.

Prognostication of health and civic leaders in the largest cities, and statewide, imagines we will enter Phase II sometime in middle to late May. Remember we cannot enter Phase II until after 14 days of continuous reduction in community spread.

In Phase II we believe "stay at home -work safe" measures will be relaxed. We can expect that "physical distancing" (physical distancing – 6'-10' spacing) will continue to be required. Why? Because asymptomatic people can pass the virus to others. Safe health protocols will remain in place like, "teleworking (as much as possible), maintaining hand hygiene and respiratory

etiquette, wearing a mask in public, regularly disinfecting high-touch surfaces, and initially limiting social gatherings to fewer than 10 and then 50 people.[xiii]

Please recognize that the governor of Texas is making overall recommendations and that county and city officials will be directing local public protocols.

Phase II Church Protocols

The diocesan leadership will determine (with the rectors and heads of congregations) when and how gathering may happen. The regional bishops will work with the diocesan bishop to protect the life of our community, parishioners, and clergy. When the time comes, all in-person worship, bible study, service, and gathering approaches must be approved by the regional bishop.

The Attorney General of Texas has ruled that it is the religious right to worship without interference.

Our belief is that Church is an essential part of society.

We also believe that congregational leaders need latitude to work with their leadership to return to worship.

We believe that when leaders make the decision to return to worship out of step with the guidance from health officials in their region, they are taking upon themselves extraordinary risks.

When will we restart in-person worship? The decision to begin worshiping in person again is one that is made by the rector and with the approval of the regional bishop, with careful consideration of the following:

The key we are looking for is 14 days of declining cases and that hospitals are not overloaded; then churches may begin to meet in person with the permission of the bishop, though we will need to practice health protocols including physical distancing throughout Phase II.[xiv]

We expect that in Phase II, with the approval of the Bishops, many church offices in the Diocese of Texas may be reopened based upon contextual moves by local civic leaders. As this is a regional plan we will make these decisions through the regional offices based upon local health and civic leader guidelines.

We know that having the diocesan churches open at different times will be difficult. This is the problem with having a large diocese over 57 counties and churches in very different size towns.

As testing, treatments, and community spread data now varies from place to place within the diocese, we cannot expect to resume in-person worship together as one church. Therefore, congregations will have to work with their regional bishops to identify the best time to move into Phase II protocols using locally available data.

While the decision to move into Phase II protocols will be dependent upon the head of congregation and regional bishop, neighboring congregations are encouraged to work with each other on reopening dates. This would be an important sign of unity, solidarity, and communication among the clergy and leaders of our diocese that have a common mission.

Churches of 50 ASA or Smaller

Once permission for gatherings to resume for groups of 50 people or less, we may begin to look at congregations who wish to resume in-person worship.

Congregations need to work with their regional bishop to determine readiness for reopening.

A list of guidelines and questions is provided in the appendix. These questions should be answered, and the congregation will need to be prepared to fulfill the expectations found in the guidelines prior to return to worship in the church.

Some churches are too small to provide in-person worship while maintaining physical distancing required in this phase. (see guidelines) These congregations may need to worship in a parish hall or outside, in a space that is large enough to provide safe distances.

All worship, bible study, service, and gathering approaches must be approved by the regional bishop.

The Mission Amp team will help heads of congregations and clergy prepare to answer the questions and follow the guidelines, much as they did as we moved to online worship, through Holy Week and Easter.

Forewarning

It is possible that after regathering a person may expose the congregation to the COVID-19 virus. If that happens those gathered will be asked to return to a 14-day quarantine and church may have to return to virtual worship during that period.

It is also possible that after regathering the community in which the congregation exists re-institutes "stay at home – work safe" measures of phase I. If that happens those gathered will be asked to return to a to use of virtual worship until their city or town returns to phase II.

Churches of 50 ASA or Larger

The vast majority of our congregations in the Diocese of Texas have over 50 ASA. This means congregations of 50 or more have particular challenges.

You may wish to imagine how you can gather in groups virtually, then move the groups of 10 or 50 into house groups as the layering in phase II advances. You may want to go directly to worshiping together at the church. The larger the church the more complex the solution to this issue.

Eventually you will need to figure out how to worship physically distanced in your sanctuaries following careful health protocols that protect our worshipers.

We think this is a very difficult challenge but re-imagine it as an opportunity to renew relationships within your congregation. Allow for friends and neighbors to be invited and attend house meetings when safe social distancing permits. In other words, leave room for evangelism and mission to take root.

One idea might be, with the regional bishop's approval, that a large church could invite 50 or more to worship together (following the guidelines) and literally rotate congregants through over a month.

Whether an engagement of small group home-oriented worship, rotations of the community in worship in the sanctuary, or a combination of the two, now is the time to be creative in how we might stay safe, work safe, and worship safe.

<u>All worship, bible study, service, and gathering approaches must be approved by the regional bishop.</u>

The Mission Amp team will help heads of congregations and clergy to prepare to answer the questions and follow the guidelines; much as they did as we moved to online worship, through Holy Week and Easter.

Forewarning
It is possible that after regathering a person may expose the congregation to the COVID-19 virus. If that happens those gathered will be asked to return to a 14-day quarantine and church may have to use virtual worship only during that period.

It is possible that after regathering the community in which the congregation exists re-institutes the "stay at home – work safe" measures of phase I. If that happens those gathered will be asked to return to virtual worship until their city or town returns to phase II.

Summer Programs and Vacation Bible School
There are a variety of considerations when approaching summer programs. The first consideration is the community's placement in either phase I, II, or III. The second consideration is the regional bishop's permission. The third is the rector and vestry's permission. The program leaders need to work with the local rector and vestry to determine the feasibility of a program for this summer and how to apply the guidelines to the ministry.

Parish Schools and Day Schools and Nursery Schools
We believe it is best to follow Whitehouse CDC Reopen America Guidelines, CDC Guidelines for schools and preschools/childcare centers, SAES Guidelines, NAIS guidelines, for reopening, coordinated with rector and vestry. Diocesan schools will follow similar protocols in consultation with their bishop and board.

Phase III - Lifting of all physical distancing with protection

We will slowly move into Phase III as we enter negative community spread of the virus.

Phase III Health Characteristics

Authors of *Report 12 - The global impact of COVID-19 and strategies for mitigation and suppression* write:

> Moreover, suppression strategies will need to be maintained in some manner until vaccines or effective treatments become available to avoid the risk of later epidemics. Our analysis highlights the challenging decisions faced by all governments in the coming weeks and months, but demonstrates the extent to which rapid, decisive and collective action now could save millions of lives.

> Phase II measures can be lifted when safe and effective tools for mitigating the risk of COVID-19 are available.

We are looking for the following cultural road markers:
- Negative community spread
- Mass vaccination
- Mass therapeutic availability
- Mass testing for virus and immunity[1]
- Lifting physical distancing
- Global vaccination

While Phase III health characteristics have a much more global feel, we believe that giving signs of this phase is important. There will come a time when there is negative viral spread. There will come a time when we will see the lifting of physical distancing. Testing of different types and vaccinations will become part of the narrative.

Phase III Church Protocols

Here we will resume normal activities. It will be important for you as spiritual leaders to mark, bless and celebrate each of these layered victories along the way.

We are thinking about clergy conference and diocesan council as special events this year. All Saints Day will have a heavy pall as well. These are moments for us as a diocese to join together. I hope you will be thinking of ways you and your parish may mark the moves through these stages.

We are not sure when we will enter phase III but we do know that as we do we will want to mark this liturgically and pastorally for our communities.

If we do this well we believe that we will emerge from the pandemic prepared for future disasters but with the added benefit of missional learning.

- Church offices opened with benefit of XR (extended reality-combined real and virtual environment)

- o   Missional and administrative capacities created
- Worship in churches with XR benefit
  - o   Increased small group gathering
  - o   Increased missional gathering
  - o   Continued virtual worship provided
  - o   Continued virtual meeting provided
  - o   Continued pastoral calling
- Return to service ministries with addition of new community relationships

Phase IV – Application of learnings and preparation for future

The health leaders understand phase IV as part of the ongoing preparation for future pandemics. It is difficult when you are in survival mode or even grief mode to prepare well. Nevertheless, in a VUCA environment we need to prepare for future outbreaks.

We have already begun the work of learning from this event as a church. We want to apply our learning and prepare for future emergencies and pandemics. What coastal churches have learned over the years prepared them for closing congregations during the pandemic. Likewise what we learn now needs to be applied to mission in the present so if we need to apply them in the future we do not have to reinvent them.

It is not too soon to build in structural platforms for livestreaming and uploading our worship services. We need to continue to create meetings and programs that are accessible online in real-time. Bible studies are a good example of this.

We also need to maintain across churches and the diocese up-to-date membership lists of phone numbers and email addresses. This enables churches and the diocese to work together in crisis and disaster communication.

We will want to invest in technology that supports congregations in doing this ministry: video and online giving platforms.

We also need to ensure that we become advocates for a US health system that is forever prepared to face new pandemics. This will mean advocating for "research and development initiatives, expansion of public-health and health care infrastructure and workforce, and clear governance structures to execute strong preparedness plans."

Conclusion

We are learning and relearning how to become God's hand at work in the world at this moment. God's mission is our mission. We will not fail to meet the challenge because we believe God has something to offer in this moment. While we are looking at four phases that will last 12-18 months, we will use the time wisely to learn new mission skills for our work in the future. We are becoming adept at ministering in crisis. Moreover, we are being molded into a church that meets a world continuously in crisis with the Good News of God in Christ Jesus, his love, and his care. Yes, we will be required to manage carefully financial and human resources so as to keep up our mission of evangelism and service. We need to lead with knowledge and

information so as to help our churches and people cope with the changing nature of the phased community approach. I believe that together we as congregations can help lead our communities through a pandemic or any emergent crisis. We can play our part in defeating this particular viral outbreak of COVID-19. Such leadership and adaptation now will be seeds to future mission success. Like many organisms strengthened by strain we will emerge, regather, as a reimagined community.

Appendix

Phase II Questions

While guidance as to specific practices is given below, it is also important for each congregation, in their own context, to engage with and consider practical questions, as follows:

> Given what you have learned during the time period of streaming worship, with more of an emphasis on non-Eucharistic worship, how will your worship be different? Will you continue to stream worship?

> How will you encourage smaller group (less than 50 people) activities (such as virtual Bible studies, Sunday School, AA meetings, etc.) as a ramp-up strategy ahead of Sunday gatherings?

> What practices of leading worship in this interim need to be passed on to lay people, so that congregational lay and clergy leadership can guide through Phase II and III?

> How many people can your worship space hold, with people wearing masks, in family groups sitting six feet apart?

> How will you cap attendance at below 50 (say, 40 or so) so that there is room for members of the community to join you?

> How will you limit the number of people serving in worship (such as lectors, acolytes, multiple clergy, etc.), so that more people may be able to attend in the congregation?

> How might church members invite others to join them in returning to worship?

> How will you discourage the receiving line after church and/or congregating after worship services and at other times?

> How will greeters/ushers help to monitor adherence to attendance and other guidelines? How will they also model masking and physical distance?

> If offering outdoor worship opportunities, how will you ensure safety which is equal to or greater than indoor worship?

Do you have the masks and cleaning supplies needed to clean the common spaces?

How will you ensure cleanliness and sanitation in regard to the following items and spaces?
> Worship leaflets/bulletins, Prayer Books, Hymnals
> Areas where smaller groups gather during the week, such as for Sunday School, Bible studies, church office activities, playgrounds.
> Physical items such as the altar, pulpit, lectern, kneelers, communion rail.

How will you ensure the sanitization and safety practices of the following people and activities?
> Altar Guild
> Nursery workers
> Greeters/Ushers
> Acolytes
> Choir members
> Money counters
> Seniors and at-risk people.

Will you celebrate with a special first day back to worship liturgy? The Book of Occasional Services 2018 contains a liturgy, which may be adapted, titled: A Rite of Welcoming after a Traumatic Absence.

The Mission Amplification team of the diocesan staff can walk with you in the above considerations and strategies, ensuring creativity and adaption, with an eye to welcoming visitors and the surrounding community.

[The following guidelines exist as a separate document on the resource page by the end of this week](#)

Phase II Office Guidelines

1. Be attentive and follow the gathering guidelines for your region.
2. Receive permission from the regional bishop to open the office.
3. Clergy and staff should either have a molecular test done to see if they have the virus or antibody test to see if they had the virus and now have immunity.
4. People will be required to wear fabric nonmedical face masks while in the community to reduce their risk of asymptomatic spread.
5. Clean surfaces that are frequently touched, things such as shared desks, countertops, kitchen areas, electronics, and doorknobs.

6. We advise that vulnerable populations of individuals "older than age 60 and those with compromised immune systems or compromised lung and heart function should continue to engage in physical distancing, including "stay at home – work safe" protocols.
7. Create an emergency plan for possible outbreak. You will need to close if someone contracts COVID-19. And participants with proximity to the individual who is sick will have to be quarantined. Surfaces will have to be cleaned by an outside contractor.

Phase II Worship Guidelines at Church

All offices and church gatherings or service work reopened during this time will have to follow these measures:

1. Be attentive and follow the gathering guidelines for your region.
2. Receive permission from the regional bishop.
3. Encourage staff or community members to protect their personal health.
4. Post the signs and symptoms of COVID-19: fever, cough, shortness of breath.
5. Clergy and church employees will be tested for COVID-19, with negative results, if such testing is required by local civic leaders.
6. People will be required to wear fabric nonmedical face masks while in the community to reduce their risk of asymptomatic spread.
7. During the Phase I to Phase II transition, there might be a mandatory mask order in your area. If you broadcast a virtual service that is not in a public place – which is to say, a room or sanctuary not currently open to the public – then you do not need to wear a mask. Even if there is someone else in in the room helping film and produce, a mask is not necessary.
8. Clean surfaces that are frequently touched, things such as shared desks, countertops, kitchen areas, electronics, and doorknobs.
9. Limit events and meetings that require close contact. In worship this means:
    A. No sharing of the common cup. The celebrant may drink only. No intinction.
    B. No physical touch during the passing of the Peace.
10. Stay up to date on developments in your community.
11. Create an emergency plan for possible outbreak. You will need to close if someone contracts COVID-19. And, participants with proximity to the individual who is sick will have to be quarantined. Surfaces will have to be cleaned by an outside contractor.
12. Assess which community members are at higher risk and plan accordingly.[xv]
13. We would advise that vulnerable populations of individuals "older than age 60 and those with compromised immune systems or compromised lung and heart function, should continue to engage in physical distancing as much as possible until a vaccine is available, an effective treatment is available, or there is no longer community transmission."[xvi]
14. Ask those who are sick to stay home and seek testing for COVID-19. Testing should become more widespread and routine. We will want to pray for them and follow up ensuring safe distancing and 14-day protocols prior to reentering offices and gatherings.[xvii]

Each congregation will need to receive permission from the regional bishop to reopen the office and to regather for bible study or worship. Permission during phase III will also need to be sought to restart service ministries.

Phase II Home Worship Guidelines
1. Be attentive and follow the gathering guidelines for your region.
2. Receive permission from the regional bishop.
3. Have a plan if guidelines allow 10, 50, or 100 to gather. How big is the program?
4. Encourage staff and participants to protect their personal health.
5. Clergy and church employees must be tested for COVID-19, with negative results, if such testing is required by local civic leaders.
6. People will be required to wear fabric nonmedical face masks while in the community to reduce their risk of asymptomatic spread.
7. Clean surfaces that are frequently touched, things such as shared desks, countertops, kitchen areas, electronics, and doorknobs.
8. Limit events and meetings that require close contact. This is problematic for home worship and must be considered.
9. Stay up to date on developments in your community.
10. Create an emergency plan for possible outbreak. You will need to close if someone contracts COVID-19. And, participants with proximity to the individual who is sick will have to be quarantined. Surfaces will have to be cleaned by outside contractor.
11. Assess which community members are at higher risk and plan accordingly. [xviii]
12. We do not recommend home worship gatherings for vulnerable populations. We would advise that vulnerable populations of individuals "older than age 60 and those with compromised immune systems or compromised lung and heart function, should continue to engage in physical distancing as much as possible until a vaccine is available, an effective treatment is available, or there is no longer community transmission." [xix]
13. Ask those who are sick to stay home and seek testing for COVID-19. [xx]
14. If at any time a member of the worshiping group falls ill, then the whole group will need to quarantine for 14 days.

Phase II Youth and Summer Program Guidelines
We recognize that summer is a time for youth programs of various types. These guidelines are presented to help the rector, vestry, and staff make the safest decisions for summer ministries.

1. Be attentive and follow the gathering guidelines for your region.
2. Receive permission from the regional bishop.
3. Have a plan if guidelines allow 10, 50, or 100 to gather. How big is the program?
4. Encourage staff and participants to protect their personal health.
5. Clergy and church employees must be tested for COVID-19, with negative results, if such testing is required by local civic leaders.
6. People will be required to wear fabric nonmedical face masks while in the community to reduce their risk of asymptomatic spread.

7. Clean surfaces that are frequently touched, things such as shared desks, countertops, kitchen areas, electronics, and doorknobs.
8. Limit events and meetings that require close contact.
9. Stay up to date on developments in your community.
10. Create an emergency plan for possible outbreak. You will need to close if someone contracts COVID-19. And participants with proximity to the individual who is sick will have to be quarantined. Surfaces will have to be cleaned by outside contractor.
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12. We would advise that vulnerable populations of individuals "older than age 60 and those with compromised immune systems or compromised lung and heart function should continue to engage in physical distancing as much as possible until a vaccine is available, an effective treatment is available, or there is no longer community transmission." [xxii]
13. Ask those who are sick to stay home and seek testing for COVID-19. [xxiii]
14. If the program is to do service please follow the service guidelines.

Phase I and II Service Guidelines

Outreach and service during this time come with risk. With community spread of the coronavirus, those who interact with others raise the risk of infection for themselves, members of their households, and those with whom they interact. The greater the number of contacts outside the household, the higher the risk potential, whether the number is in one event, or the collective number over time.

Principles to Guide Congregations wanting to serve during Stay at Home/Shelter in Place

Follow all local guidelines
Group size, social distancing, sanitation protocol, use of masks and Personal Protective Equipment, and Essential Services requirements should all be followed at a minimum.

Invest in the needs of the vulnerable, rather than in the felt needs of the Church
As is always true, congregations should listen to the needs of their community, not just decide in a vacuum what is helpful. Churches should take their lead from disaster coordination groups in their local communities, or from agencies like the United Way, the local food bank, or the local government and work on the highest needs in ways that enhance, rather than diminish, community health. For most members of our churches, that means that they should stay at home and not venture out to do good.
Understand that limiting the number of people engaging in higher risk behavior (like leaving home to volunteer) serves to protect our health care professionals and vulnerable populations.
Service events or gatherings created by churches to meet their members' desire to volunteer are not advised at this time.
As the stay at home orders are lifted or testing becomes more widespread, additional avenues to serve will develop.

Critical Needs Need Funds

We have worked for years to turn churches from giving money to engaging in action. For many of the most pressing needs and for many congregations, the best way to help right now is to collect and donate funds to agencies equipped to meet critical needs with the lowest risk to the greater community.

Who should be encouraged to serve?

Outside the home:

Only individuals who do not fall into categories with elevated risk of severe infections and who also do not live with anyone who fall into categories with elevated risk. Adult household members should be consulted to share in decisions about the types of interactions and risks to which other household members may expose themselves. Children and teens have a difficult time with the protocols for social distancing and should therefore be considered at high risk of becoming infected and infecting others. Service projects that bring children out of their households into community with others should therefore, be considered high risk.

What are the most pressing needs in the community?

Mental and emotional distress from social isolation, food access, blood supply, and the need for personal protective equipment are all confronting our communities at this time. In addition, financial needs to cover rent, utilities, food, other household and personal care products, medications are elevated. Also, helping the recently unemployed navigate through the unemployment process.

How are these needs being addressed?

To get information about services, call 211 and ask about the service you need or want to meet. Partner with those who are or have developed safe processes to meet needs.

Food Access:

In most communities and cities, some existing organizations are coordinating responses. Large food pantries, for instance, working with the local food banks, have developed protocol to provide food while reducing risk of virus spread. This involves extensive sanitation procedures and the use of PPEs to protect staff and volunteers from each other and from the public they serve. Some of them need adult volunteers to assist with:

- Bringing empty boxes for packing groceries
- Packing boxes or bags for pick-up and delivery
- Placing boxes in cars and/or for pick up by walk up clients
- Driving boxes for delivery, especially to older and/or disabled adults
- Cleaning

Aside from volunteering, food banks need critical financial donations to pay staff and purchase food.

Public schools or community centers in many communities are also providing meals for children and youth.

Food access and delivery for homeless populations

In some communities, organizations are preparing meals to deliver or hand out to homeless populations. Both the preparation and distribution of the food should be done through official channels, in which the safety protocols and the coverage of the needs are being assessed.

Blood and Platelet Supply:

Blood banks are holding blood drives in mobile units and in some facilities. Generally staff run, blood drives are in need of healthy adults to donate blood and platelets. All staffing or donating blood should be using masks and other protective gear and maintaining social distancing whenever possible. All blood drives should be appointment only, reducing waiting and interaction times.

Social Isolation and Mental Health:

Anxiety and loneliness and feelings of being overwhelmed increase during crises. With requirements to stay at home or socially distance, the frequency and risk from this reality multiply. These needs provide the greatest opportunity for local churches. By investing efforts in coordination, coaching, and curiosity, local churches can support their members, their members' friends, parents of children who attend the congregation's school or daycare, and community servants and partners. Here are a few ways to help:

- Calls and emails and texts are all entirely sanitary and free and are encouraged.
- Calls can be made by families with children to sing Happy Birthday to other members of the congregation, for instance.
- Find and publicize local county and state mental health resources and phone numbers.
- For members who are not comfortable with video technology, read one of the daily offices with them over the phone.
- Homework and homeschooling help
- Virtual board game parties or other distractions to give parents space

Some best practices we follow

Practice accountability when spending church funds. Keep a log. Keep receipts. Find someone who likes to keep track of the details and use a tracking system.

Practice volunteer etiquette. Respect the dignity of every human being. (Ex: Ask before taking a photo of a beneficiary. Consider taking photos that do not reveal the faces of those being served.)

When making check-in phone calls, take care not to overpromise. Prepare callers. The person describing their own needs may expect that something will come of the inquiry.

Be clear about the objective of the phone call / inquiry with your callers. Consider scripts as a framework.

In addition to these suggestions, and for more guidance, please click here to read: Practical Resources for Churches extensive guide

Further reading provided in A Road Map for Reopening

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Endnotes

[i] Reviewing the best practice scenarios proposed by health officials globally and within the U.S. allows leadership to get an understanding about what is expected in the weeks to come. This document is presented in order to prepare our institutions and churches of the Episcopal Diocese of Texas to return to worship and our activities of evangelism, and service.

[ii] Yong, Ed. "Our Pandemic Summer." *The Atlantic*, Atlantic Media Company, 15 Apr. 2020, https://www.theatlantic.com/health/archive/2020/04/pandemic-summer-coronavirus-reopening-back-normal/609940/?campaign_id=39&emc=edit_ty_20200416&instance_id=17687&nl=david-leonhardt&regi_id=61990126&segment_id=25301&te=1&user_id=bbec27cd379794ee03d08f7d8b8ffd99

[iii] Preparedness is normally a part of every phase for those who work in disaster planning. I left it separate here because we are focused specifically on this virus and not overall disaster planning.

[iv] This paper, study, and proposals are an attempt to apply the "Roadmap to Reopening" health protocols to the church. It is adapted primarily from the following report. Gottlieb, Scott, Caitlin Rivers, Mark McClellan, Lauren Silvis, and Crystal Watson. "National Coronavirus Response: A Roadmap to Reopening." *Real Clear Science*. American Enterprise Institute, 29 Mar. 2020. Web. 10 Apr. 2020. (https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/) See Also the UT Health paper on Taskforce recommendations "A Path Forward on COVID-19." See also ELCA guidelines: https://myemail.constantcontact.com/A-Letter-from-the-three-Texas-Louisiana-Bishops-April-22--

2020.html?soid=1103123744419&aid=xA2Gwang0rg and here:
https://files.constantcontact.com/3a68c47d001/7d612f0f-0f35-4c9b-89c3-cb233774c845.pdf
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v Institute of Medicine, *Crisis Standards of Care: Summary of a Workshop Series* (Washington, DC: National Academies Press, 2010), https://www.ncbi.nlm.nih.gov/books/NBK32749/.

vi Centers for Disease Control and Prevention, "Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-Confirmed Cases," March 22, 2020, https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html.

vii Centers for Disease Control and Prevention, "Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures."

viii These are similar principles to the UT Health guides about moving beyond "stay at home – work safe" or Phase I distancing.

ix Institute of Medicine, *Crisis Standards of Care*.

x Gottlieb, Roadmap.

xi As soon as a vaccine or therapeutic looks promising in pivotal clinical trials (i.e., it has been shown to be safe and looks like it will also be effective), the US government should work with industry to begin planning for mass manufacturing, distribution, and administration. New provisions enacted under the recently passed the Coronavirus Aid, Relief, and Economic Security Act allow for large-scale manufacturing of promising therapies, in advance of approval, to help make sure there will be adequate supply available for mass distribution, should a product demonstrate that it is safe and effective and win regulatory approval. US Food and Drug Administration, "Step 3: Clinical Research," https://www.fda.gov/patients/drug-development-process/step-3-clinical-research#Clinical_Research_Phase_Studies.

xii Centers for Disease Control and Prevention, "Coronavirus (COVID-19)," https://www.cdc.gov/coronavirus/2019-ncov/index.html; US Department of Health and Human Services, "BARDA's Novel Coronavirus Medical Countermeasure Portfolio," https://www.phe.gov/emergency/events/COVID19/Pages/BARDA.aspx; National Institute of Allergy and Infectious Diseases, https://www.niaid.nih.gov/; US Department of Defense, "Coronavirus: DOD Response," https://www.defense.gov/Explore/Spotlight/Coronavirus/; and US Food and Drug Administration, "Coronavirus Disease 2019 (COVID-19)," https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19.

xiii Gottlieb, Roadmap.

xiv This is inline with all the reports mentioned above. It is in sync with the ELCA statement:
https://files.constantcontact.com/3a68c47d001/7d612f0f-0f35-4c9b-89c3-cb233774c845.pdf

xv Centers for Disease Control and Prevention, "Schools, Workplaces & Community Locations," March 21, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/index.html.

xvi Centers for Disease Control and Prevention, "People Who Are at Higher Risk for Severe Illness," March 26, 2020, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html.

xvii Gottlieb, Roadmap.

xviii Centers for Disease Control and Prevention, "Schools, Workplaces & Community Locations," March 21, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/index.html.

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xxi Centers for Disease Control and Prevention, "Schools, Workplaces & Community Locations," March 21, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/index.html.

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xxiii Gottlieb, Roadmap.