



BEARING WITH ONE ANOTHER IN LOVE

A “Returning to Church” Supplement

Released April 16, 2021

INTRODUCTION

The most recent consultations with our public health advisers indicate that the benchmarks for safe gathering in the Wisconsin Council of Churches’ *Returning to Church 2.0* document released in January 2021 continue to be sound. These benchmarks address thresholds for safer gathering options based upon vaccination rates and regional/statewide COVID rates.

UNSAFE TO GATHER	MAKE IT SAFER	SAFEST
Vaccination rates <50%	Vaccination rates 50-70+%	Vaccination rates 70-85+%
Viral Transmission New Cases >10/100K OR Positive Tests >10%	Viral Transmission New Cases 5-10/100K AND Positive Tests <10%	Viral Transmission New Cases <1/100K AND Positive Tests <5%

from Returning to Church 2.0

We are at a point in the pandemic where we must consider how to live with COVID19 in our communities. At the same time, that does not mean we abandon safe practices or return to the status quo pre-pandemic. We have begun receiving questions about some particulars of gathering in physical place. This supplement is intended to address best practices such as:

- ◆ Vaccine ethics: congregational vs. community statistics, herd immunity, gatherings of the vaccinated, requiring vaccines for church attendance, implications of availability of vaccines for children
- ◆ Hybrid Church and Inclusion: how best to engage a broader vision of the church
- ◆ Considering COVID variants and adjustments to benchmarks/allowances for risk
- ◆ Church music: singing, wind instruments and mass speaking
- ◆ Layering risk mitigations
- ◆ Developing and working through a checklist for re-gathering

We encourage you to read through “[Holding Our Plans Loosely- Returning to Church 2.0](#)” for a thorough overview of the guidance and recommendations we make on returning safely to in-person worship services.

The guidance on the following pages continues to be led by the theology, ethics and values described in Returning to Church 2.0:

- ◆ Prioritize protecting the life and health of your neighbor
- ◆ Let yourself continue to be provoked into holy experiments
- ◆ Follow the call to love and good deeds urgently and care-fully
- ◆ Honor the diversity and one-ness of Christ's church by prioritizing accessibility
- ◆ Take seriously the church's role as community leader
- ◆ Believe in the resilience of the church

VACCINE ETHICS

"... lead a life worthy of the calling to which you have been called, with all humility and gentleness, with patience, bearing with one another in love, making every effort to maintain the unity of the Spirit in the bond of peace."
Ephesians 4:1-3 (NRSV)

1. If the majority of our congregation is vaccinated, can we begin gathering again?

We recommend that you consider *statewide, regional, or at least countywide* statistics in evaluating whether you are making progress toward the Returning to Church benchmarks.

The Wisconsin Council of Churches posts statewide statistics and our source links at least twice monthly at <https://www.wichurches.org/2021/01/14/returning-to-church/>

The re-gathering statistics are based upon progress toward "herd immunity" which is not congregation based, but population based.¹ Our congregations are not closed groups; we move around and interact with wider communities for work, school, shopping, and recreation – even when we are being cautious due to COVID! Focusing only on a city/town/village or church is too small of a population sample, neglects population movement and does not sufficiently address care of neighbor. If you are looking for a helpful regional area to use, consider the HERC Region (Healthcare Emergency Readiness Coalition), for which the state tracks and reports statistics on its COVID website.

2. Aren't these vaccination percentages unreasonably high? Aren't we close to herd immunity yet?

Because many people (including, right now, young children) cannot be vaccinated, it is critically important that *as many people as are eligible get vaccinated*. The current projection of herd immunity counts on every eligible adult being vaccinated as soon as vaccines are available. Herd immunity is still quite a way off.²

"Herd immunity" describes the point at which COVID outbreaks can't sustain themselves any longer: the virus can't find enough susceptible individuals to replicate. Instead of growing exponentially, as we've been seeing for the past year, when we reach herd immunity, we will see chains of transmission end and outbreaks peter out. That depends on a combination of natural immunity from COVID infections

¹ <https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html>

² <https://www.nytimes.com/interactive/2021/02/20/us/us-herd-immunity-covid.html>

and immunity derived from vaccines. Those aren't two entirely separate groups with percentages you can simply add; they overlap. Some people who had COVID have also been vaccinated. Not everyone who has had COVID has long-lasting immunity, especially if they had a mild case. Vaccination, while generally very effective, is not a 100% guarantee against getting infected with COVID. We are still learning about COVID variants and their ability to elude the protections of the vaccines we have available to us.

We don't want to make this too complicated, or seem difficult! All of this is to say, reaching herd immunity means a LOT of people need to be protected by being vaccinated against COVID, more than we think. Epidemiologists and public health experts tell us it's still very important to be vaccinated even if you've had COVID.³ The COVID vaccines on the US market at this point have been tested for safety and effectiveness before being made available to the general public. Side effects are being tracked and action plans are in place in case patterns of negative reactions emerge which didn't appear in trials. Theologians and ethicists have reflected extensively on the morality of being vaccinated.

We need faith leaders to support high levels of vaccination in our communities. If you are too young, medically ineligible, or have a sincere religious belief which prevents you from being vaccinated, you need to count on the community around you to protect you by being immunized. The recommended vaccination levels in *Returning to Church 2.0* are what will allow us to resume inclusive medium to large size gatherings with some level of safety.

3. Can you address some of the ethical issues relating to vaccines and vaccination?

A thorough faith-based reflection on vaccination ethics is beyond the scope of a brief supplement for churches wishing to update their policies and practices in light of the evolving circumstances of the COVID pandemic. What follow are a few highlights of areas we have been tracking in discussions, and references for further reflection.

- ♦ Distribution and availability concerns: are we “ensuring groups with health disparities have fair access to the vaccine and promoting respect for the dignity of vulnerable populations, such as those with disabilities⁴”? How are our practices reinforcing disparities or working to deconstruct barriers? Are we attending to equity in location and time of clinics; transportation and accessibility; communications channels?
- ♦ Legacies of Medical Injustice: Many communities have reasonable concerns about the trustworthiness of public officials, medical professionals and scientists due to historic and contemporary injustice. A dimension of community care is hospitality and respect for lived experience, personal and communal trauma. In what way are you called to use your voice? To make room for other voices? To tell your story or amplify the stories of others? To accompany another person through a deep and fearful valley so they need not travel alone?
- ♦ Free choice and Community Good: Consider the ways in which public health actions – such as wearing face masks, abstaining from large gatherings, and vaccination - are good for *individuals* and for the *community*.⁵ Social teachings of many of our member traditions weigh the importance of community good and the consequences of individual decisions.

³ <https://dearpandemic.org/vaccine-after-covid-infection/>

⁴ <https://www.psychiatrictimes.com/view/whose-turn-should-it-be-ethics-covid-19-vaccine-allocation>

⁵ <https://berkeleycenter.georgetown.edu/responses/christian-morality-and-the-covid-19-vaccine>

- ♦ Morality in the development of vaccines: Many of the scientists involved in public health, including vaccine development, are deeply faithful Christians. Pastors who have hosted vaccination clinics at their churches describe a moving, grace-filled experience testifying to the Easter story of life overcoming death. Please note that in many of our member traditions, we find that leaders have authorized and approved of the use of COVID vaccines as morally justified, and have been vaccinated themselves.⁶

What we cannot answer for each reader individually are these questions: do the processes used to develop the vaccines align with the values of *your* faith tradition? Have religious authorities approved their use? What do trusted figures in your tradition believe about the morality and importance of vaccination?

Participation in the process of vaccination, by being vaccinated oneself, and through being an advocate for vaccination, can be part of a sacramental worldview.⁷ We invite you to consider the issues raised above prayerfully.

4. How can we resume in-person worship with a mixture of vaccinated and unvaccinated parishioners?

We recommend that you presume a mixed audience of vaccinated/unvaccinated participants, rather than putting pressure on church leaders to police the truth or on any individual to disclose their status. While vaccinated persons are less likely to contract the virus, they are still at risk as no vaccine is 100% effective. What's more, vaccines are less effective at preventing asymptomatic infection than they are at preventing serious illness, hospitalization, or death, so even individuals who are themselves protected by their vaccine could still unwittingly be spreading the virus to other people, including those who have not been vaccinated yet. Until herd immunity is reached (75-80%), it is prudent that congregations continue to implement all risk factor mitigations, such as mandatory masks, social distancing, and no congregational singing.

We have been asked about the ethical implications of allowing groups of all-vaccinated parishioners meet in-person without mitigations for group activities and worship services.

When lockdowns and restrictions were put in place in early 2020, it was done in the spirit of protecting our most vulnerable. Likewise, when the vaccine began to roll out, priority was given to that same population. Some congregations are being asked to allow this population that has been able to be vaccinated early to begin meeting in person and to lower restrictions.

We urge all congregations to continue to follow their local Public Health Department guidelines, including masking and social distancing, regardless of the number of vaccinated parishioners. "The CDC still recommends that even fully vaccinated people stay away from medium and large groups, because of unanswered questions about how effective vaccines are against variants of the virus and how well COVID-19 vaccines keep vaccinated people from spreading the disease among others."⁸

Given this guidance, we do not recommend that churches meet without standard safety precautions. Many church activities fall in category of the "medium to large size gatherings." Unmasked gatherings of very small groups in which all participants are vaccinated, such as church staff office time or small Bible studies, represent a reasonable risk. Even so, please consider whether these individuals live with others who are at high risk or work in high-risk settings, and be compassionate in being willing to undertake mitigations at the request of other participants.

⁶ <https://www.vaticannews.va/en/church/news/2020-12/us-bishops-covid-clarification-ethical-use-vaccine.html>

⁷ <https://berkeleycenter.georgetown.edu/responses/on-life-grace-and-vaccines-a-sacramental-approach-to-public-health>

⁸ <https://www.chorusamerica.org/publications/blog/member-questions-can-my-chorus-sing-together-safely-if-we-are-all-vaccinated>

5. But aren't we protected with vaccines?

Remember that being vaccinated doesn't offer a clear binary of safe/not safe. While very effective, the currently available vaccines do not confer immunity to 100% of those receiving vaccination. There are many variables which affect your body's immune response, and the effectiveness of the vaccine. New variants of the virus could prove more efficient at escaping the immune defenses the vaccine prepares your body to offer.

If one out of 20 people vaccinated are not well-protected by the vaccine, there is not a firm guarantee of not contracting COVID. If you are vaccinated and are infected, medical professionals tell us you may have a milder or shorter course of illness. Medical treatments are improving, but there can also be significant ongoing consequences of contracting COVID once you have recovered from the immediate illness. Likewise, vaccines may not prevent you from inadvertently infecting others. Until public health experts provide science-backed guidance that we can lessen these precautions and/or we reach herd immunity, we need to commit to the practices we know will offer protections to ourselves and our community.

Since the protection provided by vaccines is *important*, and *helpful*, but not an absolute guarantee, we invite you to think in a more nuanced way as leaders and communities. We continue to recommend that you prepare and speak in terms of risk management, safer/riskier choices, and mitigations you can apply. We are learning to live with the virus in our midst. Be prudent, and cautious out of love for those you shepherd. Use the best resources available to keep the community safe, but do not live in a spirit of fear.

6. How do the new COVID-19 variants affect our planning to re-open church buildings safely?

The newer variants of COVID are expected to become predominant in Wisconsin, as they have in other parts of the United States. Many of these variants appear to be more infectious, more severe, and also more transmissible to younger people than the original. While research is ongoing, initial findings tell us that the vaccines currently available are still effective against the known COVID-19 variants. Researchers are still trying to determine how effective the vaccines are against these variants. At the same time, we know that masks, physical distancing, and other basic public health prevention measures remain highly effective against these variants.

Because these variants are spread more easily, we are seeing increasing case rates. In some areas, case rates are doubling weekly. This puts pressure on congregations that have begun to open their doors to be even more mindful of mitigations to prevent the spread of COVID-19 and its variants. ***It is vital that congregations continue to monitor daily positive case rates and be prepared to return to virtual options if the case rates increase.***

We are told that the faster we can get the majority of the population vaccinated, the more we can reduce risk of development of more dangerous variants. The sooner we can do this in the United States, the more attention we will turn to the justice issues of vaccine access around the globe. Global health inequities play a part in the persistence of this pandemic, and our prayerful attention to the needs of our neighbors around the world is necessary. The reality is that other nations do not have the same availability of COVID vaccines as we do in the United States, and until we are all protected, we are all at risk.

You can read more about COVID-19 variants at

- ◆ <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>
- ◆ <https://www.dhs.wisconsin.gov/covid-19/variants.htm>

WHEN CAN WE SING SAFELY?

The science behind the risk of singing and using wind instruments has been consistent. Research tells us that “singing at the loudest volume produce[s] an aerosol mass 1.5-3.4-times larger than yelling at the loudest volume.”⁹ Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, predicts that places of worship will be able to resume singing and using wind instruments once the nation has achieved herd immunity. It is currently predicted that we could achieve herd immunity by mid-fall 2021.¹⁰

We do not yet recommend **congregational** singing or chanting indoors. If there is a strong desire among the congregation to sing together, please consider only doing so outdoors, with layered mitigations as seen on the next page.

There is scientific grounding for cautious optimism and careful practice for *small groups of vaccinated worship leaders to sing, chant and play wind instruments* when the community is gathered. A recent peer-reviewed study indicates that it is primarily the loudness, duration, number of participants and environment that make up the COVID risk in singing or speaking as a group.¹¹

If singing is essential to your spiritual practice or theology of worship, you can reduce the risk to those who have gathered by layering mitigations. Precautions we recommend include:

- ◆ If you are meeting indoors, omit congregational singing, pre-record musical offerings and show the recorded singers on screen if possible.
- ◆ If live singing is desired, limit the number of people singing to a vaccinated cantor and/or small ensemble or worship team. A small ensemble should be at least 16 feet away from the assembly, *all having been vaccinated*.¹²
- ◆ Use amplification for the cantor or ensemble in order to limit the need for vocal projection.

The National Association of Teachers of Singing has created a one-minute video on safety precautions to be used while singing around others.¹³ These recommendations presume that song leaders are physically well and are able to pass basic COVID screening questions for any and all rehearsals and worship services.

⁹ (<https://www.thegospelcoalition.org/article/wise-sing-christmas-carols/>)

¹⁰ https://news.yahoo.com/fauci-predicts-people-able-back-192010641.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2x1LnNvbS8&guce_referrer_sig=AQAAAA_UgrSL3mY6pnmpxyjcabppSrNi_gZQNRBqfnwYQVqUw2d6lfcuA8Rh2K2yGeuH-yhVroJHTDSiQa2KVM6IJKFKS0TgprqVSGnrgMrFyxye2Ugfsa5ML1xButNss7Z11Ncg3p0xwWisDWS9u05jkqOEdL9I2kZTrryJWsCAuCDu

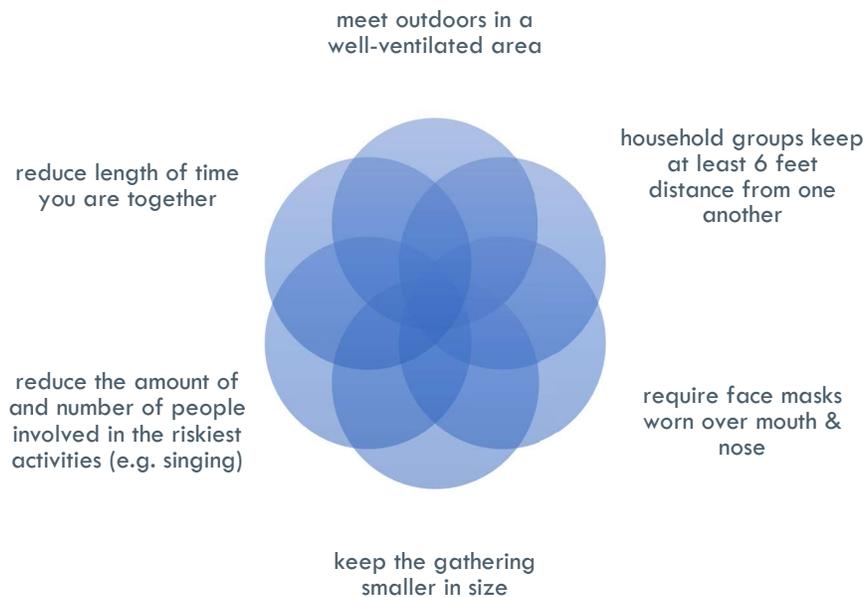
¹¹ Florence K. A. Gregson, Natalie A. Watson, Christopher M. Orton, Allen E. Haddrell, Lauren P. McCarthy, Thomas J. R. Finnie, Nick Gent, Gavin. C. Donaldson, Pallav L. Shah, James D. Calder, Bryan R. Bzdek, Declan Costello & Jonathan P. Reid (2021) Comparing aerosol concentrations and particle size distributions generated by singing, speaking and breathing, *Aerosol Science and Technology*, DOI: 10.1080/02786826.2021.1883544

¹² <https://thehymnsociety.org/wp-content/uploads/2021/02/Guidance-for-Holy-Week-and-Easter-2021.pdf>

¹³ <https://www.youtube.com/watch?v=VEnZJycnnqo>

LAYERING MITIGATIONS

- ♦ The more of these options you are able to layer together, the better you will mitigate risks for your gathering.
- ♦ These mitigations can be in effect for all church gatherings, but are especially important for the riskiest of our church practices such as speaking in unison, singing, times when some people must remove masks, and when individuals move around the space.
- ♦ For example:
 - Do you want to have a vocalist offer a solo or a cantor lead worship? Meet outdoors and have them well-distanced from the congregation. Ideally, they will be a vaccinated individual. A microphone and sound system will be helpful.
 - Are you interested in having a small group sing together? Meet outdoors, consider distancing them from one another and any audience by at least 6-10 feet, limit rehearsal length to less than 30 minutes, encourage them to agree to vaccination or self-quarantine, and place their piece late in the gathering time. Bonus: use a sound system and microphone!
 - Does your congregation long to sing a favorite hymn or spiritual song? Meet outdoors, maintain a limited capacity, require the congregation to be masked and physically distanced, keep the gathering to 30 minutes or less and choose just 1 or 2 verses of one hymn or chorus rather than multiple hymns. Invite them to sing softly rather than in full voice.
- ♦ They are especially important when you choose to follow the “safer” gathering thresholds rather than the “safest” benchmarks.



WELL-GROUNDED RESOURCES TO REFUTE MISINFORMATION AND DISINFORMATION

One of the many struggles of this COVID season has been the vast amount of information flooding to the public through social media feeds, news sites, email and the rumor mill. When we want to do everything we can to keep our community, family, friends and neighbors safe, it can be frustrating to have to spend our days interrupting misunderstandings or refuting falsehoods.

We commend to you the following resources for ongoing information about the pandemic, particularly around the issue of vaccines as we know this is especially pertinent at this time:

- ◆ *12 Things You Need to Know*: From the Johns Hopkins School of Public Health. A brief overview of common questions to support those who are vaccine-hesitant in making decisions.¹⁴ Addresses concerns such as how fast the vaccine was developed, testing on people of color, pregnancy and breastfeeding, allergies, side effects and overall safety.
- ◆ Dr. Emily Smith of *Friendly Neighbor Epidemiologist*, a global health expert, professor at Baylor University, and Baptist pastor's spouse addresses questions about vaccines and vaccine hesitancy on her website, with extensive sourcing.¹⁵ Her Facebook feed is also an excellent follow; she writes with a Christian audience in mind.
- ◆ *Dear Pandemic* posts at dearpandemic.org and on Facebook.¹⁶ The authors are a team of PhD's, MDs and DOs curating COVID content for the greater good. The lead editor is a faculty member at UW-Madison.
 - You can find *their* trusted resources at <https://dearpandemic.org/trusted-resources>.
 - Spanish language content at <https://www.facebook.com/QueridaPandemia>.
- ◆ *Your Local Epidemiologist* is run by Dr. Katelyn Jetelina. She has a Masters in Public Health, PhD in Epidemiology and Biostatistics, publishes at <https://yourlocalepidemiologist.substack.com> and also on Facebook.
- ◆ *The Osterholm Update*, a very accessible podcast by Dr. Michael Osterholm of the Center for Infectious Disease Research and Policy (CIDRAP).¹⁷
- ◆ The Wisconsin Council of Churches maintains updated information at our main "Returning to Church" page at <https://www.wichurches.org/2021/01/14/returning-to-church/> and also posts critical updates on our Facebook feed at <https://www.facebook.com/WisconsinCouncilofChurches>
- ◆ An extensive list of additional resources may be found in *Returning to Church 2.0*.

¹⁴ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-vaccine-hesitancy-12-things-you-need-to-know>

¹⁵ <https://emily-smith.net/2021/03/27/vaccine-qa-round-up/>

¹⁶ <https://www.facebook.com/dearpandemic>

¹⁷ <https://www.cidrap.umn.edu/covid-19/podcasts-webinars>

CHECKLIST

Before you announce a date for gathering again in physical place, we recommend you consider the following items.

Informing Parishioners of your policies & procedures

- Encourage congregation members to get vaccinated (contact us for help in this area!)
- Communicate your specific requirements to parishioners ahead of time so they know what to expect and ask them to respect your church's safety measures.

We recommend you ask people to fill out a self-screener when RSVP'ing to worship. Offer hospitality-driven language reminding them that if their answer to any of these questions is yes, please stay home and enjoy the virtual service.

- Do you have any of these symptoms: fever or chills, cough, shortness of breath, fatigue, body aches, headache, recent loss of taste or smell, sore throat, congestion, nausea or vomiting, diarrhea?
- Have you had close contact with anyone who is ill? Have you been in close contact with anyone you know had COVID-19 or COVID-like symptoms?
- Have you had a positive COVID-19 test in the past 10 days, or are you awaiting results of a COVID-19 test?
- Within the past 14 days has a public health or medical professional told you to self-monitor, self-isolate or self-quarantine because of concerns about COVID-19 infection?

Such a checklist can be provided simply in a weekly worship email, or through a Google form or other free survey software. It might be included at the beginning of a sign-up tool the congregation uses. If your church has its own app, you could incorporate these screening questions into the app. It will also be helpful to post the questions at the church entry or greeting desk for any unexpected walk-in participants at church events.

Facilities

- Ensure building capacity restrictions are being respected based on local Public Health guidelines – in all rooms and spaces.
- Consider your church's ventilation and review this list from the CDC of [Tools to Improve Ventilation](#)
- Mark spots on pews or chairs where people can sit that are automatically socially distanced
- What sorts of signage need to be added to your building – guidelines, navigation, etc.
- Consider converting your bathrooms to single-user for the time being to limit congestion.
- Work with custodial staff to review system for cleaning high touch surfaces (doors, light switches, etc)
- Limit access to parts of the church building that are not in use to limit the need for cleaning and sanitizing

Worship Plans

- Make plans to welcome people to the building in physically distanced ways. Consider sidewalk dots or chalk marks to assist entry volunteers if many people arrive at once.
- Continue to socially distance and wear masks, indoors or outdoors. Who will be responsible for monitoring behavior, reminding people about safety, and offering masks to those who arrive without them?
- DO: welcome people warmly. PLEASE DON'T yet return to hugs and handshakes. Non-physical expressions of greeting and Christian love are best.
- Map out one-way traffic flows in the building for entry and exit times if there are congestion points. This can be supported with signs and hospitality volunteers.
- Arrange for stationary offering plates/baskets to limit movement in the worship space.
- For Eucharist: Individual pre-packaged portions of elements, pre-placed where possible. Otherwise, allow for social distancing in line and ensure the presider is vaccinated (if possible), masked and sanitizes.
- Plan for alternative, non-physical ways of passing the peace and demonstrate the new practices ahead of time.
- If hosting multiple services, allow enough time in between for air exchange and sanitizing high-touch surfaces.
- If singing is essential to your faith expression, choose the minimum amount required, and maximize mitigations.
- Make arrangements to assist members in entering and departing the worship space without forming clusters for greetings. How might you train ushers to do this with grace?

Contact Tracing and COVID Outbreaks

- How will you maintain a list of who is in attendance at church events – RSVP's, sign-ins by usher, photos? Where will these be stored? For how long?
- What is your plan to contact parishioners or close contacts if someone tests positive? Who in your community will be responsible for this task? Resources and sample letters are available in the [Spiritual Leaders COVID Toolkit](#), a collaborative effort of the State of WI Department of Health Services and the WI Council of Churches.
- What will be your plan to step back from in-person gatherings, or step down gathering sizes if needed, if there is an escalation in COVID cases in the community? What will be your process for making that decision?

Expressing the Unity of the Church

- Remember the intergenerational, intersectional nature of the worshipping body.
 - Children under the age of 16 and others with certain medical conditions are unable at this time to be vaccinated, putting them at an increased risk.
 - Consider those who have been able to be present during this past year due to virtual worship options (those geographically distant, those with health risks or physical obstacles), and how you will continue to include them in community life as your plans fluctuate.
- How can you offer hybrid ministries that speak to online participation and ministry in physical place, not as a temporary measure, but as an expression of care for all in their varied needs over time?

This document was developed by Wisconsin Council of Churches staff with input from religious leaders, local church pastors, public health experts and emergency management officials. We are particularly grateful for the insights of Dr. Geof Swain, MD, MPH, President-Elect of the Wisconsin Public Health Association, and founding director of the WI Center for Health Equity and Attorney Sarah Kissel of Scholz Nonprofit Law LLC. This is not a formal policy statement of the Council. We are neither attorneys nor physicians. This document is based on the most recent science available to us at the date of publication. We recommend that you consult your ecclesiastical authorities for final guidance. Released April 16, 2021