



WITH ONE BODY AND ONE SPIRIT

Returning to Church 3.0

RELEASED SEPTEMBER 21, 2021

INTRODUCTION

Our society and our faith communities are in a dangerous place. As of today, COVID caseloads in some parts of Wisconsin have reached 1,000 per every 100,000 population (statistical definitions can be found in the references and links section of this document). The Delta variant presents a real physical danger, and it is expected that others will eventually follow. This physical danger has in turn created social dangers: Delta has overburdened a medical system already stretched thin, and may do the same to school systems. There is also a danger of social erosion from active resistance to masking and vaccination, often prompted by media and political leaders who are spreading disinformation, undermining trust in public health and medical systems, and in some cases actively fighting against the health and welfare of their own constituents. The costs of these burdens are shared unequally. Children who are not yet protected from COVID are at risk of being infected and infecting their households. Older adults, those experiencing poverty or social marginalization, and the immune-compromised at much greater risk from transmission of the disease.

The burdens imposed on member churches and faith communities are also significant. The pain of being unable to gather, to embrace, to break bread or sing together is real, as are concerns about the stress the pandemic has placed on leaders, or the long-term viability of communities constrained by COVID restrictions. Yet we as Christians must recognize that as children of the same loving parent, we are responsible not just to ourselves or even just to the members of our immediate family or church community, but to the distributed body of Christ and the wider society affected by its actions.

In this document, we seek to expand on the theological basis of those claims as we situate Christian life in the context of the pandemic. Next, we consider how to live our values in the current situation by providing basic guidelines for unsafe, safer, and safest conditions, and by suggesting corresponding mitigations that can reduce (but never eliminate) risk, and that are particularly effective if they are layered in use together.

We stress that our suggestions are never meant to be binary choices. Communities should carefully discern together how much risk they—and their vulnerable members and neighbors—can afford to assume. Likewise, the mitigations offered here are not intended to be an all-or-nothing package. Think and pray on what might be implemented now, and what might be saved for later use, should they be needed.

However, there does come a time when it is necessary to say "no" as thoroughly as possible. We suggest a level of 50 new COVID cases per 100,000 population per day in your county is a point by which your faith community move to its strictest protocols. You may choose to move sooner; we would suggest no later.

There are other best practices to consider around masking, vaccination, COVID exposure, and worship. We attempt to provide guidance on these subjects, and resources for further information.

We believe that the Wisconsin Council of Churches and its members are called to live with courage, justice and holy imagination. The COVID pandemic certainly demands all three. It will take wily, determined, and above all compassionate communities to weather this storm and continue to thrive after it has passed. As with previous "Returning to Church" publications, this is our best estimation of a way forward, for the grace and benefit of the entire body of Christ.

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EXECUTIVE SUMMARY

- The theology, ethics & values which guide these recommendations are anchored in 1 Corinthians 12:26-27, *“If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it. Now you are the body of Christ and individually members of it.”*

In times of great difficulty, Christians are called to return to deeply-held values and practices, such as:

- ◆ Living in and for community (*1 Corinthians 12:12-27, Matthew 25:31-46, Luke 13:20-21*)
- ◆ Witnessing to the truth that sets us free (*John 8:32*)
- ◆ Humble service and ministry to those in need (*Matthew 22:36-40*)
- ◆ Self-sacrificial love for others (*John 13:34-35*)
- ◆ Living the Christian identity even when it goes against the social grain (*John 15:18, Romans 12:2*)

- Our core guidelines from Returning to Church 2.0 have been retained. Vaccination rates are for those fully vaccinated, out of the total population. See references at the end of this document for fuller descriptions.

UNSAFE TO GATHER WITHOUT MITIGATIONS	SAFER	SAFEST
Vaccination rates <50% AND	Vaccination rates 50-70+% AND	Vaccination rates 70-85+% AND
Viral Transmission ◆ New Cases >10/100K ◆ Positive Tests >10%	Viral Transmission ◆ New Cases 5-10/100K ◆ Positive Tests <10%	Viral Transmission ◆ New Cases <1/100K ◆ Positive Tests <5%

- We discuss options for **layered mitigations** to increase the safety of gatherings when COVID risk goes up. *Mitigations* are actions people and communities can take to help reduce the likelihood of transmission and slow the spread of viruses like COVID-19. **While there is no risk-free approach to gathering at this time**, using multiple mitigations will provide additional protection: improving ventilation, reducing duration of gatherings, reducing the number of people, increasing physical distance, universal masking, safer choices for the riskiest activities, and vaccination expectations. We offer additional suggestions for mitigating risk among those church-specific activities that have been labeled higher risk.
- We suggest a level of at most **50 new cases / 100,000 population per day** as a “no go” level at which a community should undertake its strictest COVID protocols, in the absence of any government policy or ecclesiastical guidance superseding this recommendation. Your faith community may choose to move to its strictest protocols sooner, before your area reaches such an extremely high case rate.
- We offer provisional definitions of some terms and best practices associated with them:
 - ◆ Universal Masking
 - ◆ Vaccination Requirements
 - ◆ Risk Budget for Participants & Ministry Leaders
 - ◆ Livestreaming vs. Hybrid Ministry
 - ◆ Notification of COVID Exposure in the Congregation
- As we have previously, we offer reference links and reliable sources.

NOTES ON THEOLOGY, ETHICS AND VALUES

*If one member suffers, all suffer together with it;
if one member is honored, all rejoice together with it.
Now you are the body of Christ and individually members of it.*

(1 Corinthians 12:16-27 NRSV)

In times of great difficulty, Christians are called to return to deeply-held values and practices, such as:

- ◆ **Living in and for community** (*1 Corinthians 12:12-27, Matthew 25:31-46, Luke 13:20-21*)
- ◆ **Witnessing to the truth that sets us free** (*John 8:32*)
- ◆ **Humble service and ministry to those in need** (*Matthew 22:36-40*)
- ◆ **Self-sacrificial love for others** (*John 13:34-35*)
- ◆ **Living the Christian identity even when it goes against the social grain** (*John 15:18, Romans 12:2*)

As Christians, we know that we are not merely individuals: my destiny is not separate from yours, and my health is not separate from yours, no matter how far removed we may be from one another socially. Christians are about the work of community. We are called to be leaders in promoting a wholistic, community-based vision of health, rather than the individualistic mindset that seems to dominate how we in the United States have approached most of the pandemic, and even the notion of healthcare and wellness

We believe a part of our call as Christians at this time in the pandemic is to commit ourselves to:

- ◆ Telling the truth in public about the nature and severity of the disease, how it affects communities and society, and the urgency of vaccination and preventive measures. We must worship God in a spirit of compassion and truth. (*John 4:24*)
- ◆ Service in the form of supporting public health needs: hosting vaccine clinics, helping to make rapid tests available, and supporting those who need to isolate or quarantine.
- ◆ Dying to our own preferences in service to others (*Galatians 5:13*) by valuing the lives of others over our own. We have to get out of the mode of thinking "If we don't resume our normal activities, our church might die" and start thinking in terms of "If we prematurely assume the time for precautions is over, we might participate in someone's death." Modeling our lives on the one who died that we might live, particular expressions of the church's life may need to die in order that others may live.

Unlike other crowd-gathering activities which are still taking place amid COVID, we do not invite people to add to their personal risk for the sake of our own aggrandizement or for entertainment, out of statutory obligation or even habit. We do it only when there is a compelling need that cannot be met any other way. Worship is necessary for the church to be itself. We encourage communities to worship in ways that are safe and accessible to the greatest number of people, including those for whom in-person gathering may present a threat to health.

The business of Christians is to live for the life of the world even when that puts us at odds with the rest of society. That standard is our best hope for survival as we go through this pandemic and pandemics that will certainly follow. If the church cannot present itself as an alternative to the ways of the world that have produced nearly 700,000 deaths in the US alone, society will have no use for it, and rightly so.

It can be challenging to hold fast to these communal commitments as those around us pursue pre-pandemic activities as if there were little risk attached for themselves or others. But Christians are called to be different from the world. Our values lead us to different conclusions. Our highest values are not revenue, attendance, or self-perpetuation. Those are in God's hands. Even when we fear for the survival of our ministry, we need to trust, deep in our soul: God's got that. The Church belongs to Christ. The Church has survived far more than this and will survive this current challenge.

CORE GUIDELINES

The basic guidelines for gathering groups of people without mitigations have not changed since we released “Holding Our Plans Loosely: Returning to Church 2.0” in January 2021. Please understand that given everything we know, even with all of the precautions available to us, non-pharmaceutical interventions, medical treatments and vaccinations, **there is no zero-risk approach to gathering at this time**. However, in consultation with the trusted advisers who have been guiding us throughout the pandemic, and in discussion with religious leaders, we believe the figures in the table below are reliable benchmarks for gauging when it is *unsafe* to gather, when it may be *safer*, and when it will be *safest* to move forward.

Table A. Basic Guidelines

UNSAFE TO GATHER WITHOUT MITIGATIONS	SAFER	SAFEST
Vaccination rates <50% AND	Vaccination rates 50-70+% AND	Vaccination rates 70-85+% AND
Viral Transmission ♦ New Cases >10/100K ♦ Positive Tests >10%	Viral Transmission ♦ New Cases 5-10/100K ♦ Positive Tests <10%	Viral Transmission ♦ New Cases <1/100K ♦ Positive Tests <5%

Vaccination rates refers to fully vaccinated individuals in the total population. Since people of all ages come to church, we do not exclude children or any who are younger than the age for which vaccines are approved. Some vaccines require more than one dose; fully vaccinated implies that an individual must have completed the vaccine series to be counted.

These statistics are readily available on a statewide and countywide basis from multiple reliable data sources which are updated regularly. Because not all sources collect or calculate data in the same way, there may be some variation in reporting. Whichever data source you choose, we recommend that you consult and use it consistently, rather than switching between sources for favorable updates.

For regular reference, we particularly recommend:

- ♦ COVID Act Now
- ♦ DHS-WI COVID Summary
- ♦ GlobalEpidemics.org

Each has visual representations of the data, is solidly sourced and trustworthy, and has statistics which can be viewed over time at state and county levels. Links to these sites can be found at the end of this document. The Wisconsin Council of Churches website is updated on a regular basis using statistics from DHS-WI and GlobalEpidemics.org.

Wisconsin Council of Churches staff consult other indicators in making recommendations to regional church bodies, individual churches and leaders, including hospital capacity, trendlines, or news from public health officials. Nuanced decisions about moving forward can be based upon the risk profile of your local area, hospital capacity, ministry activities and mitigations planned. However, the basic chart above can be a first step in careful decision-making and establishing a risk threshold for your church.

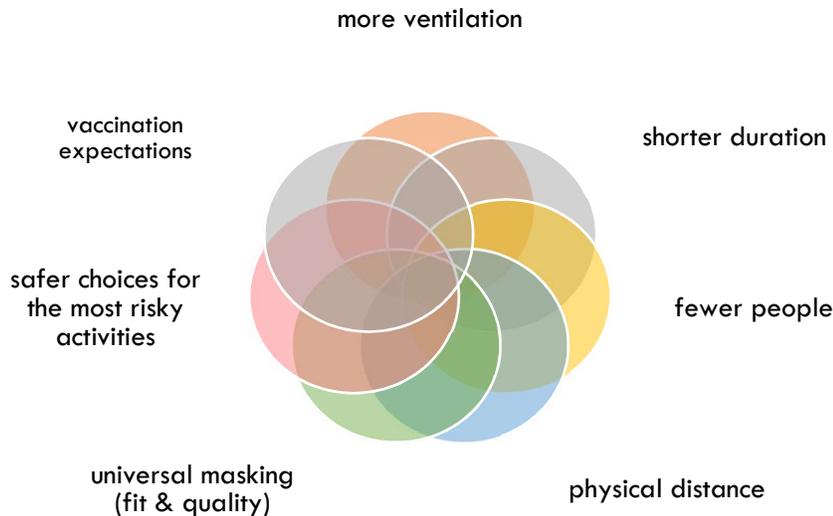
As of this writing all of Wisconsin is in the “unsafe without mitigations” range, at 37.6 new cases/100,000 population per day. If you are currently gathering indoors, without masks and/or singing, we urge you to begin adding mitigations according to the table below. This is not an all-or-nothing enterprise. Adding even a few of these mitigations will make your church a safer environment. This can be particularly important for communities with limited internet access, or where remote gathering may be otherwise impractical or limiting for some members.

Table B. Adding Mitigations

LEAST SAFE	MAKE IT SAFER	SAFEST
<ul style="list-style-type: none"> ◆ Unmasked ◆ No distancing ◆ Full capacity ◆ Assembly singing ◆ Eating together 	<ul style="list-style-type: none"> ◆ Universal Masking ◆ Physical distancing ◆ Low-touch environment ◆ Attendance list ◆ Outdoors or increased air exchange ◆ Shortened time of service ◆ Singing by worship leaders only ◆ Focus on sanitizing high-touch surfaces ◆ Vaccine requirement for leaders ◆ Vaccines encouraged for attendees 	<ul style="list-style-type: none"> ◆ High Quality Universal Masking (medical grade or N95/KN95) ◆ Physical Distancing ◆ Low-touch environment ◆ Outdoors ◆ Shortened service ◆ No singing ◆ Limited attendance, registration ◆ Sign-ins and tracking seating ◆ Vaccine requirement for leaders and attendees ◆ Maintain streaming and/or hybrid options consistently with fallback plan for outbreaks

LAYERED MITIGATIONS

The most important concept to remember in moving forward with ministry with reduced risk is **layered mitigations**. The more mitigations you are able to add, the more risk of COVID transmission you can eliminate. The risk to participants will never be zero, but it can be substantially reduced.



Improved Ventilation can be achieved by moving outdoors or increasing ventilation indoors. Outdoors is best, but keep in mind that if you meet clustered under an enclosed or partially enclosed tent you are re-creating indoor conditions! Indoor ventilation can be improved by opening doors/windows for cross-flow, adjusting settings on the HVAC system of your building, and choosing higher quality filters. Room-size air filters can assist but they are not a solution in and of themselves.

Reducing the Length of Time for which people are gathered or in proximity to one another is another helpful mitigation. The longer you are together, the more air you are sharing, and the more possibility there is that droplets or aerosols could transmit viral particles.

Having Fewer People in Attendance will help with density issues, making physical distancing easier and make it easier to track close contacts in the event one of your attendees has a COVID exposure.

Physical Distance of at least six feet between households has been a best practice since early in the pandemic. Consider not only side to side but front-to-back distance. Also remember proximity when in line for sacraments or other activities. Now is a good time to refresh one another on what six feet looks like and how important that distance can be in keeping one another safe. Being within six feet of someone COVID positive for 15 minutes or more is the definition of a “close contact.”

Universal Masking by everyone in attendance can significantly reduce risk. This is one of the best practices that we recommend. The fit and quality of the mask matter. Well-fitting masks should be worn over the nose and mouth for the duration of the program by all individuals capable of wearing one according to CDC guidelines. We also suggest that you offer and recommend high quality masks if possible – cloth with filter, medical grade and/or N95/KN95 masks. Presiders and musicians have successfully been wearing masks as they lead in multiple locations, with careful attention to microphone placement.

Safer Choices for the Riskiest Activities help the congregation adjust its risk budget. If you are making the choice to gather as a group, you are already assuming some risk. By modifying some of your riskiest activities, you are making it possible to continue gathering even in challenging times. Please see Table C for some suggestions on how to modify practices based on examples we have seen successfully used in multiple church contexts.

Vaccination Expectations are the newest additions to the list of possible mitigations your community might consider. We are aware of churches in several denominations which require vaccination for their worship and other ministry leaders. Some churches have started asking other participants for proof of vaccination as a condition of attendance at a program in physical place. Where these expectations exist, these communities provide alternative ways of participating in the life of the church remotely.

Table C. Mitigating Higher-Risk Activities

ACTIVITY	LEAST SAFE	MAKE IT SAFER	SAFEST
Preaching	Unmasked, close to the assembly	Mask throughout worship, only removing while preaching, maintain at least a six foot distance from congregation	Wear a high-quality mask (N95, KN95 or medical) throughout worship, including while preaching, keeping 10-15 feet between preacher and others. Pre-record sermon and show on screen
Singing	Unmasked assembly	Song leader instead of assembly. Outdoors, masked and distanced. Low volume humming by masked assembly.	Avoid singing until “safest” levels in Table A are met
Eating meals together	Indoors, Buffet	Distribute outdoors, pre-assembled, and/or to-go	Pre-packaged food Home delivery Alternative activities
Eucharist	Unmasked, Tearing bread, Common cup, passed elements	Distanced lines, masks until receiving Celebrant/minister sanitizes regularly Host or pre-cut bread, individual cups	Pre-packaged elements pre-positioned in pews Spiritual Communion
Large Group Celebrations (Anniversaries, Ordinations, etc)	Indoors, no mitigations	Limit number of people in attendance and offer livestream alternative for a wider group Require vaccination for those who will be in attendance Move outdoors, use layered mitigations	Defer until lower COVID transmission levels Record or live-stream an event with minimal numbers of people physically present

Group programs with unvaccinated populations	Indoors (Masked or unmasked)	High quality masks, outdoors [or low density well ventilated], according to risk budget of target population	Online, take-home, supervised mentor or <i>small</i> pod based.
Home & Care Facility Visits	Unmasked Indoors	High quality mask, sanitize hands, be mindful of risk budget of those present, including visitors.	Telephone, video, front porch or walking visits, mail
Infant Baptism	In an unmasked assembly Walking infant through congregation	If rubrics allow, have parents or baptismal sponsors hold the infant. Limit time in the chancel/sanctuary. Avoid walking infant through the congregation for greeting.	Record a small ceremony with the family and a representative from the church which can be shared later with the rest of the church. Defer the baptism until COVID levels are lower and/or the infant is able to be vaccinated.

WHEN TO SAY 'NO'

We may be shifting between varying risk levels for some time as vaccines become available for younger people, the percentage of the totally population that has been fully vaccinated gradually increases, global vaccination rates improve, and we monitor seasonality and the development of future COVID variants.

DHS-WI currently has five categories of COVID transmission: low, medium, high, very high, and critically high. These are marked in color coded categories on a map on their website. *Very High* equates to at least 1450 cases per day statewide, or 25 cases per 100,000 people per day.

A “Very High” COVID transmission level (state or county) according to DHS metrics should be a warning signal to us that changes in our behavior and practices are necessary.

The next level, “Critically High” is about 4140 cases per day statewide, or about 71.4 cases per 100,000 people per day. As of the time of writing, two counties in Wisconsin have reached this stage. We believe that waiting until this critical level of COVID transmission to change our behavior is not consistent with Christian values. In consultation with our medical advisers, we recommend a midpoint for shifting to very strict guidelines to protect the health of staff, congregants, and neighbors.

It is our strong urging that at a level of 50 new cases per 100,000 people per day, if you have not already done so, your faith community move to its strictest COVID protocols.

This may involve stringent limits to the number of people gathering in person, requiring vaccination and masking for entry and in-person interactions, moving to entirely online operations, or some other set of expectations.

REFLECTIONS ON BEST PRACTICES

- ♦ **Universal Masking Standards:** Our medical sources recommend masking for the assembly, worship musicians, and leader/presiders. *The 6 foot and 15 minute standard for defining a “close contact” holds whether or not a person is masked.* Removing your mask when you are exhaling the greatest amount of air and aerosols – e.g., singing or talking – is counterproductive to the goals of wearing a mask. If you are concerned about the assembly hearing you, we can offer some reassurance. A mic positioned just below your mask (a lapel mic works well) can pick up sound without difficulty. The best masks for sound transmission, it turns out, are the most protective: surgical, KN95, and N95.¹ Plastic face shields and face masks with windows have been shown to distort sound in unhelpful ways. A plastic face shield is not an adequately protective substitute for a face mask.
- ♦ **Vaccination Requirements:** The Occupational Health and Safety Administration (OSHA) suggests that employers consider adopting policies that require workers to get vaccinated – in addition to mask wearing and physical distancing – or to undergo regular COVID-19 testing if they remain unvaccinated. Given the heavily volunteer-driven environment of the church, we invite you to consider expanding such policies to key ministry volunteers such as worship leaders, care ministers and educational ministry leaders.² At the time of publication, it appears to be within your legal rights as an organization to require vaccination of ministry leaders as long as your ecclesiastical authorities permit it. None of the Christian traditions which are members of the Wisconsin Council of Churches have a theological statement contravening vaccines; most have made public statements in support of their members receiving the COVID vaccines, and their leaders have been vaccinated.

Some churches are exploring whether vaccination should be an expectation of participation in physical gatherings of the church. A blog post by the General Counsel of one of our member traditions indicates that this is legal.³ As always, consult your own legal representatives for advice. It would be important to consider how you intend to safeguard any information collected, how you would address the vaccination status of unexpected guests, and those for whom vaccination is not yet available (for instance, young children). As a best practice, we would suggest clear communication that you are not denying participation in the life of the church; you are offering options of in-person participation with vaccination, or online participation without vaccination. You may wish to reflect carefully upon the item below regarding livestream vs. hybrid ministry if this is an option under consideration in your church.

- ♦ **Risk Budget:** A risk budget invites you to think about the activities you engage in during a day, week or month as a budget, with you spending your budget when you partake in riskier activities such as in person schooling or visiting friends, and then making reductions in other activities to balance out the risk.⁴ “It’s a way to cap the amount of risk you’re taking overall so you can ensure you’re “spending” risk on things that are most valuable to you and not wasting it on activities you can live without.”⁵ The idea of a risk budget can be helpful for anyone, but we find it helpful in conversations with those who have lower risk tolerance, certain medical conditions, children or elders at home.
 - **Households with children:** We have heard from a number of churches that they are seeing a decrease in involvement from families with school-aged children, from teachers and medical caregivers at this time.

¹ <https://youtu.be/4bUp2TosqzE>, <https://publish.illinois.edu/augmentedlistening/face-masks/>

² <https://www.osha.gov/coronavirus/safework>

³ <https://www.ucc.org/can-churches-require-covid-19-vaccinations/>. Consult your own attorneys for advice.

⁴ <https://forge.medium.com/life-is-now-a-dark-game-of-would-you-rather-86aaf8fa72a5>

<https://covid-101.org/science/what-is-your-risk-budget/>

⁵ <https://elemental.medium.com/to-help-with-covid-decision-fatigue-set-a-risk-budget-3667cd55b159>

School participation involves a great deal of mingling of populations, eating with unmasked people with unknown COVID exposure, sometimes in an environment with poor ventilation. These families explain that they are unwilling to increase their risk by mingling with additional people at in-person church services. How can your congregation offer compassion and support to these families who are navigating difficult decisions?

- **Households with elders:** Likewise, members of the community 65 and older are the most likely to be vaccinated, and often those most eager to return to in-person gathering. However, they are more likely to be immune-compromised. Encouraging such individuals to receive a booster shot when available, as well as routine flu vaccination, can increase the risk budget significantly, both for themselves and for the community as a whole.
- **Groups of mostly- or fully-vaccinated people:** Because COVID – especially the Delta variant – can be spread even by vaccinated individuals, congregations may also want to consider how to encourage members to practice risk reduction even when the majority of a group (e.g., a book club, walking group or other ministry) have been vaccinated.
- **Ministry leaders:** You may also reflect on the reality that your pastor or other ministry leaders could be in this situation if they have school-aged children, elders or other medically-vulnerable people at home. What risks will you ask your ministry leaders to undertake in the COVID protocols you set up for your community?
- ◆ **Having Clarity - Livestream vs. Hybrid Ministry:** As we continue to move into our new ministry reality, our best practice is to invite clarifying conversations with your leadership about what sort of online presence your church is cultivating. Are you offering a way to view programming online? If so, is your church *livestreaming* or *creating a hybrid ministry*? Both livestreaming and hybrid ministry offer valuable services to the community, but clarification can help churches think about where they need to increase resources and/or create boundaries in order to prevent staff burnout as each requires a different type of input and intentionality.
 - **Livestreaming** – The ministry is rooted in an in-person community. Online participants may be local or distant, but the goal is to connect them to the in-person community rooted in physical place. Worship primarily takes place in a set location (usually the church sanctuary) and worship leadership mostly happens from this space. It is important to pay attention to individuals who are participating online to meet pastoral care needs that may arise. Staffing is focused on streaming worship services (technical) and individual pastoral care (pastoral).
 - **Hybrid Ministry** – Ministry is rooted in both the in-person community AND online community. This includes both the ministry of physical place and a robust community built in the online space that is self-sustaining. This ministry requires intentional staffing and resource investment to meet the needs of people who may never walk through the physical doors of the church. Best practice would suggest a full complement of ministry leaders whose sole purpose is to engage those joining online. This ministry may include online small groups, cultivating online conversation through a staffed (paid or volunteer) chat, faith formation and/or member development. We also recommend planning for worship that intentionally integrates the online community (through polls, responding to chat, and worship leadership by those outside the local community). Staffing here requires an additional set of ministry leaders who are gifted in the variety of ministries a church needs – and are comfortable, perhaps even fluent in the digital world.

Not all of this staffing needs to be through paid roles, if it is the practice of your church to have core ministries staffed by volunteers. They should, however be organized and equipped as part of your overall ministry plan, not a temporary addition or afterthought.

- ♦ **COVID Exposure in the Congregation:** We recommend that you have a plan in place for how to notify the church if a COVID exposure has taken place at a church event. This can be simplified with sign-ins to note attendance, and photos or seating charts to document close contacts.

A close contact is someone who has been within 6 feet of a COVID positive person for more than 15 minutes. Individuals who qualify as a close contact should be notified so they can monitor for symptoms, pursue COVID testing and begin quarantine until they have a negative test. It is also wise to notify others who were present and may not have been a close contact as they should monitor for symptoms.

Other members of the community could be notified in ways that protect such confidentiality as the COVID positive person desires while still allowing for spiritual and other forms of support. We provide a sample notification letter in the next section which can be modified to meet the needs of your organization.

- ***Make a plan for what your congregation will do if there is a COVID exposure in worship.*** How extensive was the exposure? Will you go online for two weeks to encourage quarantining of staff, leaders, and congregants?
- ***Make backup plans in case worship leaders and clergy are exposed and need to quarantine, or test positive and need to isolate.*** Don't assume clergy or musicians will be able to lead from home; if they or a family member become ill you may need to implement this plan with little notice. Prepare a lay led or online service now so others can easily step into leadership.

NOTIFICATION LETTER TEMPLATE

[date]

Dear [Insert name],

This letter is to notify you that a community member or staff member at [Insert place of worship name] has tested positive for COVID-19. We are actively working with the [insert county/city] Health Department to quickly identify, notify, and quarantine anyone who may have come into close contact with them and who may be at risk of getting sick. We are also cleaning and disinfecting to control the spread of illness.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Some symptoms of COVID-19 include:

- Fever (temperature 100.4°F or higher)
- Cough
- Trouble breathing
- Chills
- Muscle/body aches
- Loss of sense of taste or smell
- Runny nose or nasal congestion
- Fatigue
- Nausea, vomiting, or diarrhea

These are not the only symptoms but they are among the most common. The CDC's website has good information about COVID-19: www.cdc.gov/coronavirus. It is important to remember that it can take up to two weeks for symptoms to appear after exposure. It is possible to contract COVID even after vaccination. The CDC recommends testing 3-5 days after exposure www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html.

What to Expect

If you had close contact with a person with COVID-19, you may receive notification/information from your local Health Department, or from the person themselves. If you did not have close contact with a person with COVID-19 in our [insert place of worship], you will not receive an official contact. However, everyone in your household should continue to stay home as much as possible, wash their hands frequently, keep 6 feet away from others, wear a mask in public, watch for symptoms of COVID-19, and seek care when sick.

Someone from the local Health Department may reach out to you with questions. Please assist with them as they work to investigate and control COVID-19.

If you have any questions, please call [Full name and position] at [phone #].

Sincerely,

[Print name], [Title]

VACCINATIONS IN WCC MEMBER TRADITIONS

This list is accurate as of September 20, 2021 according to consultation with ecumenical representatives and official websites of member traditions.

National/International Body	Position or Public Statement
African Methodist Episcopal Church	Call for greater equity in global vaccinations, many individual churches host vaccination clinics
American Baptist Churches-USA	Supports Vaccination, founding member of national volunteer COVID-19 Community Corps, partner in Faiths4Vaccines national initiative.
Armenian Church	“Vaccination is an important tool in ending the pandemic” ⁶ – Bishop Daniel, Primate of the Eastern Diocese of America, April 29 2021
Christian Church (Disciples of Christ)	Leaders advise local churches to listen to public health officials and follow their guidance. Denomination is a partner in Faiths4Vaccines national initiative. Regional leaders issued a letter suggesting that the faithful ask the question, ““In this circumstance, what does love require?””
Christian Methodist Episcopal Church	“The College of Bishops are advocates for the COVID-19 vaccination. However, the decision to receive or not receive is a personal health decision...Taking the vaccination just be a way of showing love for your family, friends and neighbors.” ⁷ January 7, 2021
Church of God in Christ (COGIC)	“We trust God and science, not politics. Therefore on behalf of our Presiding Bishop, Charles Edward Blake, we urge you to accept the vaccine...” ⁸ Presiding Bishop Blake and Expert COGIC Doctor’s Statement on the COVID Vaccine, Dec 29 2010 Operates a COVID Vaccine Shots and Educational Site Program to support churches that are a vaccine site in their community.
Church of the Brethren	Invites churches to help with the COVID-19 Community Corps, shares information on FEMA vaccination efforts, and signs on to an interfaith letter for global vaccine equity. ⁹
Coptic Church	Coptic Pope Tawadros of Alexandria has been vaccinated. During a seminar with young adults he was asked if it was right to take vaccines and answered, “The COVID-19 vaccines were produced through strenuous research and tests, and their effectiveness has been confirmed. What is circulated on social media regarding side effects may be nothing but commercial competition between the producing companies.” ¹⁰
Ecumenical Catholic Communion	No doctrinal stance; local congregations have freedom to take their own positions and programming.
The Episcopal Church	“The Episcopal Church strongly encourages everyone to get vaccinated against COVID-19 using any approved vaccine.” The church is a partner in Faiths4Vaccines. ¹¹

⁶ <https://armenianchurch.us/2021/05/01/diocese-issues-updated-guidelines-for-liturgical-other-church-functions/>

⁷ <https://thecmechurch.org/2021/07/covid-19-information-and-resources/>

⁸ <https://www.cogic.org/blog/presiding-bishop-and-professional-doctors-statement-on-covid19-vaccine/>

⁹ <https://www.brethren.org/news/2021/letter-encourages-vaccine-access/>

¹⁰ <https://en.wataninet.com/watani-special-features/pope-tawadros/pope-tawadros-takes-covid-19-vaccine/34965/>

¹¹ <https://www.episcopalchurch.org/ministries/office-government-relations/covid-vaccine-toolkit/>

Evangelical Lutheran Church in America	ELCA leaders have encouraged participation in vaccination programs as a primary means to respond to the Covid-19 pandemic. There is no specific ELCA policy resolution dedicated to vaccination, but in the Lutheran tradition and in ELCA teaching there is no evident basis for religious exemption. “Historical Lutheran thinking has encouraged use of medical means and includes no history of objection to or exemption from the use of medicine.” ¹² The church is a partner in Faiths4Vaccines.
Greek Orthodox Church	“Although some may be exempt from the vaccination for clear medical reasons, there is no exemption in the Orthodox Church for Her faithful from any vaccination for religious reasons, including the coronavirus vaccine. For this reason, letters of exemption for the vaccination against the coronavirus for religious purposes issued by priests of the Archdiocese of America have no validity, and furthermore, no clergy are to issue such religious exemption letters for any reason.” ¹³ September 17, 2021. His All Holiness Ecumenical Patriarch Bartholomew and His Eminence Archbishop Elpidophoros of the Greek Orthodox Archdiocese of America have been vaccinated. “It is His All Holiness’ fervent prayer that everyone get vaccinated as soon as possible to contain this global and deadly virus.” ¹⁴ Archbishop Elpidophoros is Chairman of the Assembly of Canonical Orthodox Bishops of North America and signatory to their January 25, 2021 statement. See footnote 14.
Life Center Madison	The church does not have any official vaccination position, understanding the cultural and medical nuance of each individual’s decision, both in the fellowship and the broader community. Senior leaders have shared their vaccination experience with the church, and help with community vaccination clinics for those who experience accessibility and equity barriers.
Mennonite Church USA	The national church has not made a formal statement; there is a strong tradition of congregational polity. In the Central District Conference there has not been a formal statement, but there is a general sense of support for vaccination.
Metropolitan Community Churches	No formal statement has been issued at this point. Some individual churches are hosting vaccination clinics.
Moravian Church	The denomination is a member tradition of the National Council of Churches, which is part of the core group of Faiths4Vaccines. The Board of World Missions for the Moravian Church has a Vaccine Volunteer program soliciting digital volunteers to assist people in finding vaccination sites. ¹⁵
Orthodox Church in America	Archbishop Michael is signatory to a January 25, 2021 statement from the Assembly of Canonical Orthodox Bishops of North America: “as your spiritual shepherds, we affirm and assure you that it is neither wrong nor sinful to seek medical attention and advice. In fact, we welcome interventions that provide us more time for spiritual renewal and repentance. We therefore encourage all of you – the clergy and lay faithful of our Church – to consult your physicians in order to determine the appropriate course of action for you, just as you do for surgeries, medications, and vaccinations, in cancer treatments and other ailments. Indeed, while your own bishop, priest, or spiritual father remains prepared to assist you with spiritual matters, your personal doctor will guide your individual medical decisions.” ¹⁶

¹² https://download.elca.org/ELCA%20Resource%20Repository/Vaccinations_ELCA_Soc_Teaching.pdf

¹³ <https://www.goarch.org/-/goa-policy-for-religious-exemption-from-vaccination>

¹⁴ <https://www.goarch.org/-/bartholomew-vaccine>

¹⁵ <https://www.moravian.org/mission/2021/03/05/vaccine-volunteer/>

¹⁶ <https://domoca.org/statement-regarding-developments-in-medicine-covid-19-vaccines-immunizations/>

<p>Presbyterian Church (USA)</p>	<p>President and Executive Director of the Presbyterian Mission Agency said, “I believe being vaccinated is an important step in ending the suffering of so many in our nation and world.”</p> <p>The Stated Clerk of the PC(USA) has been vaccinated. In February 2021, he said, it’s up to each individual to decide whether they will or won’t be vaccinated.¹⁷</p>
<p>Reformed Church in America</p>	<p>The denomination does not have a formal or informal stance on vaccines, vaccinations or exemptions. The denomination is a member tradition of the National Council of Churches, which is part of the core group of Faiths4Vaccines.</p>
<p>Roman Catholic Church <i>(observer member of the Wisconsin Council of Churches)</i></p>	<p>The Congregation for the Doctrine of the Faith has said that “where ethically irreproachable Covid-19 vaccines are not available...it is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted fetuses in their research and production process.”¹⁸ 21 December 2020. Pope Francis has stated that “Humanity has a history of friendship with vaccines,” and both he and Pope Emeritus Benedict have been vaccinated.</p> <p>The Roman Catholic Bishops of Wisconsin issued a letter on Vaccination and Conscience Protection, August 20 2021. In it they state that: vaccination is permissible and serves the common good; the Church recognizes the right of individual conscience, which civil authorities must recognize and protect; and emphasize that responsibilities come with religious and conscientious objection. They state that pastors should not feel compelled to issue documentation recognizing conscientious objection and should not feel compelled to do so.¹⁹</p>
<p>United Church of Christ</p>	<p>The denomination has congregational polity and decisions are up to each congregation. Its General Minister and President, Rev. John C. Dorhauer has been vaccinated. The denomination is a member tradition of the National Council of Churches, which is part of the core group of Faiths4Vaccines. Individual churches have participated in vaccine clinics and as advocates for vaccination.</p>
<p>United Methodist Church</p>	<p>United Methodist Social Principles state: “We recognize science as a legitimate interpretation of God’s natural world. We affirm the validity of the claims of science in describing the natural world and in determining what is scientific. We preclude science from making authoritative claims about theological issues and theology from making authoritative claims about scientific issues”²⁰ The Connectional Table, a United Methodist leadership body, identifies COVID-19 vaccine distribution as a missional priority for the denomination.²¹</p>

¹⁷ [https://www.presbyterianmission.org/story/pcusa-leadership-takes-part-in-covid-19-vaccination-effort/.](https://www.presbyterianmission.org/story/pcusa-leadership-takes-part-in-covid-19-vaccination-effort/)

<https://www.pcusa.org/news/2021/2/8/think-about-your-neighbors/>

¹⁸ https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20201221_nota-vaccini-anticovid_en.html

¹⁹ <https://www.archmil.org/offices/communication/Wisconsin-Bishops-Address-Vaccination-and-Conscience-Protection.htm>

²⁰ United Methodist Social Principles The Natural World: Science and Technology ¶160.F

²¹ <https://www.umnews.org/en/news/covid-19-vaccination-named-missional-priority>

REFERENCES AND HELPFUL LINKS

♦ WCC Status Updates

We update our key metrics: the number of vaccinations completed in WI, the daily new cases/100,000 population (7-day average), and the daily positive COVID tests (7 day average) approximately weekly at <https://bit.ly/returningtochurch>

♦ Statistical Trackers offering state and countywide data

- COVID Act Now <https://covidactnow.org/>
- GlobalEpidemics <https://globalepidemics.org/key-metrics-for-covid-suppression/>
- DHS-WI COVID Summary Data <https://www.dhs.wisconsin.gov/covid-19/data.htm>

♦ Statistical Definitions

- **Case Rate:** The number of cases of COVID-19 per 100,000 people during a specified period of time. It's useful in comparing the spread of COVID in communities of different sizes. This is different from the positivity rate.
- **Positivity Rate:** The percentage of tests that confirm a case of COVID-19.
- **New Cases Per Day:** Gives an idea of whether transmission is increasing, decreasing or staying about the same. Generally most helpful when reported as an average over time (for instance, a 7 day moving average). This is different than the case rate.
- **Vaccination Rate:** Generally, percent of total population vaccinated. Check the toggle on your data source; make sure you're seeing the rate for "fully vaccinated," not just first shot. Some sources exclude those too young to be vaccinated, but the WCC's recommendations are based on *total* population. We advise *not* basing your large group ministry decisions on vaccination rate in the congregation, but rather the general population in your geographic area, as that is a better measure of overall risk.

Table A earlier in this document invites you to track:

- ♦ Vaccination Rate for Total Population in your geographic area
- ♦ New Cases Per Day / 100,000 Population in your geographic area
- ♦ Positivity Rate of COVID tests in your geographic area

♦ WCC Information Channels

- **WCC Main pages:**
website at <http://wichurches.org> ,
[@wichurches](#) on Twitter and Instagram,
<https://www.facebook.com/WisconsinCouncilofChurches>
- Subscribe to the weekly **COVID Vaccine Outreach Project newsletter** (and indicate interest in other COVID efforts) at <https://www.wichurches.org/2021/04/21/covid-19-vaccine-outreach/>
- **WCC Community Health Program** <https://www.facebook.com/WCCcommunityhealth/> has informational updates, resources to address misinformation, and support for those wishing to provide COVID resources, education and vaccine clinics to parishioners and their community.
- **WCC Programa de Salud Comunitaria** (Spanish language resources)
<https://www.facebook.com/WCC.Programa.de.Salud.Comunitaria>
- **WCC Youtube** <https://www.youtube.com/wisconsincouncilofchurches>

♦ Other Reliable COVID Information Sources

- [CDC COVID Information](#)
- [Center for Infectious Disease Research & Policy \(CIDRAP\)](#)
- [Osterholm Update](#)
- [World Health Organization](#)
- [Social Media Handles for Government Information](#) – WHO, CDC, FDA, HHS, NIH
- Ecumenical Protocols for Worship, Fellowship and Sacramental Practices
<https://www.facebook.com/worshipsafely/> and <https://sites.google.com/view/worshipsafely>
- Dear Pandemic <http://dearpandemic.org> and Facebook.
In Spanish at: <https://www.facebook.com/QueridaPandemia>
- Your Local Epidemiologist <https://yourlocalepidemiologist.substack.com/> and Facebook
- Friendly Neighbor Epidemiologist <https://emilysmith.substack.com/> and Facebook

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, founding director of the WI Center for Health Equity. 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 as of the date of publication. We recommend that you consult your ecclesiastical authorities for final guidance. Released September 21, 2021