Transition Task Force Report to the Katy FUMC Church Council

Dear Fellow Leadership Council members -

On behalf of the entire Transition Task Force, it is my privilege to introduce you to our final report. The Task Force hopes that you will find it to be a Spirit-led pathway for transitioning our congregation from the first days of the current COVID-19 pandemic into the immediate days ahead.

At the beginning of the COVID-19 pandemic, Katy First United Methodist Church dedicated itself to practicing three values throughout this crisis: Prioritize Safety, Create Vibrant Community, and Care for the Venerable. Those three values have served the congregation well, and those values are the foundation on which this report and its recommendations are built.

The task force met weekly, beginning June 8 through August 11. This proposal also represents the research and reading 44 documents and articles from a variety of resources.

Our work was guided by information published by the Center for Disease Control, the State of Texas, Harris County, the Houston Methodist Hospital, the Texas Annual Conference of the United Methodist, Bishop Scott Jones, daily updates from the Houston Chronicle and Community Impact newspapers, local churches including a special appreciation and thanks to Clear Lake United Methodist Church for their assistance with our plan and most importantly the Holy Spirit.

A question-driven matrix encompassing four transition phases was used to ensure a comprehensive and consistent approach to each step of our journey. Since information on COVID-19 changes daily, the Task Force made decisions based on the seven-day rolling average of hospitalizations and positive active cases within Fort Bend, Harris and Waller Counties, as well as the six zip code areas which cover the greater Katy Area.

Our report is divided into two sections, with each section reflecting a specific desire of the task force. The first section is provided for action by the Leadership Council; the second section is provided for understanding by the larger church.

The first section - the Proposal/Transition Chart - represents the committee's desire to be comprehensive in our approach.

The second section - the Appendix containing all the research documents, articles, and notes from the task force's deliberations - represents the committee's desire to be transparent with all our sources, resources, and deliberations.

In Galatians 6:2, the Apostle Paul writes, "***Bear one another's burdens, and so fulfill the law of Christ***." Given the many medical unknowns and social uncertainties of this national challenge, some may see these proposals as being too careful, while others may deem them not careful enough.

Our prayer as a task force is that this report represents our best effort in assisting our church members to bear one another's burdens during this unprecedented time of challenge, and so fulfill the law of Christ.

Grace and Peace,

Dick White
Sr. Pastor

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Proposal/Transition Chart

Transition 1 **TRANSITIONING THE CAMPUS**	**Transition 2** **TRANSITIONING WORSHIP**	**Transition 3** **TRANSITIONING CAMPUS-BASED GATHERINGS**	**Transition 4** **TRANSITIONING CAMPUS - BASED OUTREACH**
Transition 1 focuses on bringing only staff to campus to prepare the campus for re-entry.	**Transition 2** focuses on designing on campus Worship experiences.	**Transition 3** focuses on bringing small groups back to campus for the purpose of discipleship including the following: Community Groups, Sunday School Classes, Youth Group, Bible Studies, UMM, UMW, Handbells, Choirs and LPS. Dates are subject to change in accordance with current state and CDC COVID guidance	**Transition 4** focuses on campus-based outreach groups (non-Katy First ministry groups) that desire to use the campus facilities/spaces
This transition will begin when… • Each building that is occupied by staff has been cleaned and sanitized and there is enough cleaning product and equipment available to maintain the space. • A procedure manual has been completed for staff to abide by to include cleaning and disinfecting protocol	**This transition will begin when…** • Current CDC/government space requirements for appropriate social distancing allow for Worship gatherings • The Transition Task Force determines it safe to resume on campus Worship after review of the Metrics of COVID Monitoring as adopted by the Transition Task Force and contained within the Transition Plan document. • We have the ability, training, and supplies for hygienic hospitality before Worship and thorough sanitization of Worship spaces between Worship services	**This transition will begin when…** • Transition 1 (Campus) has been completed and the campus has been transitioned to accommodate staff safely. • CDC, local, TAC, and KFUMC authorities deem it safe for gatherings equal or above the size of the small group. • The disinfectant supply chain has been verified as stable and reliable and facility staff are trained for disinfecting for COVID-19. • Specific buildings or areas on campus that will be used in bringing small	**This transition will begin when…** • Transition Task Force determines metrics for allowing campus to open; and after Transitions 1 has been successfully implemented. • CDC, Local, TAC, and KFUMC authorities deem it safe for gatherings equal or above the size of the outside community group. • It is determined each building and room is fit for each specific group. • Each group has been contacted and agreed to policies,

and possible COVID-19 exposure. • A standard is defined for the re-opening of the Campus based upon COVID-19 metrics.	• Our pastors, Worship staff, and communications staff agree FUMC can provide on-campus Worship experiences that will be qualitatively better than our online opportunities (considering service length, pace, visual appearance, content, and diversity of leadership, etc.) • A standard is defined for identifying, restricting, and preventing additional exposures in the event of a positive COVID case from a Worship attendee	groups back to campus have been identified; (for the logistics of minimizing the task of disinfecting the campus) and occupancy limits established for social distancing purposes – this to be determined once measurement of each space has been completed in order to determine number of people that can be accommodated in each space. • It has been determined what or if health screening criteria will be used for small group attendees. • A standard is defined for identifying, restricting, and preventing additional exposures in the event of a positive COVID case from a small group participant. • Each Sunday School class will determine how they want to proceed – options being continue online only, a combination of online and face to face and a discussion of how face to face will be determined. • The projected date to begin the Sunday School Gatherings may be two weeks after worship services and after the review by the KFUMC Transition Team • Children's/Youth Sunday School may resume when adult Sunday School resumes or when the Transition Team believes that it is safe and appropriate for children to return.	procedures and protocols established by Transition Task Force • A standard is defined for identifying, restricting, and preventing additional exposures in the event of a positive COVID case from an outside group participant (Contact tracing) • Signage placed in buildings and rooms

- All Additional campus-based groups will open with guidance from the Transition Team as they are ready.

Mandatory (Must Do)

1. Staff will disinfect and sanitize facilities areas including: Sanctuary, Office, Family Life Center, Fellowship Hall, Connection Center, pews, doors, chairs, light switches, altar, stage, chancel area, bathrooms, sound booth, Conference Rooms, carpets.
2. Staff will use hand sanitizer on entrance and exit and will wear masks upon entrance and leaving their office or when in the presence of others.
3. Temperature checks will be taken using infrared thermometers and staff will be screened for other COVID-19 symptoms.
4. Staff will determine the

Mandatory (Must Do)

1. Begin with one Worship Service per week,
    a. Limited to approximately 60 people
2. Worship Team coordinators will be responsible for developing detailed plans for implementing and coordinating the reopening of Worship.
    - Worship Planning Team: Dick White, Mark Kimbrough, Barry Barrios, April Vaden, Zack Cheeseman, Sandy Schmidt, Jim Strong
    - Music Coordinator: Barry Barrios
    - Usher Coordinators: Jim Strong,
    - Nancy Farmer
    - Communications Coordinator: Lisa Martinson
    - Worship Center Setup Coordinator: Laurie Leger
    - Signage Coordinator: Lisa Martinson, Laurie Leger
    - A/V Coordinator: Lisa Martinson
    - Custodial Coordinator: Laurie Leger
3. Continue to follow standards that are currently in place:
    a. Social distancing based on

Mandatory (Must Do)

1. Small groups that return to campus may meet online and in person, in essence a hybrid model. New online study groups should be made available as online courses.
2. Group/Event size will be automatically limited for small groups based on current CDC, Local, TAC, and KFUMC authorities' guidelines.
3. All in-person small group meetings must schedule meeting times with the church office at least one week in advance.
4. LPS return to campus will be determined by the LPS Board members. LPS Board Chair will communicate changes made to the return to campus process. The LPS Board and the Transition Task Force will work collaboratively to address any dilemmas posed by COVID concerning opening and closing of Little Peoples' School.
5. An online, in person hybrid model for children's ministry may be designed.
6. The following safety measures are to be practiced before, during, and after all small group gatherings:
    - Hand washing/sanitizing upon

Mandatory (Must Do)

1. Group/event size will be no more than allowed by CDC, State or local guidelines and can be accommodated in a socially distanced manner within the space requested.
2. We will let each group know of requirements in advance of meetings.
3. Registration of all attendees, including name, phone # and email address
4. Social distancing and masks required
5. No singing, shouting or person to person contact; any deviation from social distancing protocol must be discussed and addressed in advance of the meeting
6. Restroom protocol will be followed.
7. Entry / exit protocol will be followed.
8. All required to temperature scan on entry - Temperature Scanner will be provided
9. Food item are allowed individually. There may be no sharing of food, drink, or paper items.

occupancy limit of each room based upon social distancing standards to create signage indicating the maximum for each room. The capacity within some rooms, such as the Sanctuary will be somewhat flexible due to family sizes.
5. Water fountains will be taken out of commission
6. Staff members that do not feel comfortable coming back may continue to work at home

Priority (Should Do)

1. Stocking enough equipment and cleaning supplies for three months of building use
2. Installing signage for safety guidelines (e.g., washing hands; bathroom occupied)
3. Staff will be encouraged to work remotely.

Possibility (Could Do)

1. Recording the times that rooms and CDC/government space requirements
   b. Air flow/filter modifications
4. Train staff/volunteers for hygienic hospitality cleaning before and after the Worship service
5. Train Worship leadership/facilities staff in social distancing best practices
6. Online services will continue as in-person options are made available (Confluence/Sanctuary Worship Services)
7. Temperatures will be measured at the outside door
8. Masks will be worn
9. Worship teams will minimize exposure during Worship (e.g., shorter services, no congregational singing, social-distanced seating arrangements directed by ushers, no greeting times, no passing collection plates, no Bibles or shared touchable items in pews including programs, using sterile communion elements, coordinating entrance and exit of attendees)
10. Worship expectations will be clearly communicated to the congregation prior to worship service opening
11. Hygienic hospitality will be practiced (e.g., hand sanitizer stations, safe restrooms, masks for everyone, no bulletins, no food/beverages, increased arrival and departure
- No contact including hugs or handshakes
- Physical distancing should be maintained
- Gathering sizes adhere to socially distanced room occupancy limits
- Masks required – children under the age of 10 are not required to wear a mask (within Governors orders), however, if tolerable, masks are encouraged.
- No beverages or food served
- Volunteers will be assigned to check temperature and symptoms, and anyone experiencing any COVID-19 symptoms should not participate
- No singing
- No shared touch items (e.g., handouts, books, worksheets, passed Bibles, class offering plate)
- Signs noting disinfection, hygiene, social distancing, mask and COVID-19 screening requirements will be posted on campus.
- Signs will be posted at entrances noting the possibility of exposure to COVID.
- Adults working with children the age of 5 and under will wear Face Shields instead of masks when teaching. Face Shields will need to be ordered.

10. 1 hour meeting limit (this can be revised at a later date); groups could meet in a combination of indoor and outdoor areas (Pumpkin Patch area) if > 1 hour is needed
11. Outside spaces used by groups will be cleaned after each use by the group. Touch surfaces within outdoor meeting spaces will be disinfected by the group after each use. Groups are responsible for cleaning of inside space used for meetings after each use and the church staff will be responsible for disinfecting the inside meeting space.
12. Recording attendance and maintaining log of attendees
13. Signs will be posted at entrances noting the possibility of exposure to COVID.

bathrooms are cleaned.

2. Leave only the amount of chairs in rooms to accommodate socially distanced seating.

signage, disposable masks available)

12. Registration and Attendance will be taken electronically to provide potential contact tracing. During Registration it will be noted the possibility of exposure to COVID
13. Clearly communicated boundaries regarding which spaces are occupied and which are off-limits for the purpose of disinfecting responsibilities
14. Thorough campus sanitation procedures will follow every Worship service
15. No childcare will be provided at this time. Children remain with parents at all times. Individual phone calls to registered parents with procedures for children

7. The campus will be maintained in the following ways:
   - Hand sanitizing stations and handwashing stations made available
   - Procedures followed for sanitization between small group usage
   - Posting signage in rooms and restrooms indicating safety precautions/guidelines
   - Removing touch points from assembly areas (e.g., hymnals, Bibles, bulletins, and pens)
   - Cleaning equipment will be stocked for double the actual usage of previous stage (Transition)

Priority (Should Do)

Children's Worship packs will be safely prepared and gifted to families (not returned)

Possibility (Could Do)

Priority (Should Do)

1. Limit meetings to 45 minutes
2. Recording attendance and maintaining log of attendees for contact tracing and using online attendance for all groups.
3. Allowance for Sunday School to meet in the FLC on days other than Sunday to meet and fellowship.
4. Train groups and individuals on how to use Zoom.

Possibility (Could Do)

Children's Ministries Priorities:

1. Creation of a Family Resource page on the KFUMC website providing a variety of resources addressing family needs within the Katy community
2. Discussion of a group to address Marriage Needs During this Pandemic
3. The creation of a KFUMC Face Book Page
4. Continuation of Katy First Mom's
5. Back to School Sunday
6. Children's Sabbath
7. Reading in the Pumpkin Patch during the month of October

Priority (Should Do)

1. Initial limitation to events and outside groups operating on campus prior to COVID-19
2. At a minimum, the same food limitations as set in Transition 2 apply (limiting/banning all unwrapped food/drink, homecooked goods, self-serve food stations)
3. No housing of groups staying overnight. Requiring room reservation approval at least one week in advance to ensure
4. Adequate advance cleaning and sanitizing

Possibility (Could Do)

The Transition Task Force also discussed these ideas for consideration during any Transition:

- Requiring reservations or assigning groups to specific services
- Signed Hold Harmless Release at the door
- Setting up an overflow space with live streaming displayed on the screen
- Hiring/recruiting additional communications support to balance new responsibilities
- Determining a process/person for following through with contact tracing notifications in the event of positive Coronavirus diagnosis among attendees
- Retraining ushers and greeters for new pandemic-appropriate roles
- Flexibility in policies vs. taking exceptions on a case by case basis after recommendations approved by Church Council
- Sanctuary vs. FLC for initial in-person worship

Transition Task Force Members

Martha Aki
Barbara Chastain
Billy Cooke (chair)
Hannah Kimbrough
Kathy McDonald
Jim Meek
Carol Minze
Julie Spier
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Laurie Leger
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Appendix

Readings

Task Force members were assigned multiple articles and resources to study every week so that the team's pool of expertise and field of view could be expanded. The following articles and resources are presented in the order they were explored by the Task Force. In addition, several newspaper articles and other reference materials are included herein.

24 Questions Your Church Should Answer Before People Return

April 18, 2020 | Ken Brady

This week we all received good news from our president: the country is going to slowly reopen, and that includes houses of worship.

I can guarantee that we will not go back to "business as usual" as a country, and that includes our churches. If you think we'll all rush back to church and pick up where we left off, don't kid yourself – it's not going to happen. Or at least it shouldn't happen. We need to think and plan carefully so we do not endanger people simply because we let our guard down and believed that the Coronavirus crisis had passed. Now, as believers let's agree to live by faith and not operate in fear, but let's also agree to be proactive and to act in wisdom towards our members and guests, especially those among us who are most susceptible to becoming infected with COVID-19.

We have a short time to prepare for the return of the church to the church campus. As I have thought about my church, and listened to friends and ministry experts over the past several weeks, I've compiled a list of things that most of our churches are not thinking about. Don't let the excitement of finally coming back together cloud your judgement or cause you to ignore the "new normal." Let's think through 20+ things that we must think about before the church returns to the building:

1. **What if your worship gathering is initially limited to no more than 100 people?** Never happen, you say? Remember that we've been limited to gatherings of no more than 10 people in the recent past. Take my church, for example. Pre-COVID 19 we averaged 350 in worship (two services). Should we be planning on adding a third service, reducing the time to 45 minutes with a 15 minute "passing period" so that worshipers can either go to Bible study or go home? One friend in ministry has said, "My church runs 2000 people in worship – we can't have 20 worship services all weekend long! What will we do?" If we are limited to a smaller number of people by our government leaders, what's the plan at your church to provide a place and time for them to worship?
2. **What adjustments will you make to the Lord's Supper, baptisms, and your choir ministry?** Do you believe you can conduct communion like you have in the past? Your church's tradition may involve passing a plate of elements, or it may include drinking from a common cup in some denominations. Will you use the self-contained juice and cracker cups? What about baptism – it's going to be impossible to practice physical distancing in a baptism pool. And as one reader said, "What do I do about my church's choir program?" He realizes that people standing side-by-side won't be practical.
3. **How will you go forward with VBS?** This is a question on people's minds. There are practical alternatives, and I know many churches that are going to find new times and ways to provide a VBS experience.
4. **Is a physical "pass the plate" offering a thing of the past?** How would you feel if you were the 100th person in a worship service to touch the offering plate that 99 other people just touched? Would you be worried about COVID-19 transmission? Sure you would. So how will you take up your weekly offering? Will you install boxes at the doors of the worship center, and perhaps place some of those in the lobby, so that worshipers can slide their envelopes, cash, or checks into those secured boxes?
5. **What are you doing now to sanitize and sterilize your church building?** Now is the time to wipe down all classrooms (especially those where children meet because of the toys and other items they touch during the course of a Sunday or Wednesday class experience). Have you sprayed pews and chairs with disinfectant? Who is wiping door knobs and

handles? Have you had carpet cleaned and disinfected? Now is the time for all this to take place, not the week of the "you can go back to church" announcement by government officials.

6. **Are you going to continue offering children's church?** As a short-term alternative, family worship be encouraged as the primary option in these COVID-19 days? Should parents take their kids to worship, practice physical distancing, and keep a close eye on their little ones?
7. **Are you going to continue hosting special events?** Will your church continue to host weddings? How about funerals? Revivals? You get the idea – there are a number of special events that our churches might host. Which ones will continue, and which ones will be put on hold? And how will you explain which ones continue and which ones don't?
8. **Are you continuing to provide coffee stations on campus?** Many churches have invested serious dollars in creating a coffee shop experience. My church has a coffee station in the center of our foyer (a self-serve station). Is that a good idea anymore? Tables and chairs may need to be placed in storage so that people don't congregate within a couple of feet of one another.
9. **Will you continue offering virtual online worship?** Some churches may think of their recent foray into Facebook Live as a means to provide a worship experience for their people a thing of the past – a stop-gap measure during some really strange days. Happy they can meet together again, Facebook Live services may give way to worship experiences on campus. But is that the right strategy? I have heard of church after church whose leaders tell me their worship attendance and group attendance are up – significantly – because people are finding them online. It was reported that one Hispanic church in Las Vegas, Nevada, had 1300 people watch their service online a few weeks ago. Why is that a big deal? They normally average 100 on campus.
10. **What is your plan when volunteers step down?** I'm already hearing that older volunteers are telling their church leaders they aren't coming back to teach until a vaccine is readily available – it's just too risky for them because they are most at risk from COVID-19. Will you be able to fully staff your classes like you did back in February?
11. **What's your strategy to clean and sanitize your church in real time?** It's one thing to prepare in advance of people's return to the church building, but how will you keep the place clean and disinfected on a Sunday or Wednesday? Does this give rise to a new team of people on campus whose ministry it is to walk around wiping door knobs and other surfaces? Who is going to clean restrooms throughout the morning or evening? Remember you'll have hundreds (some of your churches may have thousands) of people touching things while they are on campus.
12. **Do door greeters do their jobs differently, or at all?** Not have door greeters? Seriously?! We've always had door greeters. But in a COVID-19 world, do you really want a door greeter holding the door open while a parishioner walks by within a foot or two of them? That's not in line with good physical distancing practices given to us by the CDC and our state governments. The new normal may be for greeters to stand back six feet, inside the church building, and welcome people verbally without opening the door for them. You experience that at big box stores now. A greeter is there to say hello, but they don't make you pass within a foot of them! Welcome to the new world COVID-19 has created.
13. **Is this the time to suspend or end your church's "meet and greet" time?** Because of physical distancing rules, it probably is – at least temporarily. This practice has been on the decline in recent days, and many churches have already abandoned it because of its ineffectiveness with guests, not because of COVID-19 concerns.
14. **Because people may return very slowly to church, how will you count attendance and effectiveness?** The question has already been raised about should we or should we not take attendance during online worship and online group Bible studies. It's almost a sure thing that worship attendance on campus will not be what it was pre-COVID-19. You need to decide now if you're going to count on-campus only attendance, or merge and add online attendance, too. And how will group leaders take a count in their online groups and go about reporting that?
15. **Should you add and/or shorten worship services to allow for social distancing?** I touched on this in #1 above, but let's drill down a bit. If physical gatherings are limited in size, you have a few options: (1) offer more services (2) encourage people to continue worshiping online (3) remove chairs from your worship center to help people avoid

close contact (4) block off pews so that people no longer sit right behind someone, reducing the chances of them sneezing or coughing directly into the back of the person in front of them. If your church reopens with the "worship only" option, you'll have to decide these things now.

16. **What are you going to do about larger Sunday School groups?** No one is going to want to sit in a crowded room for Bible study, yet so many of our classes have been allowed to grow to have very large attendance. Do you feel good about letting 25 or more senior adults meet in a room that holds, well, 25 or 30 senior adults? If you have space to start new groups, now is the time – help people spread out. But if your church is out of space, like mine is, what's the next step?? One option is to start another hour of Sunday School. For my church, we'd go from two hours to three. Yours might go from one hour to two. Or another option is to place some groups online while others remain on campus. There's not going to be a quick and easy solution to this.
17. **What's your plan for Sunday School curriculum?** Most churches have provided print products – we call them Personal Study Guides (for group members); some adults still refer to them as "quarterlies" because they are distributed at church at the beginning of a new quarter. But because of social distancing and the new emphasis on virtual groups, should you keep print products but add digital ones for those groups meeting off campus? Thankfully, my company, LifeWay, creates digital versions of all its ongoing Bible study products, so we can meet whatever demand the church has. I have been providing print products at my church, but I'm about to add digital so my groups can be flexible in meeting on or off campus.
18. **Will you reopen the doors of your church with a "worship only" strategy? I** am hearing of more and more churches that are choosing this option whenever we are allowed to meet again on campus. They are adding services, removing chairs, practicing social distancing, and focusing on regaining momentum in worship. Bible study groups will remain online for safety in the short-term, and will be added back to the on-campus experience in time.
19. **Do you have a plan for reducing expenses if your church's offerings don't rebound?** This is the time for a "budget scrub" – while offerings are still decent and expenses have been lower because of reduced activities. Churches need to be thinking, "What if…" – what if our offerings don't hold steady because of rising unemployment of members? Before the church returns to the building, every church needs a "plan B" strategy just in case giving drops in late summer or early fall. I have friends in ministry that I deeply respect who believe we (the church) have not felt the financial impact of COVID-19 like we will in the days and months ahead. I think they may be right.
20. **How will you deal with the rise of COVID-19 related addictions?** One mental health expert said in a webinar meeting last week, "I'm hearing that porn sites are giving away free memberships during COVID-19…just what people don't need." In that same webinar last week on mental health, the presenter assured the audience that substance abuse is on the rise, too. Alcohol sales are soaring. He cautioned us to be ready to do lots of counseling and referring of people to professionals in our post-COVID 19 reality.
21. **Are you going to decrease the fellowship time between on-campus worship services?** Some churches that have multiple services and Sunday School hours schedule up to 30 minutes of time between those events because they value the opportunity to gather, have coffee, and fellowship. In a COVID-19 world, it is a good idea not to let that happen. Shorter times between worship services, and the elimination of coffee bar areas (yes, I know….it's sacrilege to think about not having coffee stations around the building!) will help keep people moving to their next destination, a worship service or a Bible study group, and it will help reduce the "let's hang out and give each other COVID-19."
22. **Are you going to postpone mid-week Wednesday night services, meals, and Bible studies?** This won't be a forever thing, but in the near future following the return of the church to its buildings, will you continue a virtual, online prayer meeting and Bible study time? Can you find volunteer workers to support a Wednesday night strategy on campus? Do you want to put people around tables for the traditional mid-week meal on Wednesday nights?
23. **Should you be investing in new digital equipment right now?** Yes, we've all hopped online and used Facebook Live to broadcast our worship services. Some of us are doing that with iPads and other devices, but is this the time to admit that online worship is probably here to stay? If yes, then it makes sense to invest dollars now so that cameras

and other equipment can be purchased that will help the church be more professional in the new online world of worship.

24. **Will a new staff or volunteer position emerge from COVID-19? Because** the church has permanently moved online now, could it lead to the adoption of a new position of leadership? Will churches turn their attention to a Virtual Pastor whose job it is to oversee the technical aspects of the new digital frontier? Will they become responsible to develop groups and strategies to reach people online? It's highly likely that this is going to take place; the role may first be added to a staff person who is currently serving the church, but when it is possible to split that role and afford a new person, churches may hire online pastors.

This list of questions is not exhaustive. It's representative of many things we should be thinking about right now, before we get the OK from government leaders to gather again.

What would you add to this list? What have I left out? Let's pool our experience and wisdom to help Jesus' bride be prepared for the new world we find ourselves in. I'd love for you to respond to this post, share your thoughts, and then share it in social media. We've got to get the church thinking and talking about these things.

Guidelines for Reopening Churches in The Wake of the Covid-19 Pandemic

April 30, 2020 | Bishop Scott Jones

In The United Methodist Church, bishops do not possess the authority to dictate whether a local church meets in- person or suspends meeting in person. However, I am clear that as the Bishop of the Texas Annual Conference I do have the responsibility to guide pastors and churches with informed recommendations. These recommendations will take into consideration standards set through Governor Abbott's office https://gov.texas.gov/uploads/files/organization/opentexas/OpenTexas-Checklist-Churches-Places-of- Worship.pdf as well as the sound medical advice that we are receiving from healthcare professionals. Throughout this crisis I have been deeply grateful for the leadership of Dr. Marc Boom and other leaders of Houston Methodist Hospital system. Dr. Boom's most recent interview can be found on https://www.youtube.com/watch?v=d5CrVlogkxs I take this responsibility quite seriously and have strongly recommended that churches that are larger than 50 in worship continue to suspend in-person worship through the end of May, 2020. Many of our churches are providing excellent on- line offerings and are employing a team of 10 or less to produce this worship offering. These churches have been careful to maintain social distancing of more than 6 feet and engage in recommended hand hygiene. Most church staffs have adapted to working remotely. When it became necessary to come into the office, they have been careful to let others know they were going to be there, maintaining consistent practices of social distancing, handwashing, sanitizing, disinfecting surfaces. Again, my strong recommendation is that these practices continue through May.

We are near the peak of confirmed cases per day, Covid-19 deaths per day, and total current confirmed cases https://covid19.healthdata.org/united-states-of-america/texas. This may mean the worst is nearing its end, but it does not mean that the bad is past. The risk is still high and a return to pre-March 15 practices could very well cause a new surge that would be worse than the first. Most models show that there will be at least one or two more deadly waves of this pandemic before a vaccine or effective treatment is discovered. We must continue practicing social distancing for worship, particularly for our church members in the at-risk categories for COVID-19.

Therefore, I strongly recommend that you employ the following guidelines as you move toward reopening your church campuses to the new day in which we find ourselves:

If your church worships more than 50 persons, please continue to suspend in-person worship through the month of May. We may need to delay that re-start date for even later.

If your church does "Drive-in Church", please continue to maintain social distancing and ask worshipers to stay in their vehicles.

If your church is considering meeting in-person in groups less than 50, please note Governor Abbott office's Minimum Standard Health Protocols for places of worship, which requires special consideration for the "At-Risk Population" that is defined as, "… those who are 65 or older, especially those with chronic lung disease; moderate to severe asthma; chronic heart disease; severe obesity; diabetes; chronic kidney disease undergoing dialysis; liver disease; or weakened immune system." (Dr. Marc Boom has consistently referred to age 60 or older). Minimum Standard Health Protocols include:

- Proper spacing between attendees (six feet separation between families, and every other row left empty)
- Train all employees and volunteers on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.
- Screen employees and volunteers and send home anyone displaying symptoms which include (but not limited to) cough, fever, shortness of breath, headache or known contact with someone who is confirmed for Covid-19
- Strict guidelines regarding staff or volunteer returning after being sent home (see full protocol)

- All employees and volunteers are required to wash hands/sanitize upon entering the building, wear gloves, and are strongly encouraged to wear face coverings over nose and mouth.
- Regularly and frequently clean and disinfect any regularly touched surfaces, such as doorknobs, tables, chairs, and restrooms.
- Disinfect seats between services.
- Disinfect any items that come into contact with attendees.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available.
- Place readily visible signage to remind everyone of best hygiene practices.
- In addition to the Governor's Minimum Standard Health Protocols, I strongly recommend:
- Micro-groups and small groups of roughly 10 are more important than ever, but even in those gatherings, exercise proper protocols of social distancing, hand hygiene and respiratory etiquette. This applies to committees that wish to conduct in-person meetings.
- Consider keeping childcare closed, unless the house of worship can comply with CDC guidelines for childcare facilities.
- Refrain from handshaking and hugging. Instead wave and greet one another with cheerful voices.
- Ensure all attendees sanitize their hands and put on a mask before entering the building.
- Refrain from passing collection plates and instead provide a central collection box in the building or encourage online giving
- Consider how the sacraments can be administered without attendees having to touch the same surfaces and objects
- Have hall monitors in place to ensure safety in restrooms
- No bulletins, hymnals, Bibles or pens in the pews

Congregational singing will be problematic since the virus is spread through microscopic droplets that travel beyond six feet when singing. Most music should be restricted to a soloist or ensemble spaced appropriately.

The above protocol will certainly be in place for quite some time as we move toward reopening all of our church facilities. Several of our larger congregations are already reimagining worship spaces and worship times, paying close attention to the traffic patterns of people moving from one place to another.

Obviously, this is not a simple matter of opening the doors that have been closed because of the current Covid-19 pandemic. Suspending in-person worship through the month of May could provide your church leaders with the necessary time to develop a back-to-church protocol that keeps your members and guests as safe as possible. The American Enterprise Institute has done extensive work on this current crisis and you will find their recommendations through the following link https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/

I continue to pray for you as you pastor in new ways through this pandemic. It is with deep appreciation for all that you do,

Scott J. Jones

Open Texas Checklist

The Office of the Attorney General and the Office of the Governor have been providing joint guidance regarding the effect of executive orders on religious services conducted in churches, congregations, and places of worship. Below is an excerpt from the joint guidance for executive order GA-18, issued on April 27, 2020. The same minimum standard health protocols would apply to funeral services, burials, and memorials.

In accordance with Governor Abbott's executive order GA-18, the following are the minimum recommended health protocols for all churches, congregations, and places of worship in Texas. Churches, congregations, and places of worship may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all Texans. The same minimum standard health protocols would apply to funeral services, burials, and memorials.

We know now that the virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Please note, public health guidance cannot anticipate every unique situation. Churches, congregations, and places of worship should stay informed and take actions based on common sense and wise judgment that will protect health and support economic revitalization. Churches, congregations, and places of worship should also be mindful of federal and state employment laws and workplace safety standards.

Health protocols for serving your attendees:

- ⌋ Strongly encourage the at-risk population[1] to watch or participate in the service remotely.
- ⌋ Designate an area inside the facility reserved for the at-risk population or offer a service for at-risk population attendees only.
- ⌋ Ensure proper spacing between attendees:
  - Keep at least two empty seats (or six feet separation) between parties in any row, except as follows:
    - Two or more members of the same household can sit adjacent to one another, with two seats (or six feet separation) empty on either side.
    - Two individuals who are not members of the same household but who are attending together can sit adjacent to one another, with two seats (or six feet separation) empty on either side.
  - Alternate rows between attendees (every other row left empty).

Health protocols for your employees and volunteers:

- ⌋ Train all employees and volunteers on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.
- ⌋ Screen employees and volunteers before coming into the church, congregation, or place of worship:
  - Send home any employee or volunteer who has any of the following new or worsening signs or symptoms of possible COVID-19:
    - Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, Loss of taste or smell, Diarrhea, Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit, Known close contact with a person who is lab confirmed to have COVID-19
  - Do not allow employees or volunteers with the new or worsening signs or symptoms listed above to return to work until:

[1] At-risk population are those who are 65 or older, especially those with chronic lung disease; moderate to severe asthma; chronic heart disease; severe obesity; diabetes; chronic kidney disease undergoing dialysis; liver disease; or weakened immune system

- In the case of an employee or volunteer who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed since recovery(resolution of fever without the use of fever-reducing medications); and the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 7 days have passed since symptoms first appeared; or
- In the case of an employee or volunteer who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or
- If the employee or volunteer has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.

- Do not allow an employee or volunteer with known close contact to a person who is lab confirmed to have COVID-19 to return to work until the end of the 14 day self-quarantine period from the last date of exposure (with an exception granted for healthcare workers and critical infrastructure workers).

- Have employees or volunteers wash or sanitize their hands upon entering.
- Have employees or volunteers maintain at least 6 feet separation from other individuals. If such distancing is not feasible, then other measures including face covering, hand hygiene, cough etiquette, cleanliness, and sanitation should be rigorously practiced.
- Consistent with the actions taken by many churches, congregations, and places of worship across the state, consider having employees, volunteers, and attendees wear cloth face coverings (over the nose and mouth). If available, they should consider wearing non-medical grade face masks.

Health protocols for your facilities:

- Regularly and frequently clean and disinfect any regularly touched surfaces, such as doorknobs, tables, chairs, and restrooms.
- Disinfect seats between services.
- Disinfect any items that come into contact with attendees.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available.
- Place readily visible signage to remind everyone of best hygiene practices.
- If a church or place of worship provides meals for employees, volunteers, or attendees, they are recommended to have the meals individually packed for each employee, volunteer, or attendee.

Maintain rigorous sanitation practices like disinfection, handwashing, and cleanliness when preparing or serving anything edible.

Leading Beyond the Blizzard: Why Every Organization Is Now a Startup

March 20, 2020 | Andy Crouch, Kurt Keilhacker, and Dave Blanchard

Summary

1. The novel coronavirus is not just something for leaders to "get through" for a few days or weeks. Instead, we need to treat COVID-19 as an economic and cultural blizzard, winter, and beginning of a "little ice age" — a once-in-a-lifetime change that is likely to affect our lives and organizations for years.
2. Due to the complex and interconnected nature of our society and economy, the majority of businesses and nonprofits are "effectively out of business" as of today, in that the underlying assumptions that sustained their organization are no longer true.
3. The priority of leaders must be to set aside confidence in their current playbook as quickly as possible, write a new one that honors their mission and the communities they serve, and make the most of their organization's assets — their people, financial capital, and social capital, leaning on relationship and trust.
4. The creative potential for hope and vision is unparalleled right now — but paradoxically this creativity will only be fully available to us if we also make space for grief and lament.
5. We write this out of love for Christian organizational leaders and their work, with humility in a time of considerable uncertainty, and a prayerful hope that we are proven wrong by God, in his gracious providence, working miraculously through human ingenuity in this season.

We're not going back to normal. If you're a leader in an organization, it is time to rewrite your vision deck — that presentation so many organizations have that summarizes who you are, whom you serve, why you serve them, and what you do and how you do it. In this essay we will explain why we think that for most organizations — businesses, nonprofits, and even churches — this is a time to urgently redesign our work in light of what we believe is not just a weeks-long "blizzard," not even just a months-long "winter," but something closer to the beginning of a 12–18 month "ice age" in which many assumptions and approaches must change for good. Almost all of us can and should keep the first three or four slides in our deck; everything else needs to be re-evaluated.

We write especially for leaders of businesses and nonprofit organizations who are fellow Christians, because Christians of all people are equipped to face the current reality with both clear-eyed realism and unparalleled hope. In this essay we outline the major challenges we face and some forward steps we can take, acknowledging that we all are operating with profound uncertainty not only about the future, but even about the present. We write in the confidence that Jesus is Lord, that his Spirit is even now working powerfully in all of our lives, and that God is good.

This time poses the greatest leadership crisis any of us have faced. It can be a moment of amazing creativity, though it also is going to be a time of unavoidable pain and loss. We will discover that while many resources are suddenly unavailable to us, the most essential resource is still available, and the most important reality has not changed. The reality is that God has called us to a time like this, given us a mission and a community to serve alongside, and we still have the most important resource, which is trust in the context of love. Everything depends on how quickly and thoroughly we move to build on that resource, starting today.

The Blizzard

Michael Osterholm, an infectious disease specialist at the University of Minnesota, has spoken about the "blizzard" view of the current crisis. This is, in our judgment, the way the majority of Americans are currently responding to COVID-19 and the restrictive measures put in place by public health officials. To treat the crisis as a blizzard is to acknowledge that things are very difficult, to provide emotional and practical support for immediate needs, and to urge people to take extraordinary measures that not only would be unthinkable in ordinary times, but are unsustainable for long periods of time. If the crisis generated by COVID-19 is a blizzard, it will be over soon, we will all emerge from our shelter, and resume life roughly the way it was before. Our job in a blizzard is to wait it out.

Indeed, because the nature of this crisis is currently fully visible only in hospitals in a handful of US cities, and more distantly in places like Italy and Wuhan, China — places where front-line workers are utterly overwhelmed with work and fatigue, too much so to communicate with the outside world — there are many people (though fewer every day) who need to be convinced that a blizzard is upon us. A great deal of leadership effort has been expended, and still needs to be expended, to convince Americans that an acute, urgent crisis requires their immediate action.

The problem is that there is almost no one working in public health — certainly not Osterholm — who believes a blizzard is an adequate way to understand this crisis. Instead, Osterholm has said in several interviews, we should be thinking in terms of "the beginning of winter."

Winter

Winter might begin with a blizzard, but it is a season lasting months, not a single event. In cold climates, winter means that periodic acute events (blizzards) punctuate a continuous period in which human activity must adapt to bitterly inhospitable conditions.

This is almost certainly the reality of COVID-19 in the United States and many other countries. This will not be an event lasting a few weeks. The President of the United States, advised by widely respected public health experts including Drs. Anthony Fauci and Deborah L. Birx, stated on March 16 that Americans should expect measures to combat the spread of the virus to last through "July or August."

Although for the moment federal and local officials are issuing orders and guidance with time horizons between two and three weeks (for shelter-in-place instructions in many localities) to eight weeks (the CDC guidance for the cancellation of public events), no one should imagine that the COVID-19 season will have ended in this time frame, certainly not on a national scale. New York State Governor Andrew Cuomo has stated that cases in New York City will not peak for 45 days (around May 1). But New York City, along with Seattle and the San Francisco Bay Area, is considerably ahead of other regions of the country, which will likely see the same exponential growth of cases in coming weeks. As the President and his advisors stated, Americans should expect that drastic measures will be necessary for the next four to five months, not weeks.

As with winter weather, there will be regional variation. For one thing, the most extreme forms of social distancing, such as the order in San Diego County issued on March 17 that seemed to prohibit gathering in groups of any size outside of family or household units, and the recent executive orders in California and New York, have never been attempted for months on end. They are blizzard-level responses. These measures should certainly have an effect on the number of new cases, including critical cases, to some extent "flattening the curve" and relieving some stress on regional health care systems. As the curve flattens, the pressure on officials to lift the most drastic restrictions will be intense — appropriately so, because such isolation is extremely difficult for human beings to bear and carries its own risks of illness and mortality.

So it is likely that in a few weeks some regions, especially those that experienced health-care "blizzards" earlier than others, will lift restrictions to some extent. But others will be having to impose them for the first time. And the very hard truth is that any relaxing of restrictions is likely to lead to an increase in cases. For several weeks China reported diminishing cases of COVID-19 nationwide, reflecting the country's success in reducing the epidemiological value called R (the number of people infected by a single carrier) to a value below 1. In recent days, as much of China has returned to work, the nationwide value of R in China has once again increased above 1. Fighting a pandemic with the characteristics of COVID-19 is not a quick endeavor.

There is widespread discussion of the success of countries like South Korea, Singapore, and above all Taiwan in containing COVID-19 to date without the extreme measures that are being imposed in most of the United States. These countries do indeed give us some hope that, to extend the metaphor, winter for some of us might be relatively mild. But life in these countries is far from normal right now, they are culturally very different from the US, and they took steps earlier in the

crisis that may not be available to our leaders now. Europe, meanwhile, is seeing a much more dire scenario unfold.

The bottom line is that even as we weather the current blizzard, and convince others that a blizzard is upon us, all of us should be preparing for a winter in which countless aspects of our society are reconfigured. Even in the mild weeks, life will be radically different from what it was just a few weeks ago; and as with winter in the northern US, at any time a storm could arise that brings life entirely to a halt.

Coping with this, all by itself, would be a huge challenge for leaders. But our counsel, and our plan for the organizations we lead and work with, is to prepare for a third reality as well.

The Little Ice Age

"The year 1816 is known as The Year Without a Summer," the Wikipedia entry on the subject begins. The eruption of Mount Tambora in what is now Indonesia led to a worldwide ash plume that reduced solar radiation, causing widespread crop failures and unprecedentedly cold temperatures, with frosts recorded across Europe and North America even in the summer months. 1816 came toward the end of what is known to climatologists as "The Little Ice Age," a several-century-long reduction in temperatures in the northern hemisphere that shaped European history in profound ways.

The metaphor is obvious. Just as winter is more chronic and long-lasting than a blizzard, and requires different sorts of adaptation, which are in many ways more far-reaching than merely hunkering down for a few days or weeks — so there are even larger-scale events that reshape the climate through countless successive seasons.

The Little Ice Age lasted perhaps three hundred years. No one expects the effects of COVID-19 to be of this magnitude — we have the inestimable gift of modern medicine, as well as systems of communication and coordination, that almost certainly will allow our world to mitigate the direct effects of the virus within a few years. The Spanish Flu lasted from 1918–1920 in an era before the existence of effective testing or vaccines. This would seem to be a worst-case upper bound for COVID-19 as well. A generally accepted timeframe for the wide deployment of an effective vaccine — though there are huge uncertainties here — is 18 months.

But 18 months is not a season — it is, for many purposes, more like an age or an era. Just to choose one example, the Tufts scholar Maryanne Wolf has theorized that there is a roughly three-year window, from ages 7 to 9, when children can transition from "novice" reading to "fluent" reading. Children who miss this window, for any number of reasons, seem never to acquire genuinely fluent reading skills no matter how much additional instruction they receive later in life. Already, tragically, far too many children in the United States fail to acquire fluency during this window. Interrupt the educations of an entire nation of 7-year-olds and the ongoing cultural consequences, and loss of human flourishing, will be tragic beyond measure.

And this is just one example from our own country. Countless efforts in global relief and development operate on the thinnest of margins, at the cruelest edges of the world, and depend on a flow of resources from wealthy countries. Even the slightest interruption in those flows is a matter of life and death. In the little ice age, in the absence of extraordinary efforts to mobilize generosity and sacrifice, the interruption would not be slight.

What are the reasons for thinking we are entering such an extended "year without a summer"? On Monday, March 16, one of the world's most eminent scientific teams, based at Imperial College London, released a rigorous paper modeling the likely effects of "non-pharmaceutical interventions" in flattening the curve of COVID-19 in the United Kingdom and the United States. Though parts of the paper are technical, every single leader of any organization of any size should take the time to read the paper and grasp its essential arguments.

A key bottom line of the paper is simply stated: any measures that successfully "flatten the curve" in the coming weeks or months will also extend the curve further out. To the extent we are able to rescue our health care system from total breakdown immediately, that will come at the cost of creating the cultural and economic conditions of "winter," likely

through the end of 2021 — until the population gradually and naturally acquires immunity (at the cost of widespread illness and death), or a vaccine is developed. Furthermore, though it may be possible to lift the most extreme measures, at least for short periods of time, any meaningful impact on the disease burden will require vast, sustained changes in social behavior.

Epidemiologically speaking, we are most likely facing a blizzard today, a winter for the next few months, and a little ice age for years — and that is if we succeed in suppressing or containing the virus enough to avert a catastrophic failure of the health care system this spring and summer with many millions of deaths (both from COVID-19 and other critical causes for lack of health care).

And it has become crystal clear this week that we are not dealing just with epidemiology, but with economics and politics as well. The Spanish Flu hit a world that was barely modern, with slow and simple trade routes between nations. This virus is even now shutting down most of the continent of Europe, may bring the ancient nation of Iran to its knees, and will have still unknown long-term effects on China. And these are only the regions most acutely affected today. The fortunes of the whole world are tied through communication and trade, and the whole world will eventually suffer together.

The world economy is more than likely about to experience a series of cascading events comparable at the very least to the Great Recession of 2008–2009 and quite possibly the Great Depression of the 1930s. J. P. Morgan's chief economist has forecasted that US GDP could drop 14% in the second quarter of 2020 alone. "A drop of that size would be steeper than in the fourth quarter of 2008 — the worst of the Great Recession — when the economy shrank 8.4%" (Reuters). This week hundreds of thousands of unemployment claims have been filed across the US by workers laid off from industries that are not just shut for a blizzard, but for a winter, and may well be hampered for the entire duration of the little ice age that is upon us.

The global economy will presumably recover at some point. It may even recover in V- or U-shaped fashion, as it often does after epidemics. It recovered, spectacularly so, after the Great War and the Spanish Flu, which in certain respects were worse than anything we foresee happening in the coming years. (Though just a few weeks ago we would never have foreseen writing this essay, either.) But when it recovered, the world was different, and so ours will be.

We observe that almost no one is currently planning for an "ice age" scenario. Of course, no one can say for sure that it will come to pass — the Imperial College London study specifically does not include potential breakthroughs in areas like testing and detection, "contact tracing," and disease management, which could have dramatic positive effects. These could indeed come, even within weeks, and there might even be a dramatic "miracle cure" (or more precisely, treatment) that could change the outlook substantially.

Notwithstanding these hopes (or wishes), we believe every leader and organization — every nonprofit, every church, every school, every business — should be planning for scenarios that include years-long disruption.

Almost all of us are in a new business

From today onward, most leaders must recognize that the business they were in no longer exists. This applies not just to for-profit businesses, but to nonprofits, and even in certain important respects to churches.

There are exceptions. As a very rough guess, perhaps 10% of enterprises have business models (whether for-profit or nonprofit) that will be largely unaffected, for good or ill, by the crisis. Firms with long-term government contracts as their major source of income, for example, may well proceed with business as usual. Perhaps 10%, on the other hand, are providentially positioned to make huge contributions by relieving suffering and unlocking value in this new reality, simply by scaling up their current activities. On a large scale, we see firms like Zoom and Amazon that are amazingly well placed to provide essential services in the coming reality, though small firms and organizations can find themselves in this position as well.

The remaining 80% of ventures find themselves with a strategic and operating playbook — primarily in terms of product offering, business model, and team structure — that simply does not translate in the likely conditions of the blizzard, the winter, and the little ice age.

To be transparent, our own organization, Praxis, is among that 80%. We are extremely fortunate to have cash reserves and committed donors, so we are not going out of business in any sense. But we have built our 9-year-old organization on gatherings of entrepreneurial leaders from around the world for intensive mentoring events, larger community summits, and a summer student academy, all of which have led to an extraordinarily rich community built on deep encounters with one another and with God in the service of redemptive entrepreneurship. At the moment even our core team cannot gather at our New York City headquarters. We do not know when travel will be allowed again, but for months it will be incredibly uncertain at best (much like travel in the stormiest parts of winter).

If your nonprofit organization depends on gathering people in medium or large groups — and it is truly daunting to consider how many do, whether for fundraising banquets, afterschool programs, or in the case of churches for corporate worship — you are not in the same business today. And this is not just a blizzard that you can wait out. We cannot possibly tell when such gatherings will again become routine, but it will not be in a matter of weeks.

Indeed, we at Praxis are developing one potential scenario that assumes that for 12 to 18 months, the largest group that can be reliably gathered in-person for shared formation and creative work will be about ten people, almost always in a local setting. Even if this is too drastic, we do not know the shape of the global economy and the resources that will be available to people when travel and gathering in larger groups become theoretically possible. Perhaps one day your organization, or a new version of it, will be in that business again. Perhaps ours will be, too. For now, if we want to carry out our mission, we have to at minimum design for a considerably modified context.

A typical pitch deck for a business or nonprofit begins with a clear audience or set of stakeholders with a clear need, and a fundamental vision for how that need can be addressed in ways that enhance human flourishing. Call these the first three or four slides of your deck. You do not have to discard these slides — they represent, we pray and believe, a calling given you by God. If you serve at-risk youth, those youth are still there, facing more risks than ever, and you still have tremendous insight into their fundamental needs and capacities. But the rest of your deck — the part that describes the strategies, tactics, financial models, and partners you can mobilize — is functionally different. Whether you have run a software services firm that works with public schools, a nonprofit funded by everyday givers thinking about global needs, a product company dependent not only on consumers but on a manufacturing, or a commercial real estate firm that depends on long-term leases, you've been built around a multitude of assumptions that cannot survive a 12–18 month "ice age". You have to build a fundamentally new deck that reflects the new realities of the community you serve, and the tools that are available to you today.

Our greatest resource is trust

At this moment, many kinds of resources are unavailable to us. But there is one paramount resource that by the grace of God may still be available, which is trust.

In the course of your work in the days before the blizzard, your business or organization built relationships with people. Community members, vendors, partners, investors, stakeholders of all kinds — above all, perhaps, your paid or volunteer staff. You are bound to them, at least some of them, not just by contracts or transactions but by respect, friendship, and even love.

Trust is the greatest resource in human society. Without trust, we relate as competitors and in a mindset of scarcity. With trust, we discover creative pathways that unlock abundance we could never have found on our own. All

worthwhile human work and life takes place under an umbrella of trust or, to use the stronger biblical word, covenant — the shelter of mutual respect and love that forms a kind of canopy protecting us from the wild and dangerous world, making room for great acts of sacrifice and beauty.

In order to find our way to the new playbook for the mission and people that have been entrusted to us, we will need to act at every moment in ways that build on, and build up, trust.

This is one of the reasons that adding new people to your team today, especially people you do not know, would be tantamount to leadership malpractice. If your current playbook does not work and has to be largely replaced with a new set of strategies and tactics, how can you possibly know that the job description is correct for the job? And how can you responsibly promise a stream of income to someone at this moment? No organization, unless it is in one of the "10%" exceptions described above, should be trying to add new people to their core team right now in the absence of well-established trust.

Likewise everyone can sense almost instinctively that now is a futile time to pursue new donors or customers. Investment capital is not entirely unavailable, but the investors willing to invest in the teeth of a downturn — without a prior relationship with a firm — almost always do so with predatory motives and on exploitative terms.

No — the people who will help you chart the course toward fulfilling your mission in the coming years are the people who you have the deepest trust with today — those currently on mission with you. And so all the efforts of leadership right now come down to maintaining and mobilizing trust.

This trust begins not with concern for ourselves, but with concern for others. Almost uniquely in our lifetimes, every single person we will interact with in the coming days, even investors and philanthropists, is experiencing vulnerability like never before. They are experiencing risk and perhaps financial loss today, but we are in the early days of a pandemic. Very few of us will get through this era without seeing someone we love suffer and very possibly die. Many are contemplating their own mortality in new ways. We owe to everyone we meet tremendous compassion, patience, and concern, before we involve them in our own needs.

Trust is built with transparency and honesty about our situation, framed appropriately for each person's particular stake in the venture. We need to be overcommunicating with everyone in our organization's ecosystem, often with a new degree of openness about the challenges we are facing. At the same time, trust is built (to borrow from the great leader Max De Pree) when leaders bear vulnerability and pain rather than inflicting it on others. We need to have ways to process our own fears that do not involve raising others' anxiety.

Trust is also built through one of the hardest tasks of leadership: taking steps to reduce costs and manage cash flow, so that the enterprise can survive. This is wrenching for anyone who cares about people, but when the alternative is organizational extinction, it is essential. There are ways to cut positions that are sacrificially generous and honoring to the persons involved, and there are sometimes alternatives to outright elimination of positions, such as shared, across the board reductions in hours worked or compensation, with those highest paid taking the biggest cut. As difficult as it is, if we do not make direct decisions about staffing and other costs in light of cash flow, we will forfeit the trust others have placed in us. (This is not theoretical for us. In 2003, in fact, Kurt terminated Andy's employment at an earlier organization in an executive decision that was absolutely necessary and also deeply generous and honoring, and we have remained friends to this day.)

All of this work to build on and build up trust will pay off in new creativity. We can start to ask fundamental questions together. What options are open to us even in the depths of "winter"? What tools and resources are at our disposal? What reserves of talent and skill, money and assets, systems and processes can be deployed in new ways?

Attending to all three realities

We have portrayed these as nested, interconnected realities — as leaders we must react swiftly to the blizzard that is already upon us, and pivot to survive the inevitable winter under severe conditions, and reimagine our organizations to outlast the rigors of a possible little ice age.

It may be helpful to consider how to allocate leadership attention to these three horizons. Our counsel is to immediately direct a substantial percentage of our attention to reinvention for the little ice age, even as we will feel most drawn to operate in blizzard and winter mode. We must ensure our people are safely deployed and cared for in the blizzard, while we build scenarios and take decisive action relating to cash flows, supply chains, customer disruptions, and team capacity. Yet we urge every leader to realize that their organization's survival in weeks and months, let alone years, depends far more on radical innovation than on tactical cutbacks.

This will mean iterating and experimenting very quickly in the coming weeks. At Praxis we have re-formed our twelve-person core team into ad hoc working groups, pursuing six projects that are feasible in the current "blizzard" conditions, aiming to ship responses to some of our community's greatest needs and opportunities in the next two weeks. We are communicating intensively with our incoming entrepreneur Fellows, with our donors, and with our mentors. We will commit to learning, and certainly some experiments will be more successful and enduring than others, but we are building on our deep trust with one another to discern together how to advance redemptive entrepreneurship in a completely changed environment.

Grief and loss, vision and hope

This is a time for grieving. Many of us have loved our work and the people we work with. We thought if we built an organization on integrity, talented people, and innovative approaches, the result would be success. We invested time and relationships in building and stewarding that dream. Even though others are experiencing even greater losses, the loss of business models that could be operated joyfully, profitably, and in ways that honored people is a real loss. No leader will get through this time without making time for all the stages of grief identified years ago by Elisabeth Kübler- Ross — denial, bargaining, anger, depression, and acceptance. We and those we lead will experience all these, over and over, in the coming days.

But this is also a time for vision and hope. We have the privilege at Praxis of working with entrepreneurs — people who are restless with the way things are currently done and take all kinds of risks to create new things in the world. One of our greatest joys right now is talking with our entrepreneurs-in-residence and our classes of business and nonprofit Fellows. They see, along with everyone else, the massive challenges that are coming. But they are by nature nimble, willing to learn and change, and convinced that there is opportunity even in the depths of winter.

The strange heart of Christian faith is that these are not separate realities. Grief and loss go together in Christian faith with vision and hope in a singular way, because they are the story of Cross and Resurrection. There is no greater grief than Calvary, the crucifixion of the very Son of God by the ones he came to save. There is no greater hope than Easter. And the risen Lord of Easter made himself known to his disciples by the wounds in his hands, feet, and side. When we rise and reign with him over the new creation, he will be in appearance like a Lamb that was slain. We, too, will bear our scars, and the leaders of our worship will be the martyrs, the ones who sacrificed everything to bear witness to him.

Christian creativity begins with grief — the grief of a world gone wrong. It enfolds it in lament — the loud cry of Good Friday, the silence of Holy Saturday — and still comes to the tomb early Sunday morning. We are burying and saying goodbye to so much in these days, and around the world people are burying and saying goodbye to those they loved. But we do not grieve without hope. If we grieve with Jesus, and make room for others to grieve, we can hope to be visited by the Comforter, the Spirit who breathed over creation before it was even formed. And that Spirit will guide us in the choices we have to make, even on the hardest days that are ahead.

What if we are wrong?

We acknowledge that leaders who act decisively on this advice will face real risks. No matter how sacrificial our own posture and how hard we try to honor and serve others, their trust in us will be tested to the limit, and in some cases it will break. Such is the price of leadership.

All we can say is that the picture we have painted in this document is the most accurate and actionable one we can construct today. If it is true, there is no time to lose. With every day, material resources will dwindle, and without active, bold leadership, others will lose trust in us, or simply stop paying attention in the midst of the urgencies we all face. Leaders need to act immediately to begin to reimagine their organizations, beginning with compassionate and candid conversations with boards and team members about what is ahead.

That being said, all of the authors are optimists by temperament, and we also know that not everyone is reading the trendlines in the same way. We could well be wrong. The winter may be mild and end quickly; the little ice age may never arrive. The amount of human ingenuity that is being devoted to conquering COVID-19 is indeed awe-inspiring. The seriousness and competence of many of our government officials, and the sheer resourcefulness and resilience of people all around us, is humbling and encouraging.

But here is the thing: if we are wrong, and the blizzard passes, the winter is mild, and the little ice age never arrives, our organizations already know what to do. Should this crisis miraculously pass with us and our society relatively unscathed, we can offer fervent thanks to God, resoundingly celebrate the medical professionals who put their lives on the line, and go back to refined versions of our existing playbooks, with a chastened and strengthened sense of our dependence on God and one another, and a greater appreciation for each day of life. We would all be truly thrilled and astonished if this is the outcome of these days.

Even if that is the outcome, our organizations will be immeasurably stronger for having done the difficult work we are describing here. For the essential work that is in front of us is to vastly strengthen our ability to work through relationships of trust, in small local groups, using all the new tools of electronic media and communication. This is actually the work we needed to be doing all along. If we can return to something like the “normalcy” of 2019, but with our programs and services, business playbooks, and even our relationships purified by creative scrutiny, our organizations will be far stronger.

And there is this other sobering reality: this will not be the last pandemic, nor the last disaster. In any case, even while some of us in the “developed” world were insulated for a time from the worst kinds of vulnerabilities, billions of human beings have been living with that level of vulnerability all along, while much of the world paid minimal attention to their plight. We human beings are far more dependent on God and one another, than we acknowledge in times of affluence and ease. We should not want to simply return to the normalcy of the past years, in which so much injustice was unaddressed and in which countless shared, systemic vulnerabilities grew and grew.

In any case, responsible leaders have no choice, today, but to assume that the winter is upon us, and an ice age of unknown duration is before us. We are playing a game no one now living has ever played before. We are, for reasons only God knows, on the front line, on the starting team. Let us act boldly, today, to build as best we can, for the love of our neighbor and the glory of God.

Reopening Churches: Leading Children and Family Ministry After COVID-19

May 8, 2020 | William Vanderbloemen

Children and family ministries have been disrupted with the onset of COVID-19. Instead of rushing back to our old norms, now is the time to determine what values and processes will remain consistent, what innovative strategies you've uncovered in the past weeks that need to be further integrated into your church, and what needs to be completely restructured for our family ministries to experience God to the fullest capacity when your church doors open again. I spoke with a panel of church leaders as they discussed common questions regarding this and the path forward after COVID-19.

8 PRACTICAL PREPARATIONS FOR REOPENING CHILDREN'S MINISTRIES

Over-communicate with parents on plans and precautions that leaders are taking. Keeping parents in the loop when they're feeling uncertain will help ensure that they're aware that their children's safety is your first priority.

Place orders now for hand sanitizer and cleaning supplies to disinfect children's ministry areas.

Begin to design a strong curriculum plan, check-in, and check-out systems for reopening again that account for social distancing precautions. Some churches are having one designated check-in volunteer to prevent multiple people from picking up pens or touching check-in screens.

Begin to decide if you'll be reopening church and children's ministries at the same time. Another option churches are exploring is allowing families to sit together in their services while maintaining social distancing regulations.

Establish plans to reopen that align with state guidelines. Leaders can also take into account what is best for the church community by checking in with members to gauge their comfort levels.

One option is to take a 3-tiered approach on reopening:

Step 1: Acknowledge that volunteers may not feel comfortable returning immediately and plan ways to walk with them through this. Consider recruiting volunteers to replace any typical helpers that are at-risk and may not feel comfortable working for a while.

Step 2: Have worship services so everyone is together first to evaluate the number of families and volunteers that are returning.

Step 3: Downsize in room size and the number of kids in a room for children's ministry. You can even hold children's ministry outdoors to offer more space.

Include family-friendly elements in Sunday services.

Some churches are handing out fun kits to keep children engaged with activity during the sermon. Kits can include checklists for words they hear during the sermon, snacks, coloring pages, or other creative activities that work best for your church.

Leverage the relationships with the parents in your community by engaging them to lead children & family ministry. Getting parents involved will ease their minds and help fill any gaps in staff that you might have.

TRAIN VOLUNTEERS FOR CHILDREN'S MINISTRY POST COVID-19

- Training volunteers is inevitably going to begin with assessing new roles that can help attribute to the success of the transition back into children's ministry for parents and children.

- Start training and including volunteers now. This is a good time to include them in any online videos, newsletters, and resources for children so a new rhythm and structure can already be established when you reopen.
- Implement wellness checks. Today's panelists shared a few ways they are restructuring their wellness checks for volunteers and children:
- Implementing temperature checks with hand-held thermometers for volunteers
- Requiring leaders to wear masks
- If you're concerned with how children might respond to seeing their leaders in masks, you can even hang photos of your staff and volunteers on the door so the kids have a friendly reminder and a sense of normalcy as they walk in.
- Ask volunteers questions like, "Have you been sick in the past 14 days?" or "Have you been around someone sick recently?"
- Assigning one leader to manage the check-in and check-out systems to limit the amount of times devices or pens are touched.
- Having multiple hand-sanitizing stations.
- Clean and sanitize toys while kids are watching the sermon and write on the door the date and time that toys were cleaned so parents are aware of the frequency of cleanings. Another option to sanitize toys is to separate toys in "clean" and "used" bins.
- Assign volunteers who can help disinfect classrooms in between services. This is something that requires all of the kids to be out of the classroom and may require service times to be adjusted as well.

4 WAYS LEADERS CAN ADDRESS SEPARATION ANXIETY AFTER COVID-19

Communicate a narrative of hope, comfort, and truth through the Word of God by assuring them that he is in control of all things. Also, being intentional about discipling parents during this time to equip them to disciple their children from home.

Affirm parents that their children are safe and cared about in order to ease their worries and help give them a sense of peace. The precautions you take will send parents a strong message, so again, be intentional about over-communicating your strategies.

Take a slow and phased-in approach to reopen children's ministry so kids have time to effectively process and acclimate to the transition.

Pastors can take time to rethink and restructure sermons that lead with a question rather than an answer. This strategy mirrors the way Jesus taught, probing the congregation to work in their hearts with God to find answers and peace, rather than depending on a pastor's sermon.

ADVICE AND ENCOURAGEMENT FOR PARENTS

Parents are faced with many challenges during this COVID-19 pandemic and today's panelists shared encouragement, advice, and hope for parents. A common strategy they mentioned was to establish a consistent routine with your children and remember that as parents, you are graced for this season. Taking time to set daily rhythms and activities for your days helps to create structure and a sense of normalcy for children.

Fostering a safe and nurturing space for children to have an open and honest dialogue about how they feel is very important during these challenging times. We are all wired for connection, and many children may find it difficult to be without their friends, teachers, and extended family members. Though it's not the same as seeing someone in person, parents can use FaceTime or other video software to help their children connect with their friends and family. Designating a specific time for game nights or family Bible studies can be helpful during this time as well.

Lastly, it's good for parents to remember that as they are parenting and caring for their children, it's important to take time

to care for themselves and their spouse. They can be encouraged and know that they have everything they need to accomplish what needs to be done in this season. Taking some "me" time will help clear your mind and allow you to be a more patient, loving parent.

THE FUTURE OF VACATION BIBLE SCHOOL

Many churches are considering a VBS hybrid, over a number of weeks, where they bring groups of kids in for an opening session and have outdoor games, then send them home with kits to participate in backyard clubs with 3 or 4 families or by themselves.

4 Strategies for Vacation Bible School:

1. Stick to having traditional Vacation Bible School, if it's possible. This might only work for smaller churches.
2. Neighborhood backyard strategy: Mobilizing families in a backyard that way you can have smaller groups and still abide by the rules of local authorities.
3. Find an alternative way to accomplish VBS by spacing it out over time, or postponing it as a back to school bash.
4. At-home virtual Vacation Bible School: Provide virtual learning guides and video resources for families to lead it for their children.

We may not return to the way children's ministry operated in the past, but there's an incredible opportunity for leaders and parents to depend on God more and bond with their children in stronger ways than before. Pray as you consider the best path moving forward for your church, and work with other churches in your community to build on each other's strategy and creativity.

Reopening the Church: A Discussion on Leading After COVID-19

April 20, 2020 | William Vanderbloemen

As we settle into the new norm COVID-19 has created for us, it's time to think about what happens when our churches reopen. How can we begin to start preparing for operations after such an unprecedented change in the way we preach, gather, and worship? During today's discussion with highly esteemed church leaders, we discussed the path to moving forward after COVID-19.

Ways to Approach Reopening Churches

The most common strategy pastors are using when looking at reopening the church is watching and waiting to see how things will turn out over the next few weeks. There's the potential that we will begin gathering in phases, starting out with 20 - 50 people gathering and growing from there over weeks or months. This reality is leading pastors to create contingency plans for the reopening of their church. Slowly phasing gatherings over a period of time can benefit our community by putting the spiritual, physical, mental, and emotional health of our congregations first.

Each pastor on the panel today expressed the importance of honoring those in leadership and following the directives of the governor and mayor the whole way through this process. There's a new reality post-COVID-19, and the way we once gathered will inevitably look different. It's important to find ways to help our community prepare for this new way of gathering in the future. Although there's no definitive date to gather again, it's imperative for pastors to intentionally and genuinely love and serve their community well in the meantime.

7 Strategies to Reopen the Church

1. The most obvious takeaway is that use of online platforms during COVID-19 is being maximized. It may be challenging but necessary for leaders to begin considering how this translates to the way we do church in the future. How have you been reaching your audience in this time? Consider continuing these strategies in the coming weeks.
2. Even in the midst of uncertainty, leaders can find hope in being able to gather again. As pastors look forward to reopening their church, it'll be imperative for them to stay about a month ahead and prepare accordingly. Stay up-to-date on the latest gathering laws to ensure you're prepared with hope-filled messages, service opportunities, and a full staff to open again.
3. Pastors should adjust their future ministry model to accommodate the decisions of the government by slowly phasing gatherings for the well-being of our community.
4. Consider where your community stands emotionally to guide them in the most appropriate way. If you know a large population of your church suffered emotionally or financially due to the pandemic, offer messages tailored to their current needs. If your congregation was overall fortunate enough to fare well, consider providing messages of service and love to those in the community.
5. Over-communicate the precautions that will be taken at your church. People will hold new health expectations after this crisis. Some ways to communicate that you're taking precautions are to assure parents that kid's ministry areas consistently being disinfected, mandate that greeters wear gloves, or provide numerous disinfecting stations.
6. Create contingency plans that minimize large gatherings. A few considerations could be maintaining online services and offering prayer meetings throughout the week in order to phase the community in as smaller groups. In the meantime, use technology to allow small groups to continue meeting, reach out to your members one-on-one, and consider emailing a daily devotional or bible verse to keep members strong before you can fully reopen.
7. Incorporate multiple services throughout the week to decrease the number of people attending at a time.

Small Groups, Frequency, and Length of Meetings

As we've been utilizing online platforms to continue small groups, there's been a universal trend of higher attendance. Sermon-based small groups have been a helpful resource for new attendees by providing support, insight, and next steps for the new members in their congregation. This is a great avenue for pastors to utilize while building community and helping their members in their walk with Christ.

There is joy, hope, and encouragement found as pastors are able to see the number of people in their community who come together and organically worship together and pray. Meeting virtually might not have all the positive elements of in-person connection, however, the sense of routine with shorter meeting times has produced positive outcomes across the board.

Shifting the Sermon Focus

Preaching in the middle of a global pandemic has shown pastors the importance of pivoting from a previous sermon series to one that relates to the current climate of their congregation and community in order to truly lead and care for their members. It's also an incredible time for the congregation to see their leaders lean into God during these challenging times and trust in God's timing.

The content of sermons has changed drastically and churches have adjusted the entire format of their weekend services, including their preaching schedules. Many Senior Pastors are pausing on having guests pastors during this global crisis in order to care for the needs of their specific church community.

Since we can't meet in person, pastors are leading their community in new ways by incorporating more daily content, daily encouragement, and daily prayer times. These new ways of pastoring will likely remain a staple when we reopen churches.

How to Handle Easy Accessibility to Sermons

Another reality pastors are facing is that their community will begin listening to multiple pastors. As this becomes a larger truth, pastors should remind their congregation that additional sermons are a great supplemental tool but shouldn't replace their involvement with their actual church community. Try to reinforce that the primary source of growth and development of a Christian happens through church community.

The Risks - Know Them - Avoid Them

May 20, 2020 | Erin Bromage

It seems many people are breathing some relief, and I'm not sure why. An epidemic curve has a relatively predictable upslope and once the peak is reached, the back slope can also be predicted. We have robust data from the outbreaks in China and Italy, that shows the backside of the mortality curve declines slowly, with deaths persisting for months. Assuming we have just crested in deaths at 70k, it is possible that we lose another 70,000 people over the next 6 weeks as we come off that peak. That's what's going to happen with a lockdown.

As states reopen, and we give the virus more fuel, all bets are off. I understand the reasons for reopening the economy, but I've said before, if you don't solve the biology, the economy won't recover.

There are very few states that have demonstrated a sustained decline in numbers of new infections. Indeed, as of May 3rd the majority are still increasing and reopening. As a simple example of the USA trend, when you take out the data from New York and just look at the rest of the USA, daily case numbers are increasing. Bottom line: the only reason the total USA new case numbers look flat right now is because the New York City epidemic was so large and now it is being contained. (as of May 3rd)

So throughout most of the country we are going to add fuel to the viral fire by reopening. It's going to happen if I like it or not, so my goal here is to try to guide you away from situations of high risk.

Where are people getting sick?

We know most people get infected in their own home. A household member contracts the virus in the community and brings it into the house where sustained contact between household members leads to infection.

But where are people contracting the infection in the community? I regularly hear people worrying about grocery stores, bike rides, inconsiderate runners who are not wearing masks .... are these places of concern? Well, not really. Let me explain.

In order to get infected you need to get exposed to an infectious dose of the virus; based on infectious dose studies with other coronaviruses, it appears that only small doses may be needed for infection to take hold. Some experts estimate that as few as 1000 SARS-CoV2 infectious viral particles are all that will be needed (ref 1, ref 2). Please note, this still needs to be determined experimentally, but we can use that number to demonstrate how infection can occur. Infection could occur, through 1000 infectious viral particles you receive in one breath or from one eye-rub, or 100 viral particles inhaled with each breath over 10 breaths, or 10 viral particles with 100 breaths. Each of these situations can lead to an infection.

How much Virus is released into the environment?

A Bathroom: Bathrooms have a lot of high touch surfaces, door handles, faucets, stall doors. So fomite transfer risk in this environment can be high. We still do not know whether a person releases infectious material in feces or just fragmented virus, but we do know that toilet flushing does aerosolize many droplets. Treat public bathrooms with extra caution (surface and air), until we know more about the risk.

A Cough: A single cough releases about 3,000 droplets and droplets travels at 50 miles per hour. Most droplets are large, and fall quickly (gravity), but many do stay in the air and can travel across a room in a few seconds.

A Sneeze: A single sneeze releases about 30,000 droplets, with droplets traveling at up to 200 miles per hour. Most droplets are small and travel great distances (easily across a room).

If a person is infected, the droplets in a single cough or sneeze may contain as many as 200,000,000 (two hundred million) virus particles which can all be dispersed into the environment around them.

A breath: A single breath releases 50 - 5000 droplets. Most of these droplets are low velocity and fall to the ground quickly. There are even fewer droplets released through nose-breathing. Importantly, due to the lack of exhalation force with a breath, viral particles from the lower respiratory areas are not expelled.

Unlike sneezing and coughing which release huge amounts of viral material, the respiratory droplets released from breathing only contain low levels of virus. We don't have a number for SARS-CoV2 yet, but we can use influenza as a guide. Studies have shown that a person infected with influenza can releases up to 33 infectious viral particles per minute. But I'm going to use 20 to keep the math simple.

Remember the formula: Successful Infection = Exposure to Virus x Time

If a person coughs or sneezes, those 200,000,000 viral particles go everywhere. Some virus hangs in the air, some falls into surfaces, most falls to the ground. So if you are face-to-face with a person, having a conversation, and that person sneezes or coughs straight at you, it's pretty easy to see how it is possible to inhale 1,000 virus particles and become infected.

But even if that cough or sneeze was not directed at you, some infected droplets--the smallest of small--can hang in the air for a few minutes, filling every corner of a modest sized room with infectious viral particles. All you have to do is enter that room within a few minutes of the cough/sneeze and take a few breaths and you have potentially received enough virus to establish an infection.

But with general breathing, 20 viral particles minute into the environment, even if every virus ended up in your lungs (which is very unlikely), you would need 1000 viral particles divided by 20 per minute = 50 minutes.

Speaking increases the release of respiratory droplets about 10 fold; ~200 virus particles per minute. Again, assuming every virus is inhaled, it would take ~5 minutes of speaking face-to-face to receive the required dose.

The exposure to virus x time formula is the basis of contact tracing. Anyone you spend greater than 10 minutes with in a face-to-face situation is potentially infected. Anyone who shares a space with you (say an office) for an extended period is potentially infected. This is also why it is critical for people who are symptomatic to stay home. Your sneezes and your coughs expel so much virus that you can infect a whole room of people.

What is the role of asymptomatic people in spreading the virus?

Symptomatic people are not the only way the virus is shed. We know that at least 44% of all infections--and the majority of community-acquired transmissions--occur from people without any symptoms (asymptomatic or pre-symptomatic people). You can be shedding the virus into the environment for up to 5 days before symptoms begin.

Infectious people come in all ages, and they all shed different amounts of virus. The figure below shows that no matter your age (x-axis), you can have a little bit of virus or a lot of virus (y-axis). (ref)

The amount of virus released from an infected person changes over the course of infection and it is also different from person-to-person. Viral load generally builds up to the point where the person becomes symptomatic. So just prior to symptoms showing, you are releasing the most virus into the environment. Interestingly, the data shows that just 20% of infected people are responsible for 99% of viral load that could potentially be released into the environment (ref)

So now let's get to the crux of it. Where are the personal dangers from reopening?

When you think of outbreak clusters, what are the big ones that come to mind? Most people would say cruise ships. But you would be wrong. Ship outbreaks, while concerning, don't land in the top 50 outbreaks to date.

Ignoring the terrible outbreaks in nursing homes, we find that the biggest outbreaks are in prisons, religious ceremonies, and workplaces, such as meat packing facilities and call centers. Any environment that is enclosed, with poor air circulation and high density of people, spells trouble.

Some of the biggest super-spreading events are:

Meat packing: In meat processing plants, densely packed workers must communicate to one another amidst the deafening drum of industrial machinery and a cold-room virus-preserving environment. There are now outbreaks in 115 facilities across 23 states, 5000+ workers infected, with 20 dead. (ref)

Weddings, funerals, birthdays: 10% of early spreading events

Business networking: Face-to-face business networking like the Biogen Conference in Boston in late February. As

we move back to work, or go to a restaurant, let's look at what can happen in those environments.

Restaurants: Some really great shoe-leather epidemiology demonstrated clearly the effect of a single asymptomatic carrier in a restaurant environment (see below). The infected person (A1) sat at a table and had dinner with 9 friends. Dinner took about 1 to 1.5 hours. During this meal, the asymptomatic carrier released low-levels of virus into the air from their breathing. Airflow (from the restaurant's various airflow vents) was from right to left. Approximately 50% of the people at the infected person's table became sick over the next 7 days. 75% of the people on the adjacent downwind table became infected. And even 2 of the 7 people on the upwind table were infected (believed to happen by turbulent airflow). No one at tables E or F became infected, they were out of the main airflow from the air conditioner on the right to the exhaust fan on the left of the room. (Ref)

Workplaces: Another great example is the outbreak in a call center (see below). A single infected employee came to work on the 11th floor of a building. That floor had 216 employees. Over the period of a week, 94 of those people became infected (43.5%: the blue chairs). 92 of those 94 people became sick (only 2 remained asymptomatic). Notice how one side of the office is primarily infected, while there are very few people infected on the other side. While exact number of people infected by respiratory droplets / respiratory exposure versus fomite transmission (door handles, shared water coolers, elevator buttons etc.) is unknown. It serves to highlight that being in an enclosed space, sharing the same air for a prolonged period increases your chances of exposure and infection. Another 3 people on other floors of the building were infected, but the authors were not able to trace the infection to the primary cluster on the 11th floor. Interestingly, even though there were considerable interaction between workers on different floors of the building in elevators and the lobby, the outbreak was mostly limited to a single floor (ref). This highlights the importance of exposure and time in the spreading of SARS-CoV2.

Choir: The community choir in Washington State. Even though people were aware of the virus and took steps to minimize transfer; e.g. they avoided the usual handshakes and hugs hello, people also brought their own music to avoid sharing, and socially distanced themselves during practice. They even went to the lengths to tell choir members prior to practice that anyone experiencing symptoms should stay home. A single asymptomatic carrier infected most of the people in attendance. The choir sang for 2 1/2 hours, inside an enclosed rehearsal hall which was roughly the size of a volleyball court.

Singing, to a greater degree than talking, aerosolizes respiratory droplets extraordinarily well. Deep-breathing while singing facilitated those respiratory droplets getting deep into the lungs. Two and half hours of exposure ensured that people were exposed to enough virus over a long enough period of time for infection to take place. Over a period of 4 days, 45 of the 60 choir members developed symptoms, 2 died. The youngest infected was 31, but they averaged 67 years old. (corrected link)

Indoor sports: While this may be uniquely Canadian, a super spreading event occurred during a curling event in Canada.

A curling event with 72 attendees became another hotspot for transmission. Curling brings contestants and teammates in close contact in a cool indoor environment, with heavy breathing for an extended period. This tournament resulted in 24 of the 72 people becoming infected. (ref)

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

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

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

Sobering right?

Commonality of outbreaks

The reason to highlight these different outbreaks is to show you the commonality of outbreaks of COVID-19. All these infection events were indoors, with people closely-spaced, with lots of talking, singing, or yelling. The main sources for infection are home, workplace, public transport, social gatherings, and restaurants. This accounts for 90% of all transmission events. In contrast, outbreaks spread from shopping appear to be responsible for a small percentage of traced infections. (Ref)

Importantly, of the countries performing contact tracing properly, only a single outbreak has been reported from an outdoor environment (less than 0.3% of traced infections). (ref)

So back to the original thought of my post.

Indoor spaces, with limited air exchange or recycled air and lots of people, are concerning from a transmission standpoint. We know that 60 people in a volleyball court-sized room (choir) results in massive infections. Same situation with the restaurant and the call center. Social distancing guidelines don't hold in indoor spaces where you spend a lot of time, as people on the opposite side of the room were infected.

The principle is viral exposure over an extended period of time. In all these cases, people were exposed to the virus in the air for a prolonged period (hours). Even if they were 50 feet away (choir or call center), even a low dose of the virus in the air reaching them, over a sustained period, was enough to cause infection and in some cases, death.

Social distancing rules are really to protect you with brief exposures or outdoor exposures. In these situations there is not enough time to achieve the infectious viral load when you are standing 6 feet apart or where wind and the infinite outdoor space for viral dilution reduces viral load. The effects of sunlight, heat, and humidity on viral survival, all serve to minimize the risk to everyone when outside.

When assessing the risk of infection (via respiration) at the grocery store or mall, you need to consider the volume of the air space (very large), the number of people (restricted), how long people are spending in the store (workers - all day; customers - an hour). Taken together, for a person shopping: the low density, high air volume of the store, along with the restricted time you spend in the store, means that the opportunity to receive an infectious dose is low. But, for the store

worker, the extended time they spend in the store provides a greater opportunity to receive the infectious dose and therefore the job becomes more risky. Basically, as the work closures are loosened, and we start to venture out more, possibly even resuming in-office activities, you need to look at your environment and make judgments. How many people are here, how much airflow is there around me, and how long will I be in this environment. If you are in an open floorplan office, you really need to critically assess the risk (volume, people, and airflow). If you are in a job that requires face-to-face talking or even worse, yelling, you need to assess the risk.

If you are sitting in a well ventilated space, with few people, the risk is low.

If I am outside, and I walk past someone, remember it is “dose and time” needed for infection. You would have to be in their airstream for 5+ minutes for a chance of infection. While joggers may be releasing more virus due to deep breathing, remember the exposure time is also less due to their speed. Please do maintain physical distance, but the risk of infection in these scenarios are low. Here is a great article in Vox that discusses the low risk of running and cycling in detail.

While I have focused on respiratory exposure here, please don't forget surfaces. Those infected respiratory droplets land somewhere. Wash your hands often and stop touching your face!

As we are allowed to move around our communities more freely and be in contact with more people in more places more regularly, the risks to ourselves and our family are significant. Even if you are gung-ho for reopening and resuming business as usual, do your part and wear a mask to reduce what you release into the environment. It will help everyone, including your own business.

NATS Panel of Experts Lays Out Sobering Future for Singers: "No Vaccine, No Safe Public Singing"

May 6, 2020 | Zach Finkelstein

On May 5th, an expert panel assembled by the National Association of Teachers of Singing (NATS), the American Choral Directors Association (ACDA), Chorus America, the Barbershop Harmony Society, and the Performing Arts Medical Association (PAMA) laid out a sobering vision for the future of public singing in America. The primary goal of the panel, according to NATS Executive Director Dr. Allen Henderson, was "to bring scientists and medical professionals directly to our audience, as those of us who run professional organizations do not have the direct knowledge ourselves of these complex issues."

In a presentation that sent shockwaves through the singing community, Dr. Lucinda Halstead, the president of the Performing Arts Medical Association and the Medical Director of the Department of Otolaryngology at the University of South Carolina, concluded that there is no safe way for singers to rehearse together until there is a COVID-19 vaccine and a 95% effective treatment in place, in her estimates at least 18-24 months away.

Dr. Halstead and Dr. Donald Milton, an infectious bio-aerosol specialist at the University of Maryland, presented at least three critical challenges to safely bring singers together:

1) There is no spacing solution for singing groups that would eliminate risk.

Both Halstead and Milton cite lack of proper ventilation as a cause to spread the aerosolized virus. Even multiple changes of air per hour in the room or an ultraviolet light may not fully eliminate the virus, which can infect people "at the micron level and can travel as far as 16 feet."

Physical distancing on a stage for a choir, according to Halstead, would not be possible: "You would need a football stadium to space apart the Westminster choir".

2) Masks don't provide safe methods of singing

On masks, Halstead states, "there are no barriers currently safe for singing." An N95 mask may provide some measure of safety if fit-tested, but it would be "difficult to breathe," "hot," "decrease the levels of oxygen with rebreathing," "cause headaches with an increase of CO2," and "could injure people with significant health issues, like asthma."

Milton outlines a study of influenza patients who sat in masks for half an hour without coughing and "simply recited the alphabet three times." Even speaking only a few sentences, participants with masks shed influenza virus from their breath in fine particles that escaped their masks.

3) Current standard testing still has 3-5% false negatives, and rapid tests are not sensitive enough for large group testing.

Even if Polymerase Chain Reaction (PCR) testing becomes widely available, Halstead says that testing at her otolaryngology clinic results in false negative results between 3-5% of the time.

There are rapid diagnostic tests in development "similar in ease to a home pregnancy test." However, according to Halstead, current tests "are not as sensitive as the PCR test; you would need to be symptomatic, and it has a higher percentage of false negatives". For these reasons, Halstead does not consider rapid testing safe for testing large groups such as choirs.

Dr. Halstead states that the requirements to reopening "safe group singing and performances" are:

An effective vaccine, which would "probably take 18-24 months"; and drug treatments that are 95% effective with a time range of 6-12 months.

Until both a vaccine and drug treatments are readily available,"social distancing, including masks, gloves, and spacing, is key."

A return to group singing, according to Halstead, must meet the following criteria:

-Acceptance of Risk: Groups would have to accept a level of risk of someone having COVID-19 in a rehearsal or a performance; and

-Testing at Home and Screening at the Door: Singers would need to undergo home PCR tests and symptom screening at the door, checks of temperature as well as oxygen saturation in the blood via pulse oximetry.

Halstead considers screening at the door without testing high risk: "There are a lot of people who spread this disease while asymptomatic. You could pass a screen test and still be highly contagious."

The Road Ahead for Singers

Reaction from the choral and opera community online ran the gamut, from shock to denial to anger to grief.

One musician questioned the role of performing arts education for singers in a time when they are unable to perform: "Are universities concerned that a significant number of students will just drop out of school for a year if no performances can happen? With tuition as expensive as it is, I imagine it has crossed the minds of many performing arts students to leave school until performing can resume."

A music teacher pointed out the challenge for older choir members who may have chronic conditions such as heart disease: "Even with super accurate rapid testing, would someone with a compromised immune system or health conditions be OK with the risk? I wouldn't."

That music teacher was stunned, but thankful for the information: "It is important to manage expectations with this. We need to know the realities."

Executive Director of NATS Allen Henderson, when asked to comment on the presentation, said, "I appreciate the candor and depth of data Drs. Milton and Halstead brought to bear on our particular industry and how they were able to discuss the particular settings we exist in every day. Our job now is to digest that information, let it sink in, and then plan proactive steps to return.

Some of us are decision makers and truly hold the lives of our colleagues, students, and families in our hands. Others will need to digest this data in order to formulate plans to advocate for their own safety when placed in a potentially compromising environment. I hope that those who listen will use this important information to support and protect our community while also looking forward to our ultimate return to making great music together."

Dr. David Young, an otolaryngologist and singer who studied under Dr. Halstead, and praised her as a "wonderful mentor," agreed with her findings: "It’s bleak. The stories of super-spreader events at the churches in Washington State, the U.K., and South Korea are sobering." A vaccine, according to Young, "may be years away or never come- we're still waiting on that HIV vaccine everyone talked about 30 years ago."

Even so, Dr. Young, remains cautiously optimistic: "We have performed and thrived amid terrible infectious diseases before. We performed during the pre-vaccine measles era. We performed during polio. We performed despite tuberculosis lurking out there, a highly contagious disease spread via aerosols that can linger without symptoms for a long time. We've done it before.

The same science telling us it’s dangerous to sing together now is also what can help us find a way through this dark time. I don’t know the exact form this will take, but I know it’s a puzzle with defined pieces and therefore has a solution or many solutions."

Dr. Young outlined three possible solutions to return to public singing:

1) A vaccine "is the holy grail. But it's not necessary to move forward. We have no vaccine against TB for adults and many unvaccinated kids against measles, yet we have kept those from spreading."

2) Ending spread through rigorous social distancing, contact tracing, and public health measures is what Young considers "the most likely scenario: it may have already happened in some countries like New Zealand and South Korea. We need to get to a point where there are no new cases where we can’t immediately identify the source and isolate close contacts. We've done this already with TB. No vaccine, no immunity with infection, yet we have almost no community spread in the US outside high risk areas and we do screening tests for those. If a case pops up, the health department aggressively tracks down contacts and traces the infection. They perform mandatory testing and treatment and can even imprison people who refuse. We have lived our entire lives performing amid a highly infectious aerosolized disease that we keep in check mainly by public health measures. One could imagine that somewhere like New Zealand with no new cases in days, no community spread, and travel bans, that people there could probably start singing together soon."

3) Countermeasures mixed with scientific investigation: "Some papers suggest we could reduce risk significantly through masking, ventilation, testing, and pre-rehearsal quarantines. We could start putting singers and instrumentalists in different masks and measuring aerosols. Or study an orchestra with a combination of pre-testing for everyone, filters for brass, and hermetically sealed booths for winds, connected to a powered air purifier with holes for sound covered with P100 filters and a microphone inside the booth. The cost of all that would probably be less than the cost to produce a single concert. Many labs already exist that have this material, it's just a matter of people reaching out to see what is possible. I’d love to see our community start working with medical and engineering colleagues to make some strides toward finding solutions.

There may be more ways than we realize to make this safer."

Coming Home: Guidelines for Planning to Reopen the Church - Bishop Jones

May 28, 2020 | Bishop Scott Jones

Dear people of the Texas Annual Conference,

As your Bishop, I am so grateful for the innovative work that the United Methodist Churches across the Texas Annual Conference have been engaging in during these days of COVID-19. You are connecting with new people in your area and proclaiming the hope of Jesus Christ in fresh and new ways like never before.

Our state is moving carefully toward re-opening, and I have asked a team of people to prepare these guidelines for you to consider. For any church with attendance larger than 50, we should take several more weeks before beginning in- person worship. One principle is that your re-opened worship (with masks, no congregational singing and socially distanced seating) should be just as good an experience as your online services. I know that some rural areas and smaller churches will be reopening sooner than others, and these guidelines should help you do so with no harm to participants.

I continue to pray for you as you pastor in new ways throughout the re-opening process.

With deep appreciation for all that you are doing for Christ,

Bishop Scott J. Jones

Communicate with Your Church About Reopening

Members are going to be looking to you and your leadership about what needs to happen on the first day of worship. Below are best practices for communications.

Consider sending a sample survey to your members and regular attendees first.

Sample Survey - Google Form: Sent to members to help gauge how they feel about timing of reopening and procedures that are being considered. (Credit: Nate Lehman: Friendship UMC)

Communicate with your members and attendees the strategies you have in place for reopening and what they can expect when they arrive on the first day of church after COVID-19. Feel free to use this reopening guide as your document, always over communicating safety, sanitation, disinfected areas and care for those most vulnerable to the virus.

Remind members to stay at home if they have any symptoms of COVID-19 and to join on-line.

Remind members, employees and volunteers to wear masks and to wash hands.

Post signs about non-contact greeting such as handshakes and hugs. Place readily visible signage to remind everyone of best hygiene practices.

If you have an outbreak of COVID-19 in your church, contact the following:

1. Your county or municipal health authority (identify that entity prior to holding any in-person event);
2. Your insurance company; and
3. Your district superintendent.

Communicate with all attendees and comply with CDC regulations for privacy of the individual with the virus.

The CDC has issued guidance for faith-based organizations to assist in notifying local authorities about exposure and steps to take to address exposure risk:

Interim Guidance for Administrators and Leaders of Community- and Faith-Based Organizations to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

FAQs for Administrators and Leaders at Community- and Faith-Based Organizations

Sanitation and Cleaning

Cleaning your church includes sanitizing pews, bathrooms, doorknobs, microphones and any high touch areas where your members or staff are going to be gathering. Consider shampooing and disinfecting carpet as well. During worship, it is recommended that the church has volunteers stationed at every door for welcoming and for the door to be propped open. (This includes restrooms too.) This prevents members from touching doorknobs, doors and other high touch areas, while also providing social distancing between the greeters at the door and members walking inside the church.
Rope off water fountains and/or include a sign that says, "Do not use the water fountain."

The entire sanctuary will need to be re-cleaned between services. CDC resources for sanitation:
Disinfecting Building Facilities

Community and Faith-Based Organizations

Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available throughout the church.

Worship Service

Set up worship for the first day according to CDC recommendations. The CDC recommends six feet of social distancing between individuals or family units. This could mean that every other pew is available for seating, with appropriate pews roped off for social distancing. Decide ahead of time how you will inform people about worship seating requirements. If possible, direct people in one door and out another. Consider using painters' tape to designate sections of seating that are 6 feet apart. Or, when possible, place the chairs in group(s) that are at least six feet apart.

Discourage hugging and handshakes. Greeters should greet members with a wave and a smile (a masked smile of course.)

Pay attention to members entering and exiting the worship service, making certain members are adhering to social distancing as individuals or family units. When entering and Exiting; consider having one door for entering and one for exiting. Allow 10 seconds between families to enter and exit the building. Exit each row at a time starting at the row closes to the exit.

Comply with government regulations around capacity limits. Will members and new attendees be able to reserve a seat ahead of time? If your church fills to capacity, consider having an overflow room or adding another service. For larger churches, consider offering more, smaller worship services.

Encourage members in high risk categories to worship with your church online. "At-Risk Population" is defined by the CDC as, "… those who are 65 or older, especially those with chronic lung disease; moderate to severe asthma; chronic heart disease; severe obesity; diabetes; chronic kidney disease undergoing dialysis; liver disease; or weakened immune system."

Congregational singing is discouraged as droplets of the virus are spread even more widely. Soloists, worship leaders and choirs need to sing from the back of the chancel area (or some other location) putting the greatest distance between them and the congregation. Churches with a choir need to space members 12 feet apart and sanitize hymnals and folders after each use.

Remove Items in High Touch Areas

Remove hymnals, Bibles and pens in the pews, or sanitize each item between services. Instead of paper bulletins, consider emailing your members the bulletin or putting the information on a large screen at the front of the church. Encourage attendees to register their attendance electronically, by email or other means you already have in place.

Refrain from passing collection plates and instead provide a central collection box in the building or encourage online giving.

Consider suspending food and beverage services, including coffee, or follow the CDC guidelines for churches for this service.

Sacraments

Consider how the Lord's Supper can be administered without attendees having to touch the same surfaces and objects.

Hand sanitizer should be provided for servers and the pastor(s) and do not drink from a common cup.

Baptisms: Encourage families to wait for baptisms so that the entire family can all be present. If a family insists, then consider only the parents and siblings be in the baptism and video tape the baptism for other members.

Childcare/Nursery Area

- All church weekday child care programs are encouraged to follow the latest guidance the Texas Department Health and Human Services Covid-19 Guidance to Child Care Providers
- Sanitize and disinfect your nursery.
- Keep toys picked up, putting out a few at a time, and not allowing children to share toys if possible. Use duplicates for second child.
- Sanitize all surfaces
- Wipe runny noses; then clean child/worker hands with hand sanitizer. Avoid snacks when possible.
- Have cleaning supplies handy for adults, out of reach of children.
- Use hand sanitizer after changing diapers.

Other Resources

- CDC Guidelines for Community & Faith Based Organizations
- Consider printing applicable guidance posters available from the CDC and posting in the church in appropriate locations. Posters are available to print.
- Texas Governor Abbott's plan to reopen Texas
- Centers for Disease Control and Prevention – Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
- Centers for Disease Control and Prevention – Cleaning and Disinfection for Community Facilities
- Helpful blog post: "24 Questions Your Church Should Answer Before People Return"
- "Rolling Restart" Sample spreadsheet (Credit: INJOY Stewardship Solutions)
- Centers for Disease Control and Prevention (CDC) Guidance for When to Reopen Workplaces
- CDC Interim Guidance for Employers
- CDC Cleaning and Disinfection Instructions
- Occupational Safety and Health Act (OSHA) Guidance on Preparing Workplaces for COVID-19
- State of Texas and Texas Workforce Commission Resources for Employers
- Texas Department of State Health Services Checklists for Office-based Employers and Staff members
- Greater Houston Partnership Principles to Guide Reopening
- Houston Methodist Hospital Information and Recommendations
- Workplace Decision Tree

Vaccine expert Peter Hotez reveals 3 things to help Houston reopen, avoid second surge of COVID-19

May 22, 2020 | Lisa Gray, Houston Chronicle

Vaccines dominated the news this week, as the White House announced Operation Warp Speed, an initiative that aims to develop and manufacture hundreds of millions of doses of COVID-19 vaccines by the end of 2020.

Also this week, the company Moderna Therapeutics announced encouraging results for its vaccine in a small human-safety trial. The news sent Moderna's stock soaring, and its valuation to $29 billion — amazing for a company that has yet to release a product, and which has yet to publish its data.

To discuss vaccines, and the novel coronavirus in general, we turned once again to vaccine researcher Dr. Peter Hotez. He's a professor and dean of the National School of Tropical Medicine at Baylor College of Medicine, and co-director of the Texas Children's Hospital Center for Vaccine Development. His lab is among the most prominent of the hundred or so, around the globe, that are scrambling to create a coronavirus vaccine.

In this week's interview, he discusses his alarm that the Houston area doesn't yet have the public-health troops it needs to reopen; his worries about the anti-vaccine movement; and a surprising new funder of his lab's coronavirus vaccine research — Tito's Vodka.

Texas is loosening coronavirus-related restrictions and reopening the economy. What are your thoughts about that?

I understand the importance of opening up the economy. The worry that I have is that we haven't put in place a public health system — the testing, the contact tracing — that's commensurate to sustain the economy.

Some models show fairly dire predictions for Houston. I'm referring to the Children's Hospital of Philadelphia model that shows that by the summer, if we're only at about 50% of the social distancing, we're doing now, Harris County could see a steep surge in the number of patients coming into the hospitals and intensive care units.

It's a model. It's only as good as the assumptions that it's based on, and we know the assumptions are not robust. But it gives me pause for concern that unless we have that health system in place, we could be looking at an epidemic that's far greater than the one we've gone through.

Let's say we're opening up as as we are now. The way a surge works is, it's not as if we're going to see a gradual increase in cases. The models say things will look good for weeks. At first, it's a flat curve, then it's flat, it's flat, and only after all that do you start seeing a steep, steep increase.

That's what worries me. In those flat weeks we'll get this sense of complacency, and then people are going to start going into the bars. Forget about one quarter occupancy in the bars. Poison Girl, on Westheimer, is going to be full. And so are all the other places all across Houston.

So: How do we fix that? I think it's having a health system that's larger and more extensive than what's being proposed. We're going to have to do extensive testing in the workplace so that you'd know if your colleagues have COVID-19 — especially asymptomatic COVID-19.

The number of contact tracers has to be far greater than the numbers that I'm seeing. Gov. Abbott says that Texas has around 2,000 and plans to hire 2,000 more. But consider that Gov. Cuomo in New York State is hiring 17,000 contact tracers. A state that's quite a bit smaller is hiring a much larger number.

We also still don't have that syndromic-monitoring system in place that you and I have talked about — an app that would allow Houstonians to report how they're feeling, or that would track temperatures, like the Kinsa electronic thermometer app.

We should be bringing in our best engineering minds out of the oil and gas industry, out of NASA, out of the Texas Medical Center to put in place an app-based system — maybe make a hybrid between the kinds of things being put out there by Apple or Google or Kinsa, or the kinds of things they're doing in Australia. We can design one that works for our culture, works for our system. But we're not assembling the engineers to put that in place.

We don't even have an epidemiological model for the city of Houston. There's one for Dallas, put out by UT Southwestern and the University of Texas. Austin's put out one. But I haven't seen one for Houston.

So I'm worried that if people are going to start piling into bars and restaurants, and we don't see the numbers going up, within a couple of weeks from now, it'll be business as usual. Everybody will feel good, will be saying, "Hey, I'm not seeing the cases go up."

And it's going to really accelerate starting in the fall. This is not only true of Houston; it's true of cities across the U.S. It would happen right before the 2020 election, so I worry about a lot of instability and how we mitigate that.

What are your thoughts on all the recent vaccine developments — the White House's new Operation Warp Speed, the Moderna announcement and everything else?

I'm optimistic we will have several vaccines for COVID-19. As we've talked about before, actually making a COVID-19 vaccine is not that complicated. You need to make an immune response against what's called the "spike protein," the protein part of the virus that interacts with the host's tissues.

Now we know from recently published animal studies that we need high levels of what are called "neutralizing antibodies." It's not just the amount of antibodies; it's the amount of that special type of antibody. That's what our lab's vaccine is focused on.

In fact, it's what most of the coronavirus vaccines are focused on, although they use different approaches. We use a recombinant protein approach. Others use inactivated virus or RNA or DNA or adenovirus. Which ones are going to work best is hard to know. That will take time.

I think a lot of these vaccines, including the Moderna vaccine, and maybe our vaccine will start entering what are called "Phase Three clinical trials," large clinical trials. I think Moderna will be the first, and over the next year to 18 months we'll have a better idea of whether we can have a safe and effective COVID-19 vaccine.

Flattening Houston's curve (again) will take weeks, expert says It's

not hypochondria if it's true. A week of worry when...

I don't know that any particular vaccine has an advantage over the other. But unfortunately some of these companies are putting out press releases. You have to remember who the press releases are intended for. They're not intended for you or me or for CNN. They're intended for shareholders, for investors. And unfortunately, they're written in a way that's tone-deaf.

I spoke on CNN about my concern about that particular press release that Moderna put out. Given that there's no real data, you can interpret it either way: that it's a good news story or that it's a bad-news story, that it may not be working. People were surprised to hear that.

I'm trying to stay focused on organizations that actually publish their data so the scientific community can see it. Even if you don't want to wait for the full peer review and publish in a journal, you can get things out there so people can see it. You can use pre-print servers — bioRxiv and metArXiv — to get the data out there.

I'm basically not reading any press release or any press announcements. I'm gonna treat anybody who does that like hydroxychloroquine at this point. [Laughs]. It's got the same status.

But I do think we will have vaccines. Our lab is seeing some promise in laboratory animals. We put out some of our information on our vaccine on bioRxiv this week because we are able to achieve significant levels of neutralizing antibodies. Then it's all about showing that we can reproduce that in people, and do it in a way that's safe.

I worry about some of the language being used, both by the White House — calling it "Operation Warp Speed" — and also by biotechs, in these irresponsible press releases. It makes it seem like we're rushing vaccines, or we're doing things that may not be safe.

That's a central tenet of the anti-vaccine movement. They say that vaccines are rushed, they're not safe, that there are cozy relationships between the pharma companies and government, that they hide data.

They also say that vaccines cause autism, and I've gone up against that. I'm a vaccine scientist and also the parent of an adult daughter on the autism spectrum. I wrote a book, "Vaccines Did Not Cause Rachel's Autism."

So when companies put out these press releases saying that we're going to have stuff in weeks or "You don't need to look at the data, just take our word for it," that is really dangerous. Studies are going to come out to indicate that a significant percentage of the American population will not take COVID-19 vaccines even if they're available because they're so convinced by the anti-vaccine movement, which has been energized by the misinformation and misleading press releases.

We have a partnership with a group at City University of New York that is looking at what percentage of the American population has to be vaccinated to interrupt transmission. We don't have that answer yet, but I think it's going to be a pretty high percentage of the population.

So even if a COVID-19 vaccine is out there, if we feed into the anti-vaccine movement and Americans start refusing to take the vaccine, it may not achieve its purpose. We might not be able to interrupt transmission because not enough Americans are vaccinated.

I've been pushing hard on the White House and the National Institute of Health to adopt a communications plan — to put the kibosh on companies issuing press releases, and to have someone who's articulate explain how the vaccine program works, why we're not rushing it, why we're doing certain things.

In March, I was floored when you mentioned that besides running a lab, making media appearances and keeping up with fast-breaking research, you were also spending a significant amount of time raising money to support your research. I'd assumed that as one of the leading coronavirus-vaccine labs in the country, and with that vaccine such a high global priority, that its research would have been fully funded already. What's the status of that?

We're trying to move one of our vaccines into clinical trials and engaging the FDA — that's a lot of work. And we have a second vaccine also that we're trying to scale up.

So everybody's working very hard at the same time as we're trying to raise money for this. Myself and my science co-partner for 20 years, Maria Elena Botazzi, we've been on lots of calls, working with with Baylor and Texas Children's Hospital teams.

We've got some federal money, and also some private money. We announced last week $1 million from Tito's Vodka. So now, when you order your vodka martinis, you have to order Tito's. Do not order any other vodka. It's all Tito's! [Laughs.]

I like bourbon myself, but they haven't given us money yet. If you can send this to the people who make produce Maker's Mark, that would help me a lot. [Laughs.]

Wow. I don’t think of booze companies as major supporters of critical medical research. How on earth did you hook up with Tito's?

They contacted me! This is why I do podcasts.

I did an interview with this very interesting, very smart West Coast physician, Peter Attia, who does an in-depth podcast on health issues. I talked about the urgency to raise adequate funds to move this into clinical development. I think Tito’s heard my podcast with him.

What else do Houstonians need to know this week?

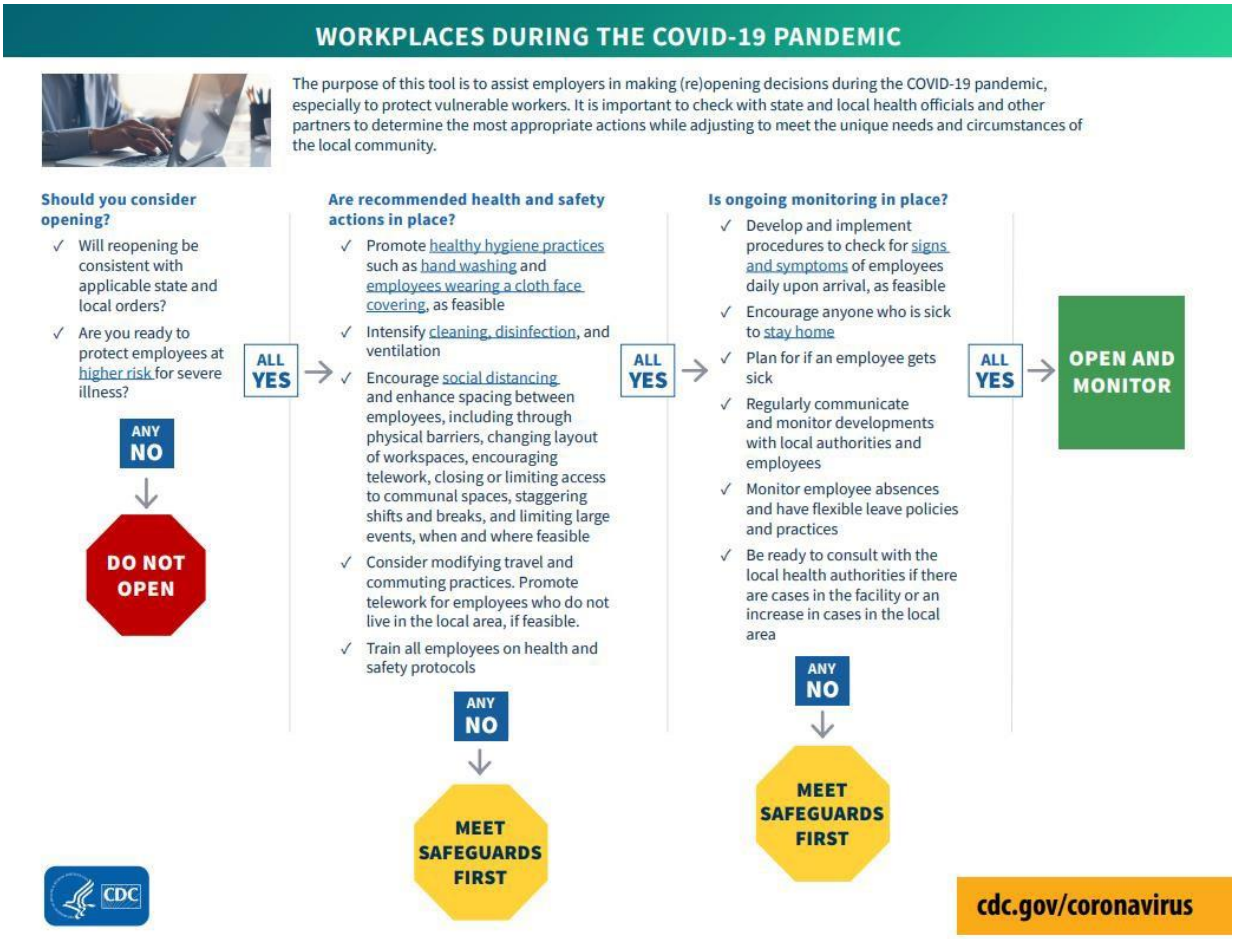
We're a resilient city. We have great strengths.

The one thing that I’d like to see move ahead faster is that app for syndromic surveillance. I don't understand why we haven't convened our great engineers in oil and gas and NASA and the Texas Medical Center.

Why aren't we building on our strengths? We could do something in Houston that no other city could do.

Workplaces During the COVID-19 Pandemic: Workplace Decision Tree

CDC.gov



CDC Interim Guidance for Communities of Faith

CDC offers the following general considerations to help communities of faith discern how best to practice their beliefs while keeping their staff and congregations safe. Millions of Americans embrace worship as an essential part of life. For many faith traditions, gathering together for worship is at the heart of what it means to be a community of faith. But as Americans are now aware, gatherings present a risk for increasing spread of COVID-19 during this Public Health Emergency. CDC offers these suggestions for faith communities to consider and accept, reject, or modify, consistent with their own faith traditions, in the course of preparing to reconvene for in-person gatherings while still working to prevent the spread of COVID-19.

This guidance is not intended to infringe on rights protected by the First Amendment to the U.S. Constitution or any other federal law, including the Religious Freedom Restoration Act of 1993 (RFRA). The federal government may not prescribe standards for interactions of faith communities in houses of worship, and in accordance with the First Amendment, no faith community should be asked to adopt any mitigation strategies that are more stringent than the mitigation strategies asked of similarly situated entities or activities.

In addition, we note that while many types of gatherings are important for civic and economic well-being, religious worship has particularly profound significance to communities and individuals, including as a right protected by the First Amendment. State and local authorities are reminded to take this vital right into account when establishing their own re-opening plans.

Scaling Up Operations

- Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
- Provide protections for staff and congregants at higher risk for severe illness from COVID-19. Offer options for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk. Offer options for congregants at higher risk of severe illness that limit their exposure risk (e.g., remote participation in services).
- Consistent with applicable federal and State laws and regulations, put in place policies that protect the privacy and confidentiality of people at higher risk for severe illness regarding underlying medical conditions.
- Encourage any organizations that share or use the facilities to also follow these considerations as applicable.
- If your community provides social services in the facility as part of its mission, consult CDC's information for schools and businesses and workplaces, as relevant, for helpful information.

Safety Actions

Promote healthy hygiene practices

- Encourage staff and congregants to maintain good hand hygiene, washing hands with soap and water for at least 20 seconds.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for those who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Encourage staff and congregants to cover coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in the trash and hands washed.
- Whenever soap and water are not readily available, hand sanitizer with at least 60% alcohol can be used.
- Consider posting signs on how to stop the spreadpdf icon of COVID-19 and how to promote everyday protective measurespdf icon, such as washing hands, covering coughs and sneezes, and properly wearing a face coveringimage icon.

Cloth face coverings

- Encourage use of cloth face coverings among staff and congregants. Face coverings are most essential when social distancing is difficult. Note: Cloth face coverings should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.

Intensify cleaning, disinfection, and ventilation

- Clean and disinfect frequently touched surfaces at least daily and shared objects in between uses.
- Develop a schedule of increased, routine cleaning and disinfection.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep them away from children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
- If your faith community offers multiple services, consider scheduling services far enough apart to allow time for cleaning and disinfecting high-touch surfaces between services. Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Promote social distancing

- Take steps to limit the size of gatherings in accordance with the guidance and directives of state and local authorities and subject to the protections of the First Amendment and any other applicable federal law.
- Promote social distancing at services and other gatherings, ensuring that clergy, staff, choir, volunteers and attendees at the services follow social distancing, as circumstances and faith traditions allow, to lessen their risk.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Consider appropriate mitigation measures, including taking steps to limit the size of gatherings maintaining social distancing, at other gatherings such as funerals, weddings, religious education classes, youth events, support groups and any other programming, where consistent with the faith tradition.
- Provide physical guides, such as tape on floors or walkways and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one-way routes" in hallways).

Take steps to minimize community sharing of worship materials and other items

- Consistent with the community's faith tradition, consider temporarily limiting the sharing of frequently touched objects, such as worship aids, prayer rugs, prayer books, hymnals, religious texts and other bulletins, books, or other items passed or shared among congregants, and encouraging congregants to bring their own such items, if possible, or photocopying or projecting prayers, songs, and texts using electronic means.
- Modify the methods used to receive financial contributions. Consider a stationary collection box, the main, or electronic methods of collection regular financial contributions instead of shared collection trays or baskets.
- Consider whether physical contact (e.g., shaking hands, hugging, or kissing) can be limited among members of the faith community.
- If food is offered at any event, consider pre-packaged options, and avoid buffet or family-style meals if possible.
-

Nursery/Childcare

- If a nursery or childcare will be provided during services and events, refer to CDC's information on preventing the spread of COVID-19 in childcare settings and adapt as needed for your setting.
- If holding summer day camps, refer to CDC's information on youth and summer camps and adapt as needed.

Staffing and Training

- Train all clergy and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Monitoring and Preparing

Check for signs and symptoms

- Encourage staff or congregants who are sick or who have had close contact with a person with COVID-19 to stay home. Share CDC's criteria for staying home with staff and congregants so that they know how to care for themselves and others. Consider posting signs at entrances with this information.

Plan for when a staff member or congregant becomes sick

- Identify an area to separate anyone who exhibits symptoms of COVID-19 during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a healthcare facility.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the Americans with Disabilities Act (ADA)external icon or other applicable laws and in accordance with religious practices.
- Advise those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- Close off areas used by the sick person and do not use the area until after cleaning and disinfection. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise staff and congregants with symptoms of COVID-19 or who have tested positive for COVID-19 not to return to the facility until they have met CDC's criteria to discontinue home isolation.

Maintain healthy operations

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible), and provide requested reasonable accommodation absent undue hardship to individuals with disabilities under the Americans with Disabilities Act (ADA)external icon or other applicable laws and in accordance with religious practices.
- Monitor absenteeism and create a roster of trained back-up staff.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, clergy, volunteers, and congregants should know who this person is and how to contact them if they become sick or are around others diagnosed with COVID-19. This person should also be aware of state or local regulatory agency policies related to group gatherings.
- As volunteers often perform important duties (e.g., greeters, ushers, childcare), consider similar monitoring, planning, and training for them. Consider that volunteer and staffing may need to increase to implement cleaning and safety protocols and to accommodate additional services with reduced attendance.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

Signs and Messages

- Post signs in highly visible locations (e.g., entrances, restrooms, gathering halls/community rooms/gyms**)** that promote everyday protective measurespdf icon and describe how to stop the spreadpdf icon of germs (such as by properly washing hands and properly wearing a cloth face coveringimage icon).
- Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and congregants (such as in emails and on community websites and social media accounts).
- Find freely available CDC print and digital resources on CDC's communications resources main page.

Closing

- Check state and localexternal icon health department notices daily about transmission in the community and adjust operations.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to dismiss attendees, then properly clean and disinfect the area and the building where the individual was present before resuming activities.

When Your Church Reopens, Here's How to Meet Safely

May 6, 2020 | Daniel P. Chin, Christianity Today

Editor's Note: An earlier version of this article implied that people should not sing during gatherings. The author's suggestion is to wear a face mask when singing or talking. (See updated table for more information.)

Over the past four months, the spread of a new coronavirus has exploded across the globe, leaving packed ERs, ICU patients on ventilators, and families grieving over the loss of their loved ones. To limit the spread of this virus, most governments implemented strict stay-at-home orders. This very blunt instrument was necessary because many countries were simply unprepared for the rapid spread of this virus. If nothing was done, the rising number of infections would have overwhelmed health care systems, and deaths would have quickly escalated.

During this period, churches across the US and around the world have closed their doors to in-person worship and ministries. As with many preventive actions, we may never know how this has limited the spread of COVID-19. But as a global health professional who has worked for 25 years to control diseases around the world, I am certain that this has prevented many infections and deaths that would have occurred among congregants and their families and friends.

After six or more weeks of stay-at-home orders in the US, unemployment claims are piling up, people are getting antsy in their homes, and loud voices are increasingly calling for governments to relax their restrictions.

Public health experts warn that the US lacks the testing, contact tracing, and quarantining capabilities needed to bring and keep the pandemic under control, yet some states are already loosening their restrictions and allowing "nonessential" businesses to reopen.

Our churches are now facing a set of difficult decisions: when to resume in-person ministries and how to carry out these ministries safely.

I propose that the way forward is to take a step-by-step approach that helps the global church live out its missional calling, meet the needs of its congregants, and protect the health of those in the church and in the community.

Our guideposts for decision-making

To discern God's call for the churches I am advising in my city of Seattle, I have relied on two guideposts: biblical truths and scientific knowledge, both of which have been given by God.

The Great Commandment states, "You shall love the Lord your God … and love your neighbor as yourself" (Matt. 22:37–39, ESV). During this pandemic, love for ourselves is expressed in the ways we protect ourselves from getting infected. In the same way, love for our neighbor is expressed in the ways we protect them from getting infected.

Even as we focus on preventing COVID-19 infections, however, we should not neglect spiritual, emotional, and social needs—in ourselves and others. During this period of social distancing, it is perhaps even more important that churches meet these needs.

As Christ's disciples, these needs are met as we live out our calling to worship, pray, encourage, witness, disciple, and serve. However, we now must do these in a way that minimizes the risk of COVID-19 transmission. Therefore, we need to use scientific knowledge about this virus to prevent its spread in our churches.

Recent scientific knowledge about COVID-19

With the best minds in the world working on COVID-19 right now, there is a rapidly expanding body of scientific knowledge about this virus. We are also accumulating lessons from many countries on what is and is not working to

control the spread of COVID-19. Some of these recent insights are particularly relevant to churches as they consider how to resume in-person ministries:

First, we have a better understanding about how the virus spreads.

Contrary to our initial assumptions, we now know that COVID-19 can be transmitted before a person develops symptoms. This explains why the virus spreads so easily and stealthily, and it greatly complicates efforts to contain its spread.

We also know that not every infected person will infect another person. Other factors are needed to facilitate transmission. They include:

- Infectiousness of a COVID-19 patient
- Actions that increase the release of respiratory droplets and aerosols into the surrounding air
- Proximity to an infected person (within six feet is considered high risk)
- Enclosed environment with limited ventilation to the outside
- Amount of time spent with an infected person
- Type of social network, e.g. inter-generational mixing

The more these factors are present, the higher is the risk of transmission. But the more we can mitigate these factors, the lower the risk of transmission. (see table below).

There is growing evidence that younger people and children are less susceptible to COVID-19. Children are also less likely to display symptoms when infected with the coronavirus. However, the quantity of viruses they harbor and their ability to spread to others may not be different. Because older people are more susceptible to getting COVID-19, the implication is that intergenerational contact should be minimized to reduce COVID-19 transmission.

Second, we know much more about harmful effects of COVID-19.

Initially, most of the attention about the danger of COVID-19 focused on the elderly because they have a much higher case-fatality rate. Then we learned that younger adults with common chronic conditions like hypertension and diabetes also have an increased risk of serious complications. In fact, nearly 60 percent of COVID-19 hospital admissions in the US are for those less than 65 years old.

A recent study reported that 45 percent of American adults have factors that place them at risk for serious COVID-19 complications. Because those attending churches are on average older than the general population, an even higher proportion of church congregants are at risk for serious COVID-19 complications.

Third, we have a better understanding of what control measures work.

Testing, contact tracing, and quarantining of cases and contacts can mitigate the COVID-19 epidemic without a major lockdown. However, such actions must be taken very rapidly and effectively. South Korea and Taiwan have done this successfully. Within two or three days from symptom onset, COVID-19 patients are tested and most of their contacts are effectively quarantined. This has worked because South Korea and Taiwan have some of the highest testing rates in the world and a well-trained cadre of contact tracers to quickly locate contacts and implement quarantine. They also use some electronic tracking, which may not be acceptable in other countries.

There is good evidence that using a face mask substantially reduces the release of respiratory droplets and aerosols into the surrounding air, even when a person coughs or shouts. The primary benefit from using a face mask is to reduce the spread of COVID-19 from the source of infection—an infected person. Homemade masks are less effective than surgical

masks but still helpful. In addition, wearing a face mask prevents an infected person from rubbing her nose and then depositing viruses on surfaces that she touches. Face mask users also get limited protection from COVID-19 infection.

Fourth, experts agree that COVID-19 will be in the US for the foreseeable future, with fluctuating levels of infection in the community.

Several states have started to lift stay-at-home orders, even though their COVID-19 case counts remain high or have just started to decline. This will lead to an increase in transmission and new cases. This increase can be mitigated by extensive testing, effective contact tracing, and quarantining of contacts. But no state yet has the testing capacity and the trained personnel to carry out effective tracing and quarantining.

Then there is the challenge of COVID-19 spreading from one state to another. As long as one part of the country has a poorly controlled epidemic, states that have significantly reduced their cases will remain vulnerable to COVID-19 spread from those areas. The same can be said of spread from one country to another. A prime example of this is Singapore, which controlled the first wave of infection from China only to experience a second wave of infection from Europe.

Making a science-based plan

The church is a high-risk setting for COVID-19 transmission. Church activities contain multiple factors that facilitate airborne COVID-19 spread (see table below). In addition, our congregants are at greater risk for serious complications from COVID-19. Therefore, churches should carefully consider when and how to resume in-person ministries and have a clear plan to do so. This plan should achieve the following:

- Mitigate the risk of airborne COVID-19 transmission during church activities.
- Be able to dial up and dial down church activities as COVID-19 infection in the community waxes and wanes.
- Be able to rapidly identify contacts with an infected person and help trace them if necessary.
- Resume in-person church activities only when there is clear evidence of a declining and low level of infection in the community.

Factor facilitating transmission	Transmission risk in church activities	Suggestions to mitigate risk
Actions producing more respiratory droplets	Singing, laughing, talking (sometimes loudly), coughing, and physical activities that increase deep and rapid breathing.	Use face mask when singing or talking; minimize unnecessary physical activities.
Close proximity (<6 feet)	Sitting closer than 6 feet; people facing each other.	Maintain physical distancing of at least 6 feet; no face-to-face activity; sit in rows facing one direction; use face mask.
Duration of contact	Meeting for longer than 30 minutes (definition of close contact); longer duration equals more risk.	Minimize time by cutting non-essential activities; uni-directional flow for foot traffic; prompt and orderly entry and exit.
Enclosed space with limited outside ventilation	Meeting frequently in smaller rooms, with low ceilings and no outside ventilation	Use larger rooms with high ceilings; open windows and doors; allow time to vent rooms between use; meet outdoors; use face mask
Increased social mixing	Gathering asymptomatic younger people with older people.	Keep participants segregated by age groups; same people meeting regularly together reduces mixing.
Infectiousness of COVID-19 patient	An asymptomatic COVID-19 carrier participating could transmit the virus, but a symptomatic carrier is more infectious.	Screen those with symptoms; use face mask.

A step-by-step approach to resume in-person ministries

I have developed a four-step plan with modified activities that churches can use. This plan can be dialed up or dialed down depending on the level of infection in the community.

During this pandemic, the plan aims to help churches:

- Live out their missional calling
- Meet social, emotional, and spiritual needs
- Provide protection against COVID-19
- Support the broader effort to contain COVID-19

When adapting this plan to your church, it is very important to adhere to local government guidelines. Therefore, the number of people allowed to gather in your plan may differ from this plan due to local restrictions. The table only includes some of the more common church activities. When making decisions on how other activities can be implemented safely, consider the factors in the first table and where modified activities should be placed in the second table.

Activity	Transmission risk	Step 1	Step 2	Step 3	Step 4
Small group gathering	Medium	<10 people, with face mask; fixed group; similar age group (no elderly)	Same as Step 1 except <15 people and elderly allowed with no intergenerational mixing.	Same as Step 2 except >15 people and face mask optional.	Same as Step 3
Worship Service					
Size	Depends		<50 people; physical distancing; face mask required	<100 people; physical distancing; face mask required	>100 people; physical distancing; face mask optional
Singing	High		With face mask	With face mask	Face mask optional
Greeting	Medium/ High				No handshake
Offering/ Communion	Medium		Online giving; offering box; no passing of elements	Same as Step 2	Same as Step 3
Choir	High				
Sunday school/ Fellowship					
Seniors	High				<20 people; face mask required; lecture style seating
Adults	High			<20 people; face mask required; lecture style seating	>20 people; face mask optional; lecture style seating
Young adults/ college	High			Same as adult	Same as adult; face-to-face seating permitted with physical distancing
Middle/high school	High			Smaller groups; face mask required; no senior help	Smaller groups; no senior help
Elementary school and younger	High				Smaller groups; no senior help
Hospitality: food, beverages					
Overnight retreat	Very high				

Living out our missional calling through small group gatherings

As stay-at-home restrictions are loosened, gathering in small numbers will frequently be allowed first. Therefore, small group gatherings should be the first activity to be implemented. We should be excited about this because small group gatherings are a wonderful way to live out God's call for us. In small groups, we can build deeper relationships with each

other, grow in God's Word, foster a safer environment for mutual accountability, and encourage one another to love and good works. These groups can reach out to many who would not want to enter a church building but would accept an invitation to a home. They can also help prepare for the start of in-person worship services by gathering each week for worship and then joining with other small groups to attend in-person worship when it resumes.

Like the persecuted Christians in Acts 8, who were scattered beyond Jerusalem, our ministries have been scattered from the confines of our church buildings. By building strong small groups in our communities and organizing around them for return, we are building a solid and flexible foundation for eventual church ministry all together.

The risk for COVID-19 transmission in these groups is low. The risk can be further reduced by keeping group members constant and within the same age group. When infection in the community is still high, use of face masks provides an added layer of protection. Because members know each other, they can quickly inform each other if a person develops COVID-19 symptoms. This will facilitate rapid self-quarantine by other group members.

Meeting social, emotional, and spiritual needs

We all need human contact, but sometimes contacts feel superficial. This pandemic offers a chance to build deeper relationships. To reduce the risk of infection, we should reduce the number of people we are in contact with. But meeting with the same people all the time and meeting only with people in our age group also reduce the risk of getting infected. Gathering with the same group of people who are at the same life stage can also better meet our social, emotional, and spiritual needs.

Imagine the strategy as creating small bubbles of safety across the church. The more congregants stay within their bubble, the safer everyone in the congregation will be while infection in the community remains.

Providing protection against COVID-19

When in-person ministries in the church resume, it is essential to observe a physical distance of at least six feet. Although physical distancing is usually observed at the individual level, it can be observed at the level of a social unit. For instance, those who live together as one social unit do not need to be physically separated at church. As a unit they can be physically separated from other social units.

Use of face masks can be very helpful. Because anyone who walks into a church could be an asymptomatic spreader, putting a face mask on everyone entering the church can reduce the spread of the virus. To increase the proportion of face mask users, ask everyone to use them. This takes away the stigma and employs peer pressure to encourage use.

Because face masks, especially homemade ones, will not prevent all transmission, they should not replace other approaches to mitigate the spread of COVID-19. Physical distancing is usually not practical for small group gatherings in a home, so using face masks there is important while there is still a high level of infection in the community.

Supporting the broader effort to contain COVID-19

Because COVID-19 will be with us for the foreseeable future, transmission of this virus could occur during the resumption of in-person church activities. Therefore, for the safety of the whole congregation as well as their friends and neighbors, churches should be prepared to assist public health departments to identify and find the contacts of people who discover they are infected.

The first task is to rapidly identify all the contacts to a COVID-19 patient who attended the church. Then, if requested, churches should be prepared to quickly notify these contacts so they can self-quarantine and be evaluated for COVID-19. In this way, even if these contacts were infected, any transmission onward can be minimized.

Remember, speed is of the essence when it comes to contact identification and tracing. Therefore, your church should set up a system to collect information for all participants. The following are some suggestions for doing this:

- Keep a log of where every person sits. Assign seat and row number (or table number) to your sanctuary and meeting rooms.
- Register everyone entering a meeting. Record name, contact information, and where they are sitting. For each household, only one person needs to register but should list the number of people in group.
- Maintain the record for at least three weeks.
- Have a designated person in the church responsible for maintaining the meeting registration, liaising with public health department, and helping to identify and notify contacts if necessary.

When to move into different phases

Perhaps the most difficult aspect of using this step-by-step approach is deciding when to move from one step to another—whether to dial up or dial down a church's activities.

There are many factors to consider. One of the most important factors to consider is the needs of church members. When a real need exists that is best met or can only be met face-to-face, we should find a way to resume in-person ministries more quickly.

Church should closely monitor the level of infection in its community. If it is going up or is still high, it is not the right time to resume in-person ministries. But if the level of infection is going down and is low, then it is safe to move into step 1 of my plan. Specifically, a consistent downward trend in COVID-19 cases and deaths for at least three weeks is one metric to use before considering step 1 of this plan.

But a downward trend is not enough, we also must have a low level of infection. This is where it gets tricky because, without extensive testing, we don't know the true number of infections in our communities. Until testing gets ramped up, we can only make a guess based on the number of cases and deaths reported. But this is not ideal.

For now, with a downward trend and a low number of reported deaths and cases, we can consider other factors that may move us into step 1 earlier or later. Engaging our church leadership and the general congregation throughout this process is important. Having a clear plan will help our congregants understand why and how we are making these decisions.

As an example, for a population like King County, Washington, where I live (2.2 million people), and with a consistent decline in reported deaths and cases as the foundation, one set of criteria might look like this (using rolling averages over three days):

- Step 1: Consistently <5 deaths per day for 3 consecutive weeks
- Step 2: Consistently <1 death per day for 3 consecutive weeks
- Step 3: Consistently <5 cases per day for 3 consecutive weeks
- Step 4: Consistently <1 case per day for 3 consecutive weeks

As testing increases and we learn more about COVID-19, churches can develop more precise guidance on when to move from one step to another. Because the COVID-19 pandemic will wax and wane, an increase in the reported number of cases and deaths can be used to move back a step if necessary.

Living our calling

This pandemic has dramatically changed our lives and has turned our world upside down. We are just a couple of months into this pandemic, but the pain and anxieties around us are so real. To serve those in our community, the desire to open our church doors as soon as possible to serve those in our community is understandable.

Our churches can use biblical truths and the available scientific knowledge to guide decisions on when to resume in-person ministries and how to do it safely. As knowledge accumulates, we will be able to make better decisions and the plan that I have proposed can be improved.

Churches in other parts of the world face the same challenges as government-mandated lockdowns eases. The step-by-step plan as described is not hard or expensive to implement and can help ensure a safe environment for congregants around the world.

In closing, I want to remind us of one certainty. The COVID-19 pandemic in its present form will pass. One day we will look back on this time and see clearly that God was with us and was working in our midst for good. Knowing this, we can turn to him today and ask him to give us the discernment, compassion, and faith to make the right decisions for our churches at this time.

My prayer is that this article will help your church live out its missional calling, meet the needs of your congregants, and protect the health of those in your church and community at this critical time.

Daniel Chin is a physician trained in pulmonary and critical care medicine and epidemiology with 25 years of global public health experience. In 2003, he led much of WHO's support to China to contain the SARS epidemic.

Reopening Churches: Executive Operations & Facility Management After COVID-19

April 30, 2020 | Holly Tate

As we transition from thinking about COVID-19 strategies to post-COVID-19, how can we start preparing operations and facility management after such an unprecedented change in the way we gather and worship? Now is the time to determine what values and processes will remain consistent, what innovative strategies you've uncovered in the past weeks that need to be further integrated into your church, and what needs to be completely restructured to experience God to the fullest capacity when your church doors open again. I spoke with a panel of church leaders to discuss how they're preparing to reopen their facilities.

6 Processes for Reopening the Church

1. Praying and using wisdom. While creating a plan to reopen, churches are prioritizing the safety of staff, volunteers, and church members. Although it was a quick transition to having church virtually, leaders are in a position to truly take ownership of the process and schedule of reopening without feeling the pressure of moving too quickly. Take your time planning the safest process for your congregation's circumstances.
2. Evaluating how to maintain the online community while transitioning back to on-campus services. Many churches are thriving with their online worship experiences. It's going to be important to find ways to maintain this progress upon making the transition back into buildings. Try to connect with as many online members as possible with the goal of inviting them to in-person services when you reopen.
3. Addressing the logistics. It's expected for smaller sized churches to be able to gather sooner than churches with larger congregations. Larger churches may not be able to accommodate their church members and visitors while also maintaining social distancing requirements which may prolong the timeline of their ability to gather again. However, some churches are offering multiple services or drive through options to address this.
4. Structuring the reopening of your church in phases. Here are a few of the gathering phases that churches are considering:
    a. Phase I - Staff and Leadership Teams begin to meet.
    b. Phase II - Begin limited-sized community groups during the week
    c. Phase III - Implement a safe children's ministry plan
    d. Phase IV - Outdoor worship experiences with the option for church members to stay in their cars
    e. Phase V - Gathering as an entire congregation with designated entrance and exit points. To ensure everyone is aware of the new updates and changes, one church has decided to email out video instructions that help their members know exactly where to go.
5. Following the federal state's guidelines. When it comes to worship centers, it's evident that maintaining social distancing standards will be necessary in order to begin the gathering as a congregation again.
6. Continuing to provide worship opportunities. Consistently providing opportunities for members to gather and worship in the future will give them the option to choose whether or not they feel comfortable enough to gather. Ensure the opportunity is there for those who are eager.

Including Community in the Reopening Process

- Some churches have found it helpful to survey their church community in order to assess the tiers of readiness in regards to gathering together for worship services.
- Other have used this time to continuously reach out to their church members to gauge emotions and needs. This has helped give church leaders an idea of where their community stands now and what it may look like in the future for them to transition back into the church building.
- Taking time to collaborate with surrounding churches in the community helps assess the possibilities of what the structure and timeline can look like. Forming a united front with other churches also provides a new kind of community that people are needing.

The Future of Staff and Volunteers After COVID-19

- As of now, many churches do not plan on implementing COVID-19 testing protocols for staff and volunteers unless the state deems it necessary. There's consensus that Church Executives are committed to being good stewards of the local government by following local guidelines and regulations.
- To make certain that building spaces are clean and safe, many churches are planning to increase the frequency of building cleanings. Once church plans to upscale disinfecting methods by implementing cleanings after every service which will require shorter worship services.
- Although many executives are looking forward to transitioning their teams back into the building, they are being mindful and supportive of their staff and volunteers who may be afraid to return.

4 Practical Safety Precautions for Churches After COVID-19

1. New giving alternatives. During COVID-19, many churches have implemented online giving systems. As executives plan to reopen churches, many are looking into having designated offering stations on campus rather than passing around offering plates or buckets.
2. Virtual bulletins. Churches typically hand out bulletins to members for church services, however, many churches are planning to continue having virtual bulletins. This will decrease the number of person-to-person contact church members experience.
3. Pre-packaged communion. This is a common concern for many churches, and today's panelists agreed upon looking into pre-packaged communion and possible self-serve stations. However, some are finding it challenging to find these resources, so other alternatives will need to be created.
4. Keeping hands clean by utilizing new kick-stops. One church mentioned installing door kick-stops for bathrooms so members can open doors with their feet instead of pushing the doors open with hands.

Communication Processes and Responsibilities After COVID-19

Communication is key as we move forward and reopen churches. Executives are dedicated to making sure that their community and visitor are connected during this transition. The number one communication tool that churches are using is eNewsletters which can include announcements, updates, changes, and even song lyrics. Clear and concise communication helps the church community understand what the transitional process of online services to gathering again looks like.

During COVID-19, executives have found it necessary to shift the responsibilities of their staff members to ensure new efforts are carried out effectively. As churches reopen, this is something that many staff members will continue to experience. There is an obvious need for those who excel in the areas of communication, development, and technology, and the need for these traits are not expected to decrease once churches can reopen again.

Reopening The Church: Communication Strategies After COVID-19

April 29, 2020 | Holly Tate

With new precautions and continued uncertainty as we look to reopen church, there will be a need unlike before to ensure churchgoers know what health precautions are in place, when church events are occurring, and how operations will look moving forward. Alignment and clear communication is necessary to ensure the gradual and consistent changes are understood by all.

To address these issues, I hosted church communication leaders for a discussion on the path forward after COVID-19.

9 Steps to Begin the Conversation of Reopening Churches

1. Pivot and focus primarily on supporting your community during this time. Churches are uniquely positioned to provide support to their community in unique ways so finding ways to understand and meet their needs will go a long way.
2. Leaders will find it helpful to communicate the message of hope and foster a positive online community. It's common for church members to experience many different emotions during COVID-19 so providing encouraging messages will help comfort them during this trial.
3. Find ways to practically enhance your online worship services and the experience your online community encounters. Innovative strategies to reach a gamut of people within your congregation are:
    a. Shifting Bible Studies online
    b. Implementing an "online foyer" for people to fellowship before services begin
    c. Incorporate games and contests online that are designed to foster community
4. Implement weekly newsletters to bridge the communication gap with inter-generational communities. Communicating frequently will help the transition back to church buildings run more smoothly.
5. Communicate all plans, ideas, and strategies with the leadership team so that important information is able to be funneled through your leaders. This will ensure that all communication is consistent across the board.
6. Incorporate your volunteers during your online services. Ways they can assist you online are by interacting, engaging, and having conversations with those who are watching your services online. It may also be worth it to dedicate some volunteers to answer questions and pray with online viewers. This will be helpful to continue when you begin online service and on-campus services if your church is unfamiliar with it.
7. Decide what online strategies will benefit your congregation moving forward as you gather again. It's important for leaders to acknowledge the new ways church services will operate as we gather again in the future. As you try new things, assess what practices are successful and which to drop moving forward.
8. Begin creating training processes and documentation for the online systems and programs that will be used in the future to aide in your online worship services.
9. Design online platforms that provide opportunities for your online community to engage and serve with your church through next steps processes and attending or leading small groups. Communicate the opportunities in sermons, newsletters, and social media.

How Senior Leadership Teams And Communication Teams Can Support Each Other

Leadership teams are naturally good at stewarding relationships, and it's important to practice this internally with communications teams during this time. It is critical for leadership teams to include communication leaders in the conversations while planning to transition back to the church campus to provide them with the tools they need to accurately spread the changes and decisions you're making in this transitional period.

Communication teams are in a great position to be able to communicate new things that churches have not had to consider before COVID-19. Today's panelists explained the benefits churches could experience by designating an on-campus walkthrough with the leadership team and communications team to discuss the transition of reopening the

church. This can cover strategies for designated entrances, exits, and hand sanitizer stations among other logistics. It's inevitable that social distancing and other safety concerns will be prevalent as churches plan to gather again, so having both teams in alignment will make certain that communication is consistent for their church community.

It's imperative for both teams to extend grace throughout the transition of reopening church campuses. Leaders and communications team members are both in prominent positions to guide and care for each other and their congregation. Communication teams tend to be the first ones to hear about questions and concerns amongst church members since they manage communication channels, while leadership teams are able to graciously address or solve these matters. With both teams working together with patience and diligence will help the transition back to church run more smoothly.

Ways to Include Ministry Leaders in the Social Media Space

- Encourage leaders to engage with the online community by responding to comments and questions. This can help build a sense of community and trust with church members.
- Assist in giving ministry leaders ownership of the online community by providing tools and resources that will help them engage with the congregation.
- Set aside specific times for ministry leaders to host Bible Studies or prayer times online. Tailoring this for your ministry leader's schedule will go a long way.
- Discover new ways for Pastors to be relational online. One panelist discussed strategies like personal acknowledgments during live streams and allowing members to ask questions to promote dialogue between the community and the Pastor.

Differentiate Enough to Standout From the Mass Amount of Online Communication

- Explore new ways to use Facebook and Instagram so your media and message can stand out. Try using Facebook live and Instagram stories if you have a younger audience.
- Look into text messaging software that can provide helpful resources to their members instead of relying solely on emails.
- Tailor topics to focus on what would be the most helpful to your specific community during COVID-19. Responding to the most prevalent need right now and finding ways to help and support your members through it will be a successful strategy for differentiating your online material.
- Leverage the resources you have within your congregation. This will give leaders the ability to step in and stand in the gap of what's needed for their congregation. If people are hungry to volunteer, have an outreach committee, a communications committee, and volunteers to help write communications and engage in discussions with other members.
- Make it a priority to listen. The best marketers and communicators are the best listeners. It's important to remember that it's not always about knowing what to say and when to say it, but it's the act of listening and understanding in order to serve the community God has entrusted you with.

Gracefully Managing the Process of Reopening Churches

- Expect to encounter a spectrum of thoughts, opinions, and beliefs on the state rules and regulations for social distancing and gathering again in phases. While some will be fearlessly anxious to gather soon, others will take awhile before feeling comfortable returning to community.
- Praying consistently and proactively communicating ahead of time about safety measures and precautions that are in place will really help provide a sense of clarity for church members. Organize a plan structured for the tiers of readiness of those in the church community. Understanding the different perspectives you'll encounter and having a cohesive plan for addressing these viewpoints will take the pressure off when it's time to consider reopening.

CDC Document Outlines Guidance for Reopening of Churches

April 29, 2020 | Joe Carter, The Gospel Coalition

The Story: The Centers for Disease Control and Prevention (CDC) has compiled new "Interim Guidance for Communities of Faith" that outlines precautions churches may need to take when states lift their coronavirus restrictions.

The Background: The CDC's document—which is not legally binding and has not been officially released yet—notes that the "guidance is not intended to infringe on First Amendment rights as provided in the US Constitution." Neither the CDC nor any other federal government agency can prescribe standards for interactions of faith communities that are "more stringent than the mitigation strategies asked of similarly situated entities or activities in accordance with the Religious Freedom and Restoration Act (RFRA)."

The CDC offers the following suggestions for consideration "to the extent consistent with each community's faith tradition":

Hygienic and cleaning practices

- Encourage use of flexible or virtual options whenever possible for all non-worship activities (e.g., counseling, volunteer meetings).
- Follow specific CDC guidance for childcare or educational programming for children and youth.
- Encourage use of a cloth face covering at all gatherings and when in the building by everyone except children aged less than 2 years old. (Not using a cloth face covering may also be appropriate at times for some individuals who have trouble breathing or need assistance to remove their mask.)
- Have adequate hygiene supplies, such as soap, tissues, no-touch trash cans, hand sanitizer (with at least 60 percent alcohol).
- Consider posting signs on how to stop the spread of COVID-19 and promote everyday protective measures.
- Clean and disinfect frequently touched surfaces at least daily and shared objects between use. Avoid use of items that are not easily cleaned, sanitized, or disinfected. Ensure safe and correct application of disinfectants and keep them away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and so on. Do not open windows and doors if they pose a safety risk to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Promoting social distancing

- Limit the size of gatherings in accordance with the guidance and directives of state and local authorities and in accordance with RFRA.
- Consider video streaming or drive-in options for services.
- If appropriate and possible, add additional services to weekly schedules to maintain social distancing at each service, ensuring that clergy, staff, and volunteers at the services ensure social distancing to lessen their risk.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Space out seating for attendees who do not live in the same household to at least six feet apart when possible; consider limiting seating to alternate rows.

- Consider whether other gatherings may need to have attendance limited or be held virtually if social distancing is difficult, such as funerals, weddings, religious education classes, youth events, support groups, and any other programming.
- Avoid or consider suspending use of a choir or musical ensemble during religious services or other programming, if appropriate within the faith tradition. Consider having a soloist or strictly limiting the number of choir members and keep at least six feet between individuals.
- Consider having clergy hold virtual visits (by phone or online) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.
- Consider temporarily limiting the sharing of frequently touched objects, such as worship aids, prayer books, hymnals, religious texts and other bulletins, books or other items passed or shared among congregants, and encourage congregants to bring their own, if possible, photocopying, or projecting prayers, songs, and texts using electronic means.
- Modify the methods used to receive financial contributions. Consider a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- Consider mitigating the risk of transmitting COVID-19 posed by close physical contact among members of the faith community during religious rituals as well as mediated contact through frequently touched objects, consistent with the community's faith traditions and in consultation with local health officials as needed.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee whenever possible, instead of a buffet or family-style meal.
- Avoid food offerings when it is being shared from common dishes.
- Train all clergy and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Monitoring and preparing

- Encourage staff or congregants who are sick to stay at home. Plan for when a staff member or congregant becomes sick.
- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a health-care facility.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) or other applicable laws an in accordance with religious practices.
- Inform those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- Close off areas used by the sick person and do not use the area until it after cleaning and disinfection; wait 24 hours to clean and disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staffand congregants not to return to the facility until they have met CDC's criteria to discontinue home isolation.

Maintain healthy operations

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible).

- Monitor absenteeism and create a roster of trained back-up staff. Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to close, then properly clean and disinfect the area and the building where the individual was present.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

What It Means: Your reaction to this guidance will depend on what you were expecting from the federal government. Some pastors and elders may have thought the lifting of restrictions would mean a return to normal procedures and practices. If so, the CDC's vision of sermons being delivered to half-empty pews full of people wearing face masks may come as a shock.

But most church leaders are likely expecting that the "new normal" will be look strange. For those planners, this latest guidance by the CDC (which mostly restates commonsensical coronavirus practices) may seem underwhelming. What the guidance underscores it that the civil authorities will not be handing down a plan that can be easily adopted and implemented by our churches.

Instead, we must rely on our people—both those in our congregation and also members of the larger body of Christ—to plan for how to protect our churches. Fortunately, we are up to the task. As Paul says in Ephesians, when Jesus ascended on high, he "gave gifts to his people" (4:8). We can trust that the Lord has gifted his people with the wisdom and skills necessary to prepare for what comes next.

Doing so, however, may require that we set aside our need to maintain control and our aversion to input from outsiders. We may need to make policy decision based on the wisdom of fellow believers who we may disagree with on substantive matters, such as baptism or ecclesiology. Can we come together for the good of God's people? If we can, we may find that church in the time of COVID-19 may be a time of both social distancing and also gospel-centered unity.

Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

CDC.gov

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other daily habits to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger United States Government plan and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using EPA-approved disinfectants against COVID-19can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe in. Bleach solutions will be effective for disinfection up to 24 hours. Keep all disinfectants out of the reach of children. Read EPA's infographic on how to use these disinfectant products safely and effectively.

Always read and follow the directions on the label to ensure safe and effective use.

- Wear skin protection and consider eye protection for potential splash hazards
- Ensure adequate ventilation
- Use no more than the amount recommended on the label
- Use water at room temperature for dilution (unless stated otherwise on the label)
- Avoid mixing chemical products
- Label diluted cleaning solutions
- Store and use chemicals out of the reach of children and pets

You should never eat, drink, breathe or inject these products into your body or apply directly to your skin as they can cause serious harm. Do not wipe or bathe pets with these products or any other products that are not approved for animal use.

See EPA's 6 steps for Safe and Effective Disinfectant Use

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document. It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. EPA-approved disinfectantsexternal icon are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Bleach solutions will be effective for disinfection up to 24 hours.
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together–this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see CDC's website on Cleaning and Disinfection for Community Facilities.
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washingyour hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on Control and Prevention.

Develop Your Plan

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an EPA-approved disinfectant.
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Bleach

solutions will be effective for disinfection up to 24 hours. Find additional information at CDC's website on Cleaning and Disinfecting Your Facility.

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the Reopening Decision Toolpdf icon.

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at CDC's Guidance for Childcare Programs that Remain Open.

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on FDA's website on Food Safety and the Coronavirus Disease 2019 (COVID-19).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on Visiting Parks & Recreational Facilities.

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the safety of your building water system. It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of corona viruses. For healthcare facilities, additional guidance is provided on CDC's Guidelines for Environmental Infection Control in Health-Care Facilities.

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from EPA's list of approved products that are effective against COVID-19.external icon

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult EPA's list of approved products for use against COVID-19external icon. This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on How to Clean and Disinfect for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on CDC's website on Cleaning and Disinfecting Your Facility for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see CDC's website on Cleaning and Disinfection for Community Facilities.

Implement Your Plan

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

EPA approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

Maintain and Revise Your Plan

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. CDC provides tips to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available

- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for updates on COVID-19. This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on COVID-19 and how to Prevent Getting Sick.

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmissionpdf icon.

Conclusion

Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: We're all in this together!

FAQs for Administrators and Leaders at Community- and Faith-Based Organizations

CDC.gov

What steps should my organization take to prepare?

To help your organization prepare for the possible spread of COVID-19, ensure your emergency operations plan includes key COVID-19 prevention strategies and covers groups at increased risk for severe illness. This includes, but is not limited to, older adults and people of any age with serious underlying medical conditions, such as heart or lung disease or diabetes.

Be sure all staff, volunteers, and members are familiar with your emergency operations plan. Ensure you know how to contact them with information and updates (such as through text message and websites). Alert local public health officials about large increases in staff or regular member absenteeism, particularly if absences appear due to respiratory illnesses (such as, the common cold and the flu, which have symptoms similar to COVID-19 (fever, cough, and difficulty breathing). Read CDC's guidance to learn more about how to get your community- or faith-based organization ready for COVID-19. CDC also has guidance that covers additional strategies to protect your staff.

How can my organization lower the chance that staff and members will get sick?

The best way to prevent COVID-19 is to avoid being exposed to the virus. Start by encouraging your staff and members to use everyday preventive actions (such as washing hands often, avoiding close contact with people, and covering coughs and sneezes with a tissue or the inside of the elbow). Be sure you have supplies on hand (such as such as soap, hand sanitizer that contains at least 60% alcohol, tissues, trash baskets) for your staff, volunteers, and those you serve. CDC has posters with messages you can post in your facility for staff about:

- Staying home when sick;
- How to avoid spreading germs at work.

CDC also has information for members, including:

- Health promotion materials;
- Information on proper handwashing technique; and
- Tips for families to help children develop good handwashing habits.

To help limit the spread of the virus, you should also develop flexible sick-leave and telework policies so that staff (and volunteers) can stay home when they are sick, when they need to care for a sick household member, or to care for their children in the event of temporary school dismissals. You may also consider replacing in-person meetings with conference calls, video conferencing, or web-based seminars and postponing non-essential meetings and travel.

How should my organization clean the facility to limit spread of the virus?

At least once per day, clean and then disinfect surfaces and objects that are touched often. Read CDC guidance on cleaning and disinfecting to learn more. This guidance includes cleaning objects and surfaces not ordinarily cleaned daily, for example, doorknobs, light switches, and countertops. Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection, most common household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available here.

Where can my organization find out if the virus has spread to the local community?

You can get up-to-date information about local COVID-19 activity by keeping in touch with your local and state public health officials, and keeping up-to-date with the CDC website.

What are things to consider when determining if a group event or gathering needs to be postponed or canceled?

Consult with local public health officials and continually assess current conditions. Be sure to regularly review the latest recommendations from the White House and CDC for all types of gatherings. When determining if you should postpone or cancel a gathering or event, consider the:

- Overall number of attendees or crowd size.
- Number of people attending who are at higher risk for serious illness.
- How close together attendees will be.
- Potential economic impact to attendees, staff, and the local community.
- Amount of spread in local community and the communities from where your attendees are likely to travel.
- Needs and capacity of the local community to host or participate in your event.

Read CDC guidance on mass gatherings and large events.

How can my organization get involved to help the local community?

Leaders should talk to staff and members about their concerns, as well as the potential fears and anxiety that may result from rumors or misinformation. Be sure to share resources that provide reliable COVID-19 information and speak out to prevent stigma and discrimination.

Consider how your organization is uniquely able to assist the local community. Determine whether your organization can work with local health departments, if needed, so that your facilities can be used as temporary care facilities; quarantine facilities; or central distribution sites for food, water, supplies, or medicine. Coordinate with local health officials on ways to ensure care and services for vulnerable populations. Congregations and organizations with experience working with underserved communities (e.g., people who are incarcerated, people who are experiencing homelessness, immigrants, refugees, those with limited English proficiency, single-parent families, public housing residents, migrant-, farm-, and other low-wage workers) can work with local health officials to ensure these groups receive appropriate care and services.

Is there information my organization can share with staff and members about COVID-19?

Share these resources to help people understand COVID-19 and steps they can take to help protect themselves:

- How to Protect Yourself
- Groups at Higher Risk
- What to Do If You Are Sick
- FAQs: Pregnant Women and COVID-19
- FAQs: Coronavirus Disease-2019 (COVID-19) and Children
- Handwashing: A Family Activity
- Handwashing: Clean Hands Save Lives

What steps should my organization take to protect staff and members if there is minimal or moderate spread of COVID-19 in the local community?

If there is minimal or moderate spread of COVID-19 in your community, you should:

- Continue to encourage everyday preventive actions
- Clean and disinfect surfaces daily.
- Use multiple strategies to increase space between people, especially for those who are at high-risk for serious illness (such as putting at least 6 feet of space between desks and between people who are in line).

- Develop ways to continue essential services for clients or members, such as meal, mental and spiritual and health, and social service programs.
- Cancel large events or modify into smaller gatherings. (see CDC guidance for more information)
- Follow the directions of your state and local authorities.
- Encourage people who are at high-risk for serious illness not to attend in-person. Instead, offer call-in or online viewing options.
- Postpone or cancel trips that could put staff, volunteers, or members at risk for COVID-19.
- Limit access of non-essential visitors to the facility.

For more information related to group activities or events, read CDC guidance on mass gatherings and large events.

Should my organization cancel or postpone an event if there is minimal or moderate spread of COVID-19 in the local community?

To find out if your organization should cancel or postpone a group event or activity, read CDC guidance on mass gathering and large events.

What steps should my organization take to protect staff and members if there is substantial spread of COVID-19 in the local community?

If there is substantial spread of COVID-19 in the community, you should:

- Follow the directions of your state and local authorities.
- Cancel in-person community and faith-based group events or gatherings of any size.
- Continue to encourage everyday preventive actions.
- Clean and then disinfect surfaces daily.
- Develop ways to continue essential services for clients or members, such as meal, mental and spiritual and health, and social service programs.
- Consider closing the facility or limiting access to the facility by non-essential visitors and limit non-essential services.

For more information related to group activities or events, read CDC guidance on community events.

Should my organization cancel or postpone an event if there is substantial spread of COVID-19 in the local community?

You should first follow the directions of your state and local authorities. If authorities do not have specific directions related to cancelling or postponing a group event or activity, read CDC guidance on community events.

What is the best way to clean and disinfect rooms and other areas after a confirmed case of COVID-19?

If you think someone on your staff or one of your members who has been in your facility might be sick with COVID-19 (see COVID-19 symptoms):

- Send the sick person home right away or separate them from others (such as in a separate room just for sick people) until they can go home.
    - Give them a clean, disposable facemaskpdf icon to wear until they can leave, if available. If not available, provide them with a tissue or some other way to cover their coughs and sneezes.
    - Do not use of public transportation, shared rides, and taxis to transport the sick person home.
    - Contact emergency services for those who need emergency care, when needed, and let them know about the person's symptoms.

- Contact local public health officials and communicate with staff, members, and volunteers about possible exposure to the virus.
    - Read preventing the spread of COVID-19 if someone is sick to learn more.
- Local health officials can offer guidance for closing the facility or restricting access. An initial short-term closure may be recommended to allow time for the local health officials to gain a better understanding of the COVID-19 situation.
    - Implement flexible telework and sick-leave policies for staff, if possible, and provide instructions about how and when to safely return to work.
    - Consider the need to cancel in-person group activities in other locations. Instead use phone and online (live or recorded) meeting and service options.
    - Work with local public health officials to decide when it is safe to re-open the facility and your programs and services.

Think You Have a Strong Plan to Re-Open? Here's What MOST Churches Are Missing

(Based on conversations with 100+ pastors)

Tony Morgan

I'm still surprised my team agreed to publish this…

I've been thinking about (okay, stewing about) some things for the last few weeks. It's probably an indication that I've spent way too much time on Zoom meetings. Really. I'm in a healthy place. Emily will vouch for me…I think.

(The stuff I really want to talk about is in the second half of the article. If it were me reading this article, I'd probably just skip the first part and go there. But that's just me.)

With that preface, here we go…

For the last 10 weeks…why does it feel like 10 years…churches have been focused on how to shift from doing church in buildings to doing church online. For an institution that's not exactly known for radical change, it's been a fascinating process to watch. I'm actually seeing some signs of hope. There are churches doing some good things in this season.

I'm talking with pastors and church leaders daily in the United States, Canada and the United Kingdom. I do that because pastors are the people that I'm trying to connect with and serve. That's my mission. That's our mission. (Side note: You might want to consider how often you connect with the people you are trying to reach.)

I'm guessing I've talked with leaders from more than a hundred different churches in the last 10 weeks. What I'm about ready to share isn't representative of all churches (or even most churches). I say that because almost all of my conversations are with pastors of larger churches, though there are several folks on our team at The Unstuck Group who focus more of their time with coaching pastors of smaller churches, and they're telling me they're having similar conversations.

Here's a compilation of what I've heard in those one-on-one conversations in recent weeks:

"It appears that more people are watching our services online than were attending our services before Covid-19."

"We saw views of our services increase from the time we closed all the way through Easter. In recent weeks, though, the numbers have been declining."

"We realized we needed to change how we present teaching and worship in our services for an audience who is watching from their living room. We stopped teaching to an empty auditorium and shifted to an off-site location or a studio where we can focus on speaking to the camera. That helps our teaching connect with people better in this season."

"We are doing much shorter services because the data indicated people stopped watching the longer the services lasted."

"Giving tanked the first couple of weeks, but came back strong after that. In fact, giving is ahead of budget now."

"We received the PPP loan, expenses are down because our building is closed and giving is strong. We're actually in better financial shape than we were before the crisis."

"Almost everyone on our staff team has been redeployed to a new role. Half our team is focused on developing and delivering content for online environments. The other half of the team is focused on caring for people in our congregation. We are making personal contact primarily through phone calls with everyone in our church."

"We have shifted our focus in recent weeks. Now we are figuring out our phased plan for reopening our church. We are planning to open by_____."

See. There's a lot of good news in those comments. By the way, we've shared some of what I'm learning from churches on our website.

That's what I'm hearing in one-on-one conversations with pastors, but I'm curious to know whether or not that's your experience as well.

This is the part of the article that sounds like I may have watched too much Fox News or MSNBC or both.

(But, again, I'm in a good place.)

Now that I've shared what I am hearing in the conversations with pastors, let me suggest some questions that I'm not hearing churches talking about much, if at all.

Here's a hint—

The fact that I'm mentioning these topics is an indication that I think you need to be processing these with your team. Consider this free coaching.

1. What if we reopen our church and people don't come back…for many months?

I'm hearing stories from several churches that have already reopened and attendance isn't even 15 or 20 percent of what attendance was before Covid-19…especially in larger churches. (This isn't surprising, if we're honest. Remember, people have been hearing for weeks that we should wear masks, practice social distancing and avoid indoor gatherings with large groups of people.)

You're going to have to decide if it's worth the time and energy to comply with guidelines for in-person gatherings if few people are actually going to show up. In "normal" circumstances, I would tell you that anything that requires a lot of time and energy for something that will only engage 20% of your congregation is not a wise investment of resources.

Anything that requires a lot of time and energy for something that will only engage 20% of your congregation is not a wise investment of resources. #unstuckchurchCLICK TO TWEET

2. What if people are saying they want the church to reopen, but they don't show up?

Because that's another story we're hearing from churches that reopened in recent weeks. To comply with local guidelines, some churches are taking online reservations for limited seating at services. However, large percentages of people aren't showing up after making reservations.

In the United States especially, we are very independent people. (Our friends in the U.K. and Canada think we are odd people because we aren't "pulling together" in the face of this crisis.) We like our freedoms. We don't like our politicians telling us what we can and can't do…even during pandemics. We want to stick it to the man…at least by what we say on Facebook. Because of that, we want our places of worship to be open. The only problem is that what people are saying and what they're actually doing are two different things. (Just ask any restaurant owner in your community.)

3. If most people don't show up for a service at the building, does that mean we need to continue investing all the time and energy we have in recent weeks to engage with people online?

I hope your answer to that is YES!

The Internet's not going to stop working all of the sudden once your governor says churches can start holding Sunday services at your building. We will still be competing with a culture that expects everything to be available online and on-demand. Because of that, you need a long-term digital strategy to reach new people and encourage those already

connected to your church to take their next steps toward Christ. That was the only thing churches could do to survive during this crisis. It's also the only way churches will survive after this crisis is behind us.

4. After we reopen, what is our plan when someone attends a service and we find out later that they had the coronavirus?

You might want to think about that because it happened at this church, this church, this church, this church, this church, and this church just to name a few. (Apparently, the virus doesn't know we have the freedom to gather for worship in the United States.)

So, as you are building your phased reopening plans, you better have this plan in place as well—

- Who will coordinate with your local health departments if you find out someone at a service had the virus?
- How will you communicate that news with your congregation?
- How will you track down the people who were at the service to encourage them to get medical attention?
- How will you communicate with volunteers on serving teams after known cases surface?
- Under what circumstances will you stop in-person gatherings again?
- Have you communicated with your insurance provider to understand how/if liability coverage works in these cases?

5. If you reopen your buildings for worship services and people show up, will they like the experience and want to come back?

I think this is going to be a stretch…especially for people you are trying to reach. I'm imagining this scenario:

First you need to go make a reservation on our website. When you arrive on our campus, you'll need to be escorted to your seat. We'll need to get your contact information to track you down in case someone is here with the virus. You'll need to wear this mask. You have to sit six feet apart from everyone else in this big room which will be about 20 percent full. Your kids will need to sit with you through this entire service that is designed for adults because we can't open our kids environments at this point. When the service is over, please leave promptly and return to your cars while avoiding contact with other people.

It sounds delightful. Again, I have to ask, is this the wisest use of your resources (time, leadership, volunteers, money, energy, etc.) during this season? Or, would the Kingdom return on investment be better if you focused on your digital ministry strategy and the long-term shifts, you'll need to make to effectively carry out your mission and vision once this crisis is behind us.

I totally understand. There are places in this big world that have very few cases and a much lower risk. For you, feel free to ignore this article…for now.

But the reality is that Covid-19 is accelerating shifts that were happening across culture well before the virus showed up. That's going to impact businesses, education (especially universities and colleges), non-profits and churches. Nearly 15,000 churches had taken our Unstuck Church assessment prior to this crisis. And eighty percent (80%) of those churches self-identified as being plateaued or in decline before Covid-19.

Four out of five churches are not winning when it comes to fulfilling the Great Commission. Doesn't that make you mad? It makes me mad. Just reopening our church buildings for worship services without addressing the underlying issues that were causing the decline will not magically lead to churches becoming healthy in the future. That's why I was praying this might finally be a wakeup call for the church. Now I'm beginning to think otherwise. It feels like we're rushing back to return to normal as soon as we can. Only normal wasn't working.

What we initially got wrong about COVID-19

LISA M. KRIEGER TRIBUNE NEWS SERVICE HOUSTON CHRONICLE JUNE 12, 2020

A lot of our early assumptions about the novel coronavirus have flip-flopped.

This is normal. That's how science works — it's a process of being less and less wrong over time. COVID-19 is new, so there's lots of uncertainty. And the pandemic's size and scale caught us by surprise. As we learn more, our understanding of the virus continues to change.

Here's what we now know:

Masks are useful after all

Were you dubious about the U.S. Centers for Disease Control's early assertion that mask "leakage" meant that it wouldn't protect you from avirus? Join the crowd.

The CDC since has reversed its position. And an influential study in the Annals of Internal Medicine — which concluded that masks don't effectively stop virus-laden droplets — was retracted due to statistical problems.

Now we wear them everywhere — indeed, they're often required. While masks don't offer perfect protection, any kind of impediment is better than nothing. And if you're infected, a mask can help keep you from spreading the virus to others.

Don't just blame China

To be sure, the crisis first emerged in the central Chinese city of Wuhan. So that's where U.S. authorities focused their attention. In fact, the only way you could get a test was if you had recently traveled there, or had contact with someone known to be infected.

A new University of California at San Francisco genetic analysis reveals the viral lineages are diverse. While some early infections can be traced to China, others arrived from Europe.

It's less deadly than feared

Early on, death rates varied widely by geography — but they all were scary, ranging from 2 percent in South Korea, 4.3 percent in the U.S. and 13 percent in Italy. While we assumed the risk would drop as testing expanded and infected people recovered, we didn't have reliable numbers.

With more data emerging, the CDC has revised the estimate downward. The current U.S. death rate for those showing symptoms ranges from 0.2 percent to 1 percent, with a "best estimate" of 0.4 percent. That's still much higher than the seasonal flu's 0.1 percent death rate — but it's better than we feared. Still, until there's avaccine, we're all vulnerable. And the death rates for some people, such as elders and those with other illnesses, remain extraordinarily high.

It's spreading more slowly

Initial estimates suggested each person with the virus could infect two to four people — a rate that would quickly accelerate an outbreak, if nothing were done to reduce it. A subsequent study from Los Alamos National Laboratory placed it even higher: 5.7.

Experts now calculate that the nation's current transmission rate ranges from 0.90 to 0.95. That's great news: A value under 1 signals fewer new cases in an area, whereas a value of over 1 means more cases.

What's changed is our behavior, not the virus. Restrictions such as stay-at-home orders reduced infections. And if we let down our guard, it could pop back up again. Already, there are hints that reopening and relaxed behaviors are contributing to transmission rates over 1.1 in Utah and South Carolina.

Not just respiratory disease

Many early symptoms seemed to involve the lungs. Patients had pneumonia, coughed and couldn't breathe.

Now we know that the virus can attack other parts of the body. In April, the CDC added new symptoms, such as sore throat, muscle aches and fever. Gastrointestinal problems, such as diarrhea and nausea, also have been reported. Some people complain of loss of smell and taste and neurological symptoms, like dizziness. An infection even can cause mysterious and painful lesions on the toes, weeks after acute illness.

And, disturbingly, a growing body of evidence suggests patients are suffering from strokes as a result of blood clots.

Children not completely safe

While kids make up 22.5 percent of the population, they're only 5.7 percent of COVID-19 cases. And their illnesses are milder.

But the emergence of a rare complication shows youths aren't completely spared. The CDC reports a serious inflammatory reaction — called "multisystem inflammatory syndrome in children" (MIS-C) — causes rashes, a persistent fever, abdominal pain and diarrhea. There have even been cases of heart failure.

For these survivors, symptoms never went away

ARIANA EUNJUNG CHA AND LENNY BERNSTEIN WASHINGTON POST

HOUSTON CHRONICLE JUNE 12, 2020

It started for Melanie Montano with a tightness in her chest, almost like someone was sitting on top of her. It was March 15, and she was sweating but freezing cold. And she had a strange "pins-and-needles" sensation on the back of her legs.

"It was as if I woke up in a totally different body," she recalled.

Over the following weeks, Montano, 32, developed a fever, cough, stomach problems, and lost her sense of taste and smell like other sufferers of the novel coronavirus. Unlike most of them, though, her symptoms never went away. They kept coming and going in waves like a roller coaster that has kept her bed-bound for 78 days straight — through school shutdowns, shelter-in-place orders, protests over those restrictions and now, state reopenings.

Those infected with the corona-virus are urged to self-quarantine for 14 days, partly based on the idea that symptoms usually last about that long. While the majority of people with mild illness recover completely in that time, doctors say they're seeing a small percentage like Montano who remain sick for many weeks, or even months.

But with so little known about the virus, they're unsure whether those symptoms suggest it is still alive in the body and creating continued havoc, or whether it has come and gone, leaving a lingering immune or inflammatory response that makes people continue to feel sick.

"The bottom line is we just don't know," said Adam Lauring, an infectious diseases physician at the University of Michigan.

Juana Diaz, 62, from Washington, D.C., has had symptoms since April 3. They started with a headache and scratchy throat. She wasn't concerned, she said, although "I never have headaches." The following day, she lost her sense of taste and smell and immediately knew what was happening.

Cara Schiavo, a 31-year-old social worker from Cedar Grove, N.J., came down with something that looked like pinkeye on March 15, and then wound up in the emergency room when she developed a fever and other symptoms. Since then, "I haven't had a day when I've been back to normal."

Matthew Long-Middleton, 35, a radio journalist in Kansas City, Mo., was struck with fever, chills and typical flu-like symptoms on March 11, and has never fully recovered. "I sometimes try to work from bed, but sometimes just sitting up is too much," he said.

Post-viral syndromes have been associated with numerous viruses in the past, but until the pandemic, they were considered relatively rare. In the case of COVID-19, researchers are unsure whether people with extended symptoms are simply facing a long recovery —or whether their illness will come to resemble something like myalgic encephalomyelitis/chronic fatigue syndrome, a complex illness characterized by profound exhaustion and sleep problems, or other conditions that can last for years, or a lifetime.

"COVID is a totally different animal," said Bruce Farber, chief of infectious diseases at Northwell Health, New York State's largest health system. "You see that with very few respiratory diseases. Even with influenza for the most part, you live or die."

The virus also involves so many parts of the body — from the brains to the toes — that some symptoms may be due to damage to different organs that have not repaired themselves. Patients describe everything from a decrease in lung function to a persistent loss of taste and smell.

“It’s a pretty bad infection even in mild cases,” said Avindra Nath, clinical director of the National Institute of Neurological Disorders and Stroke at the National Institutes of Health.

Nath, who is launching a study on the long-term trajectories and persistent symptoms of some COVID-19 survivors, said he hopes to answer some of these questions in the coming months as research begins to yield results.

“It is hard to know if this kind of long-tail phenomenon is more pronounced or more common” with this virus, Lauring said. “Or we are just seeing things that come to our attention because there is a heightened awareness. Because everything is new with COVID.”

BBB

Before the coronavirus came into her life, Montano was a writing instructor from Teaneck, N.J., who commuted by subway, jogged for miles, went to bars and hung out with friends. But since she got sick, she’s been sleeping 14, 18, sometimes even 22 hours a day.

Her odyssey began the second week of March when she kept waking up gasping for air. She had a long video call with her primary care provider, who thought it unnecessary for her to come in. She asked about the coronavirus, but few people were infected then and she hadn’t traveled so her doctor thought it unnecessary to test her.

On March 24, her condition worsened to the point that she felt like she was choking. She went to Holy Name Medical Center, where they took a chest X-ray and tested her for the coronavirus (which, as she had guessed days before, was positive). Propped up in a wheelchair and attached to oxygen tanks, she waited for over five hours in an isolation room surrounded mostly by people on ventilators. She remembered nurses bringing in priests for last rites, and she could hear families breaking down outside. “That was really terrifying. I was the only young one there,” she said.

By around 4 a.m., convinced she would never get a bed because people sicker than her kept arriving, Montano asked if she could leave and staggered out the door.

The second phase of Montano’s illness was more of the same except her coughing got worse, although, strangely, she was breathing more easily. Her friends dropped groceries in front of her apartment door while she struggled just to shuffle to the bathroom or fold laundry.

When her condition had not improved by April, the self-isolation began to take its toll.

By mid-month, she said, she fell into despair as she started to recognize her symptoms were cyclical. She’d have a few days of feeling like she might be starting to get better until her fever spiked and she’d be very sick again.

This sickness has “rocked my world in a way that I never thought was possible,” she said in one video entry.

On Day 59, she ventured out in her car for the first time since her hospital visit and took another video. She went to the Rite Aid drive-thru to get tested for the coronavirus again on the advice of a physician. “Two to five days, I’ll know whether I test positive and still be clueless as to what that means,” she says into the camera.

In the third month of being sick, Montano's fever broke, and she got her sense of smell back — but the searing heat she had felt in her lungs at the beginning of her illness returned.

While Montano's illness has consisted of a similar set of cyclic symptoms, Schiavo's has been one of constant surprises.

On March 7, she developed what initially looked like pinkeye; on the 11th, a cough; on the 14th, diarrhea; on the 15th, fever; on the 16th, loss of taste and smell. On March 17, the chest pains started and she fainted — sending her to the hospital where she said doctors confirmed she had COVID-19 but felt she was stable enough to tough it out at home.

April brought more gastrointestinal issues, fatigue and muscle aches. In May, she developed a rash on her face and sores all over her mouth.

Schiavo has contacted her doctors multiple times, she said, and their explanation is always some version of: "Your body took a traumatic hit, and it's going to take a while to recover." She's been treated with five rounds of antibiotics, two steroids and was given an inhaler to help with her breathing.

Schiavo feels fortunate her employer, a hospital, has let her counsel patients from home when she is able to do her job as a social worker. But some of her friends and family members remain confused — and, she believes, possibly skeptical that she's still sick. Aformer high school athlete who was kickboxing or going to the gym every day before COVID-19, she said she has had barely enough energy to get out of bed for more than two months.

Over the past two weeks, Schiavo has been feeling somewhat better but still not normal. She recently completed another round of steroids for chest pain and achy joints. Any physical exertion still leaves her exhausted.

"I feel like I'm living in a nightmare," Schiavo said. "I have literally cried, saying, 'I just want to be back to myself.' "

Long-Middleton, a triathlete, describes the illness as "mercurial" with better days and hours. After a full month of being extremely sick in bed, he is better, but struggles with lingering symptoms, including profound weakness and what he called a "buzzing/tingling/vibration/tremor sensation" that can make it difficult to walk, much less return to cycling, swimming and running. "I'm better, but the hardest, most confusing thing about this is that I'm not well," he said this week.

Before she fell ill, said Diaz, the Washington, D.C., woman worked out five days a week and ran each weekend. She is scrupulous about eating a healthful diet. But since shortly before April 8, when test results showed she was positive for the coronavirus, she has suffered symptoms that include fatigue, sore throat, poor appetite and minor lung congestion, but has never had the disease's telltale cough or fever. She has never been hospitalized. Her sense of taste and smell has partially returned. She has been tested for strep and flu, treated for thrush and checked for less common ailments that might cause this cluster of symptoms, but all have come back negative. By process of elimination, her physician has concluded that Diaz has a lingering form of COVID-19.

On May 1, Diaz tested positive for the coronavirus again, though doctors have told her it's likely the test is just turning up dead remnants of the virus. Still, her sore throat remains, and the disease has caused tremendous anxiety. She has been on administrative leave from her job since April 3 and is angry and frustrated.

As of this week — a little over two months into her illness — Diaz was finally feeling like she was just starting to get better with just a bit of lingering sore throat pain, congestion and drastically reduced endurance.

"I'm the fixer. I take care of everything," she said. "I take care of my household. Something that happens to me that I cannot fix, I shut down. I feel like I have lost control.

Unpredictable nature of COVID-19 still baffles many researchers'

Main goal is coming up with a personal risk score

JOEL ACHENBACH, KARIN BRULLIARD AND ARIANA EUNJUNG CHA WASHINGTON POST

HOUSTON CHRONICLE JUNE 21, 2020

The novel coronavirus can be a killer — or no big deal. It can put a person in the intensive care unit on a ventilator, isolated from family, facing a lonely death — or it can come and go without leaving a mark, a ghost pathogen, more rumor than reality.

Six months into a pandemic that has killed more than 400,000 people globally, scientists are still trying to understand the wildly variable nature of COVID-19, the disease caused by the virus.

Among their lines of inquiry: Are distinct strains of the coronavirus more dangerous? Does a patient's blood type affect the severity of the illness? Do other genetic factors play a role? Are some people partially protected from COVID-19 because they've had recent exposure to other coronaviruses?

Much of the research remains provisional or ambiguous, and for now scientists can't do much better than say that COVID-19 is more likely to be worse for older people — often described as over 60 — and for those with chronic conditions such as hypertension, diabetes, lung disease and heart disease.

That describes tens of millions of people in the U.S. alone. It also isn't much of an explanation: The link between chronic disease and the severity of COVID-19 is more in the category of correlation than causation. The "why" of the matter remains unclear.

The issue of disease variability "is the most critical question about COVID," said Edward Behrens, chief of the rheumatology division at Children's Hospital of Philadelphia. "Why do some people get sick? Why do some people have no problem at all?" he said.

Social and demographic factors, including sex, race, ethnicity, income and access to quality health care, play major roles in how this pandemic affects people and who suffers the most. The ultimate goal of many researchers is to develop a personalized risk score — so that a person who has COVID-19, or remains vulnerable to catching the disease, would have some idea of how to navigate the pandemic.

One potential breakthrough was highlighted recently by Francis Collins, director of the National Institutes of Health, on his blog: Scientists developed an artificial intelligence tool that sorted the blood of COVID-19 patients and found 22 proteins that consistently appear among the patients who are severely ill.

At this point, such a blood marker only tells doctors what they can already see with their own eyes — a very sick patient. But if such a blood test and analysis could be rolled out early in the course of the disease, it could help doctors decide which patients are most vulnerable.

Blood type research is also intriguing. This month, European scientists posted online a study — not yet peer-reviewed — that found strong links between variations on two places in the genome and respiratory failure in COVID-19 patients in Italy and Spain. One, the ABO gene, determines blood type. The researchers found that patients who had Type A blood had a 50 percent higher risk of needing oxygen or a ventilator. Type O blood seemed to have a partial protective effect.

Why that gene matters remains unknown, according to co-author Andre Franke, a professor of molecular medicine at the University of Kiel in Germany. The genetic variant may cause the risk by being associated with inflammation.

Another possibility is that Type A blood is associated with small blood clots that characterize some severe COVID-19 cases. And "there may be other things cooking in that region" of the genome, Franke said.

Consumer genetics giants **Ancestry.com** and 23andMe are getting involved. 23andMe recently released preliminary findings showing that people with Type O blood are 9 to 18 percent less likely to test positive for COVID-19 than people with other blood types. The company is still exploring links between blood type and disease severity.

More than 750,000 of the company's customers have completed a web-based survey about their experiences with COVID-19, and 2,000 of them said they'd been hospitalized because of the disease. The company is now recruiting 10,000 noncustomers who have been hospitalized with COVID-19.

Jean-Laurent Casanova, head of the St. Giles Laboratory of Human Genetics of Infectious Diseases at Rockefeller University, is co-leading an international team searching the genomes of "outliers" — patients younger than 50 who had no known pre-existing conditions but were hospitalized with life-threatening cases of COVID-19. They're looking for unusual gene variants that these patients have in common.

Casanova and his colleagues have previously found genetic mutations that increase a person's susceptibility to infectious diseases, such as severe pneumonia caused by influenza.

"There are many, many infectious diseases for which genetic variations have been shown to be causal," Casanova said. "So when COVID occurred, if I may say, it's business as usual."

Numerous papers have explored whether different strains of the virus are more transmissible or lethal. One strain has become dominant in much of Europe and the U.S. That strain has a genetic mutation affecting what is called the spike protein — the structure that lets the virus bind to receptor cells in humans.

So far, there is no consensus that this or other mutations are significant from a clinical standpoint. Collins of the National Institutes of Health says of the different strains, "I think they're all acting the same."

Another possibility frequently discussed by researchers is that the mode of transmission is key to understanding the severity of the disease. Many scientists argue that, contrary to what the World Health Organization and the Centers for Disease Control and Prevention have repeatedly stated, the virus sometimes spreads through tiny aerosol particles, not simply through large respiratory droplets.

That leads some scientists to think the aerosol transmission could enable the virus to penetrate deep into the lungs and trigger a more severe infection.

The body has an "innate immune system" that includes physical obstacles for any invading viruses. But tiny particles can go with the air flow and potentially reach the deepest regions of the lungs, said Raymond Tellier, a microbiologist at McGill University Health Center. For Tellier, that's a sign that this virus must be spreading in part through aerosols.

The amount of virus initially transmitted from one person to another could play a role in determining the course of illness: more virus, sicker patients. Albert Ko, an infectious disease epidemiologist at the Yale School of Public Health, said, "If I spew out a lot of virus at you and you're 1 foot away, you're going to get a higher inoculum than if you're 6feet away."

Even with all the focus on the virus, and its potential mutations and dosages, the most critical factor is the person getting infected — the "host." Not everyone hosts the virus the same way. The human immune system is "a complicated tangle of pathways and partners," as Collins puts it.

It's conceivable, Collins said, that some people have immune systems that are better primed for this new invader because of previous exposure to genetically related coronaviruses.

The immune system not only can be protective, it can also go haywire and make an illness catastrophically worse. If the immune system is an army that attacks infections, molecules called cytokines are the messengers that tell the troops what to do to beat back the invader. Too few cytokines, and the defense will be too weak, allowing the infection to progress. Too many, and the commands become a cacophony that causes an erratic and overreactive immune response — acytokine storm.

"The army goes crazy and just sort of does more damage than they would intend to do," said Behrens of Children's Hospital of Philadelphia.

Some children infected with the coronavirus have a severe, sometimes fatal Kawasaki-like syndrome. It affects multiple organs — "the gut, the heart, the skin, the eyes," Behrens said — and research by his team suggests it is a cytokine storm.

Quickly identifying a storm of cytokines, which can be detected in blood tests, is key, he said. In March, CHOP developed a rapid diagnostic test, which delivers patients' results in a day. But there's much more to learn.

In the U.K., health officials have released two measures of risk. One developed by the National Health Service looks at age, gender and medical factors such as whether you have pre-existing conditions such as high blood pressure or diabetes.

Those at low risk are asked to social distance as the economy reopens. Those at higher risk are asked to "shield," which means staying inside as much as possible and avoiding contact with others.

Jennifer Lighter, a hospital epidemiologist at NYU Langone, found that obesity was the No. 1 risk factor in her hospital system among those younger than 60. Patients with a body mass index between 30 and 34 — obese under CDC definitions — were two times as likely to be admitted to the ICU than patients with a BMI under 30. Those with a BMI of 35 and over were three times more likely to die than those with a healthy BMI.

"As we are opening up the nation, one idea is to consider opening up by risk groups," Lighter said. In the broadest sense, the risk of a bad outcome is clear. It's better to be young and healthy if the coronavirus pays a visit.

Among the 238 sailors aboard the aircraft carrier USS Theodore Roosevelt who tested positive for the virus after an outbreak on the ship, only two required hospitalization, according to a new study from the CDC. One out of 5 reported no symptoms at all.

Older people suffer from immunosenescence. Their immune systems become "dysregulated." Casanova describes this as "the inevitable descending slope of life from about the age of 18 or 19." The median age of people who died in virus-ravaged northern Italy was 81.

"The difference between catching COVID and dying is so stark the older you get, it's important to recognize that," said Carl Heneghan, director of the Center for Evidence-Based Medicine at Oxford University. In the U.K., there's been "virtually no excess death" for people under age 45 since the pandemic began, he said.

Another wrinkle: People who have little history of viral infections tend to have more severe reactions when they get infected later in life.

"You have to try and stay healthy, get fit," Heneghan said. "If you've got diabetes, you've got to lose weight and moderate that. If you do all those things, your risk of dying is small, or very small."

Abbott warns surge 'unacceptable'.

He urges Texans to wear masks but won't impose more restrictions as infections spike

JEREMY BLACKMAN AUSTIN BUREAU HOUSTON CHRONICLE JUNE 23, 2020

Gov. Greg Abbott pleaded with Texans on Monday to better protect themselves against the coronavirus, acknowledging that the virus is now "spreading at an unacceptable rate" as hospitals fill and health experts warn Houston could be the next epicenter of the national pandemic.

Less than a week after he downplayed rising caseloads, citing abundant medical resources and anomalies in the data, the Republican governor struck a more urgent and exasperated tone, saying many of those not yet infected seem unwilling to wear masks or take other steps that are proven to slow the spread of the virus.

Abbott declined, however, to step up statewide restrictions, pointing instead to local leaders for guidance. He threatened to take "additional measures" only if infections continue to rise. In the past, Abbott has said he would consider delaying elective surgeries once again if hospitals run low on space.

"COVID-19 is now spreading at an unacceptable rate in the state of Texas, and it must be corralled," he said, adding, "If you are at risk or sick, you should stay at home. You should wear a face mask when you go out."

The remarks come as the rate of those testing positive for the virus has soared to its highest level since April, and the number of people hospitalized with the virus has more than doubled in recent weeks, following the Memorial Day weekend, recent policing demonstrations and the ongoing reopening of businesses, restaurants and amusement parks.

On Monday, the Department of State Health Services reported more than 3,700 COVID-19 patients in Texas hospitals, the 11th straight day of record highs. While there are still thousands of beds available, admissions for both general and intensive care beds have increased, as have emergency room visits for people with coronavirus-like symptoms.

Abbott said last week that cases appeared to be rising in some counties because of reporting errors and testing at nursing homes, jails and prisons, where cases are easier to contain.

Some local health officials have offered contrasting accounts, saying infections in their counties are spreading steadily, with no clear source. Cases among young adults have been rising in several regions.

"This is not because of wide testing campaigns, this is because of community spread of this virus," Dr. Seth Sullivan of the Brazos County Health Department said at a press conference last week. "As businesses continue to open, there's been this increase in the cases."

Over the weekend, Bexar County recorded its highest single-day increase in new cases, and Dr. Peter Hotez, an infectious disease expert at Baylor College of Medicine, said Houston was on a path to "become the worst affected city in the U.S."

In a reversal last week, Abbott allowed county judges to require that masks be worn inside local businesses.

Several urban counties have since done so, but officials in others have refused, saying it's a matter of individual responsibility.

The governor had previously stripped county officials of the authority to impose penalties on those who do not wear face coverings in public.

Dr. Scott Gottlieb, a national health expert and the former commissioner of the Food and Drug Administration under President Donald Trump, said Sunday that it was past time for Texas and Florida, which is undergoing a similar surge, to issue mask ordinances.

“I think it’s a mistake that they’re not doing it now,” he told CBS’s Face the Nation. “They’re losing precious time.”

Meanwhile, health experts on the ground say a sense of fatigue is setting in as the pandemic enters its fourth month in Texas.

“At the beginning, people were home and this was novel,” said Darlene Bhavnani, an infectious disease expert at Dell Medical School at the University of Texas at Austin who is helping lead case investigations in central Texas. “Now more and more we’re just seeing people are tired of this.”

Dr. Luis Ostrosky, an infectious disease specialist at McGovern Medical School at UTHealth, said cases in the Houston region have grown so much in the past week that the charts had to be redrawn to accommodate all the growth. The region is now averaging just below 1,000 new cases per week.

“We are in a much worse situation now than we were in March,” he said.

The Texas Democratic Party stepped up its criticism of the governor Monday, accusing him of sacrificing infected Texans in the name of economic recovery.

“As other states continue to see their cases dwindle, Texas is skyrocketing because of Gov. Abbott’s weak leadership and botched reopening of the state,” Executive Director Manny Garcia, said in a statement. “By his own metrics, Gov. Abbott should not have pressed forth with the reopening of Texas. He refused to follow the metrics listed out by the CDC, White House or his own guidelines, and Texans are dying as a result.”

“As businesses continue to open, there’s been this increase in the cases.”
Dr. Seth Sullivan, Brazos County Health Department

Cases skyrocketing among young adults

CARLA K. JOHNSON AND TAMARA LUSH ASSOCIATED PRESS HOUSTON CHRONICLE JUNE 25, 2020

ST. PETERSBURG, Fla. — Coronavirus cases are climbing rapidly among young adults in several states where bars, stores and restaurants have reopened — a disturbing generational shift that not only puts them in greater peril than many realize but poses an even bigger danger to older people who cross their paths.

In Oxford, Miss., summer fraternity parties sparked outbreaks. In Oklahoma City, church activities, fitness classes, weddings and funerals seeded infections among people in their 20s, 30s and 40s.

In Iowa college towns, surges followed the reopening of bars. A cluster of hangouts near Louisiana State University led to at least 100 customers and employees testing positive. In East Lansing, Mich., an outbreak tied to a brew pub spread to 25 people ages 18 to 23.

There and in states such as Texas, Florida and Arizona, young people have started going out again, many without masks, in what health experts see as irresponsible behavior.

“The virus hasn’t changed. We have changed our behaviors,“ said Ali Mokdad, professor of health metrics sciences at the University of Washington in Seattle. “Younger people are more likely to be out and taking a risk.”

In Florida, young people ages 15 to 34 now make up 31 percent of all cases, up from 25 percent in early June. Last week, more than 8,000 new cases were reported in that age group, compared with about 2,000 among people 55 to 64 years old.

Experts say the phenomenon cannot be explained away as simply the result of more testing.

Elected officials such as Florida’s governor have argued against reimposing restrictions, saying many of the newly infected are young and otherwise healthy. But younger people, too, face the possibility of severe infection and death. In the past week, two 17-year-olds in Florida died of the virus.

And authorities worry that older, more vulnerable people are next.

“People between the ages 18 and 50 don’t live in some sort of a bubble,” Oklahoma City Mayor David Holt said. “They are the children and grandchildren of vulnerable people. They may be standing next to you at a wedding. They might be serving you a meal in a restaurant.”

The virus has taken a frightful toll on the elderly in the U.S., which leads the world in confirmed deaths, at over 120,000, and confirmed infections, at more than 2.3 million.

Eight out of 10 deaths in the U.S. have been in people 65 and older. In contrast, confirmed coronavirus deaths among 18- to 34-year-olds number in the hundreds, though disease trackers are clamoring for more accurate data.

For months, elderly people were more likely to be diagnosed with the virus, too. But figures from the Centers for Disease Control and Prevention show that almost as soon as states began reopening, the picture flipped, with people 18 to 49 years old quickly becoming the age bracket most likely to be diagnosed with new cases.

And although every age group saw an increase in cases during the first week in June, the numbers shot up fastest among 18- to 49-year-olds. For the week ending June 7, there were 43 new cases per 100,000 people in that age bracket, compared with 28 cases per 100,000 people over 65.

With the shift toward younger people, some hospitals are seeing a smaller share of their COVID-19 patients needing intensive care treatment such as breathing machines.

“They are sick enough to be hospitalized, but they’re not quite as sick,” said Dr. Rob Phillips, chief physician executive of Houston Methodist Hospital. He said he still finds the trend disturbing because young people “definitely interact with their parents and grandparents,” who could be next.

In one Florida hospital system, nearly half the COVID-19 patients were on ventilators during April compared with less than 3 percent now, said Dr. Sunil Desai, president of the Orlando Health hospital system.

Some of the young people who have fallen ill describe stretches of extreme pain and fatigue.

“My chest and my body hurt. Almost like I’d gotten in a car accident,” said Emily Ellington, 25, of suburban Austin, who tested positive about six weeks after the state began reopening.

In Florida, where many restaurants and bars reopened in early May, 32-year-old Kristen Kowall of Clearwater dined out with her fiancé in early June. Like others in the restaurant, she didn’t wear a mask. She tested positive over the weekend.

“I just feel really groggy and tired. It hurts to walk. Especially my ankles and knees, it feels like my bones are going to fall apart,” she said. “I definitely would advise people from going out. It’s not worth it.”

The increase among young adults may not all be because of the reopenings and could reflect wider testing that has reached younger, less sick people. Yet since May, younger adults have had a higher share of tests come back positive than their older counterparts.

In late March and April, that wasn’t the case — the highest positive rates were in people over 65. For the past month, 7 percent of tests done on 18- to 49-year-olds nationwide have come back positive. That’s 2 percentage points above older groups of adults.

Amid the surge, some Florida cities and counties are requiring people to wear masks before entering businesses.

An Orlando bar popular with University of Central Florida students had its liquor license suspended after more than 40 people who went there upon its reopening tested positive. Florida Gov. Ron DeSantis warned other bars they could lose their licenses if they don’t follow social distancing guidelines.

“If you go in, and it’s Dance Party USA, dancing up to the rafters … there’s no tolerance for that,” he said.

Houston employers rethinking return risk

Local business group urges working from home if possible

ERIN DOUGLAS STAFF WRITER HOUSTON CHRONICLE JUNE 25, 2020

Houston employers are reversing course as COVID-19 cases spike in the region, wary of infecting employees or customers as Texas officials push ahead to reopen the economy.

Local restaurants, tech companies and energy corporations are not waiting for government to act. They are scaling back plans to reopen, sending or keeping workers at home, and, in some cases, shutting down again. Meanwhile, Houston's biggest and most influential business group called on employers to send workers home if they can work remotely.

The Greater Houston Partnership, which has 1,110 members employing about one-fifth of the region's workforce, said local COVID-19 cases are reaching a critical point and employers need to help curb what the group's CEO called an "alarming trajectory."

"We encourage employers to strongly consider returning to a work-from-home model," Bob Harvey said in a statement. "To keep our Houston economy moving forward, we must all do our part."

Texas reported nearly 6,000 new cases Wednesday, the highest increase in a single day. Cases are spiking particularly in the Houston region, where 497 people have died from COVID-19. Local authorities reported 1,831 new cases on Wednesday, bringing the regional total to more than 35,000, according to a Houston Chronicle analysis of local health data.

Businesses backtrack

Business owners are becoming wary of staying open as the virus flares in Houston.

Kolache Factory, a popular Texas pastry restaurant chain, said Wednesday that it closed dining rooms at 26 corporate locations in Texas, Kansas and Indiana less than two weeks after reopening them. The restaurant returned to carryout, curbside or drive-thru services only.

Dawn Nielsen, the chief operating officer, said employees recently began to test positive for COVID-19 for the first time since the coronavirus was discovered in the region.

"It's really hitting home," Nielsen said. "You really start to get nervous about if you're putting your employees at risk. Yesterday, when we had another person test positive, I was like, 'That's it. I'm done. I'm going to pull back.' "

Other Houston restaurants have made similar calls to rethink reopenings. At Tacos a Go Go, a popular Houston taco chain, the date to reopen its location in the downtown tunnels of One Shell Plaza, which caters to the corporate lunch crowd, has now been pushed back twice.

Co-owner Sharon Haynes had hoped to reopen that location after the Fourth of July. But, she said, "with the way the (coronavirus) numbers are going, I can't imagine offices will be eager to return."

Haynes said the possibility of reclosing indoor dining rooms at the chain's three open locations is "up for discussion" every day. She also praised Harris County for recently ordering businesses to require people entering to wear masks.

"We're not happy that our employees are responsible for enforcing it, but it keeps people safe," Haynes said. "It's good that it doesn't come from us, so we don't have to play political football."

Other businesses have also reversed course. Apple is temporarily closing all its Houston-area retail stores, citing the surging number of COVID-19 cases in the region.

The company had reopened its Texas stores in late May after closing them for several months at the start of the coronavirus pandemic. Apple said at the time that if conditions deteriorated some stores could be shuttered again.

Return to work delayed

With Houston increasingly looking like anew epicenter of coronavirus cases, local officials have encouraged residents to practice social distancing. On Tuesday, Gov. Greg Abbott asked Texans to voluntarily stay home if possible.

Corporations, noting the surge in cases, have delayed return-to-work dates.

Houston-based Calpine, the nation's biggest natural gas generator of electricity, planned to have employees return to the office in early July. Given the recent rise in positive cases, Calpine has postponed the return, said company spokesperson Brett Kerr.

Houston oil field services giant Halliburton, too, is pushing back its return-to-work plans. A spokesperson said that due to the upward trend in COVID-19 cases and hospitalizations, the company will add two weeks to its phase one back-to-work plan, which limits office occupancy to no more than 30 percent of the company's workforce.

Still staying home

Some businesses have hesitated to participate in the reopening at all, even though local shutdown orders were lifted in May.

NRG Energy, one of the biggest power sellers in Texas, has kept 95 percent of its employees working from home. NRG does not anticipate beginning its phased return to the office until September, a spokesperson said.

Similarly, Community Health Choice, a local nonprofit insurer in Texas, also has kept 95 percent of its employees home. There are no plans to bring them back to the office.

"We are doubling down on proactive phone, text, email and online communications," spokesperson Robin Paoli said in a statement.

At the San Jose Clinic in Midtown, plans to reopen the pharmacy for in-person visits are postponed until the pandemic subsides — and it might be a while.

"We are still battling with the looming presence of this virus," said Kimberlyn Clarkson, chief advancement officer for the San Jose Clinic.

Rebecca Schuetz, Sergio Chapa and L.M. Sixel, Gwendolyn Wu and

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Record-high cases jeopardize reopening Texas

Nearly 6,000, among several states reporting spikes in new coronavirus infections

JULIAN GILL STAFF WRITER HOUSTON CHRONICLE JUNE 25, 2020

Texas reported nearly 6,000 new COVID-19 cases Wednesday, the state's highest single-day increase, amid a nationwide coronavirus resurgence that has wiped out two months of progress and triggered dire warnings from health experts of an impending disaster.

Gov. Greg Abbott cautioned that the number of new cases statewide, along with a dramatic rise in COVID-19 hospitalizations, could jeopardize the reopening of Texas. The state on May 1 began lifting shutdown restrictions. But in the last two weeks, hospitalizations have more than doubled and new cases have tripled.

"The numbers have completely spiked," Abbott said in an interview on NBCDFW in Dallas.

New infections across the United States surged to 36,126 on Wednesday, the highest level since late April, when the number peaked at 36,400, according to the count kept by Johns Hopkins University. It's the second-highest total since the outbreak began.

In Texas, a Houston Chronicle analysis found an increase of 5,998 cases, which surpassed the previous day's record increase by more than 800 cases. Despite a steady decline in new infections in early hot spots such as New York and New Jersey, Texas was among several states Wednesday that set single-day records, including Arizona, California, Mississippi, Nevada and Oklahoma.

The state also reported 4,389 hospitalized COVID-19 patients — more than double what it had in hospitals on June 12. Since Memorial Day, hospitalizations in Texas have increased 190 percent.

"If we are unable to slow the spread over the next few weeks, then we will have to reevaluate to the extent to which businesses are open," Abbott said. "Because if it's not contained in the next couple of weeks it will be completely out of control and Texas will have to ratchet back."

Cases are similarly increasing in the Houston area. As of Wednesday, Harris County was reporting an average of 1,090 new cases per day over the last week, compared to 372 cases per day over the previous week. The 25-county region surrounding Houston set a new COVID-19 hospitalization record Wednesday with 2,251 patients —a figure that has nearly tripled since Memorial Day.

The trend of rising COVID-19 hospitalizations in the Houston area has pushed the Texas Medical Center to the brink of exceeding its intensive care capacity. The system reported its intensive care units were 98 percent full Wednesday.

Also on Wednesday, Harris County Judge Lina Hidalgo and Houston Mayor Sylvester Turner pleaded with the public to wear masks and practice social distancing.

"We're now in the midst of an unprecedented and dangerous situation," Hidalgo said. "The COVID-19 curve will not flatten on its own and we cannot afford to wait when it comes to saving lives. We're exploring all options available to us and will be announcing new steps soon."

The virus has been blamed for over 120,000 U.S. deaths — the highest confirmed toll in the world — and more than 2.3 million confirmed infections nationwide. On Wednesday, a widely cited University of Washington computer model projected nearly 180,000 deaths by Oct. 1.

“People got complacent,” said Dr. Marc Boom, CEO of the Houston Methodist hospital system. “And it’s coming back and biting us, quite frankly.” He also told the Associated Press that Texans need to “behave perfectly and work together perfectly” to slow the infection rate.

“When I look at a restaurant or a business where people … are not following the guidelines, where people are just throwing caution to the wind, it makes me angry,” Boom said.

Abbott initially barred local officials from fining or penalizing anyone for not wearing a mask as Texas reopened. After cases began spiking, Abbott said last week that cities and counties could allow businesses to require masks. Hidalgo and other leaders in urbanized counties have since implemented those rules. Some business owners are frustrated that officials didn’t do more, and sooner, to require masks.

“I can’t risk my staff, my clientele, myself, my family and everybody else in that chain just because other people are too inconvenienced to wear a piece of cloth on their face,” said Michael Neff, an owner of the Cottonmouth Club in Houston.

He closed the club this week so staffers could get tested after one had contact with an infected person.

Bob Harvey, the president and CEO of the Greater Houston Partnership, issued a statement Wednesday encouraging employers to send workers back home. “To keep our Houston economy moving forward, we must all do our part,” he said.

Dr. Peter Hotez, an infectious-disease expert at Baylor College of Medicine, said he worries that states will squander what time they have to head off a much larger crisis.

“We’re still talking about subtlety, still arguing whether or not we should wear masks, and still not understanding that a vaccine is not going to rescue us,” he said.

Elsewhere, California reported over 7,100 new cases Wednesday. Florida’s single-day count surged to 5,500, a 25 percent jump from the record set last week.

Only one intensive-care bed was available Wednesday in Montgomery, Ala., and just 17 percent of ICU beds were open statewide, though hospitals can add more, said Dr. Don Williamson, head of the Alabama Hospital Association.

“There is nothing that I’m seeing that makes me think we are getting ahead of this,“ he said.

In Arizona, emergency rooms are seeing about 1,200 suspected COVID-19 patients aday, compared with around 500 a month ago. If the trends continue, hospitals probably will exceed capacity within the next several weeks, said Dr. Joseph Gerald, a University of Arizona public health policy professor.

“We are in deep trouble,” Gerald said.

Jeremy Wallace, Zach Despart,

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Abbott scales back reopening as cases surge

RECORD HOSPITALIZATIONS: Governor orders bars to close, reduces capacity of restaurants

Jeremy Wallace AUSTIN BUREAU HOUSTON CHRONICLE JUNE 27, 2020

AUSTIN — For the first time, Texas topped more than 5,000 hospitalizations for COVID-19 on Friday as Gov. Greg Abbott shut down all bars in the state and ordered restaurants to reduce occupancy starting Monday.

The 5,102 lab-confirmed hospitalizations means that more than twice as many Texans are in the hospital for the virus as 10 days ago. The number has tripled since Memorial Day.

Abbott ordered restaurants to return to 50 percent of their maximum occupancy — the standard the state had in place until June 12, when he allowed them to move to 75 percent.

In addition, he is giving local governments new authority to regulate gatherings of over 100 people, which allow them to order groups to get a permit before having an event. And finally, he is shutting down river rafting activities that have been linked to a surge in cases in Hays and Comal counties. In just over a week, cases in those two counties have doubled.

“As I said from the start, if the positivity rate rose above 10 percent, the state of Texas would take further action to mitigate the spread of COVID-19,” Abbott said, referring to the rate at which those tested are found to be infected with the disease. “At this time, it is clear that the rise in cases is largely driven by certain types of activities, including Texans congregating in bars.”

Abbott again emphasized that people need to go back to wearing face coverings in public, though he has declined to mandate their use statewide.

“Every Texan has a responsibility to themselves and their loved ones to wear a mask, wash their hands, stay 6 feet apart from others in public, and stay home if they can,” Abbott said.

Abbott’s orders come as the June outbreak in Texas appears to be accelerating. Since June 1, the number of COVID-19 cases in Texas has more than doubled and the sharp rise in hospitalizations has created new strains on the state’s health system.

Texas had been one of the most aggressive states in reopening the economy. Abbott allowed all restaurants, retail stores, malls and movie theaters to begin reopening in early May. Bars were given the authority to reopen to 25 percent of maximum occupancy May 22.

Just last week, Abbott allowed amusement parks and carnivals to open statewide.

Abbott defended his reopening program on KPRC 2News on Friday, saying that a month ago, the state’s number of hospitalizations and its positivity rate for COVID-19 testing were nowhere near as bad as they are now.

“What I said from the very beginning, as we opened up, is that if the numbers worsened — which they did more than a month after we opened up — then Texas would take action, and that is exactly why I took the action Idid today,” Abbott said.

Pressed on whether he would give Harris County Judge Lina Hidalgo authority to reimpose stay-at-home orders countywide, Abbott insisted that such orders are not the right strategy. “Now is not the time for stay-at-home policies across the entire board,” he said. Abbott also said he trusts churches to maintain proper social distancing and is not changing orders that allow them to continue to hold services.

A short time later, Abbott acknowledged that he may have reopened bars too soon. During another TV interview in El Paso on KVIA, Abbott said a bar setting “just doesn’t work with a pandemic. People go to bars to get close and to drink and to socialize.” “So sure, in hindsight it may have been better to have slowed the opening of the bar setting,” Abbott said.

The Texas Restaurant Association is supporting Abbott’s latest moves. “We’ve watched the numbers climb with great concern, and we appreciate that Governor Abbott made a difficult decision today based on that data, which is not partisan,” said Emily Williams Knight, president and CEO of the association.

Knight said while they are disappointed to take a step back, many restaurants were struggling to get past 50 percent occupancy anyhow. Because of social distancing requirements, getting to 75 percent was difficult for many places. “It just really comes down to a square footage game,” she said.

Abbott has telegraphed all week that the state’s reopening measures were in jeopardy because of the increased strain on medical facilities from the rising COVID-19 cases. Last weekend, the state ramped up enforcement of social distancing guidelines at bars, suspending a dozen liquor licenses.

“If we are unable to slow the spread over the next few weeks, then we will have to reevaluate to the extent to which businesses are open,” Abbott said Wednesday. “Because if it’s not contained in the next couple of weeks, it will be completely out of control and Texas will have to ratchet back.” Abbott said Thursday in a television interview in Austin that re-closing business is an absolute last resort. “Our goal is to make sure we put public health and safety first,” Abbott said in an interview with KEYE CBS in Austin.

Texas reopening timeline

May 1: Gov. Greg Abbott allowed retail stores, restaurants, movie theaters and malls to open to 25 percent capacity.

May 8: Barber shops, salons and tanning beds allowed to reopen.

May 18: Gyms allowed to reopen.

May 22: Bars allowed to reopen to 25 percent capacity and restaurants allowed to expand to 50 percent capacity. Bowling alleys, bingo halls, skating rinks, rodeo/ equestrian events, aquariums, natural caverns also allowed to reopen.

June 3: All businesses operating at 25 percent capacity expand occupancy to 50 percent with certain exceptions. Bars and similar establishments allowed to increase capacity to 50 percent as long as patrons are seated. Amusement parks and carnivals in counties with less than 1,000 confirmed positive cases allowed to open at 50 percent capacity.

June 12: Restaurants allowed to reopen to 75 percent

June 19: Amusement parks and carnivals in counties with more than 1,000 confirmed positive cases of COVID-19 allowed to open at 50 percent capacity.

June 26: Texas closes bars. Restaurants moved back to 50 percent capacity.

Earlier in the week, Dr. Anthony Fauci, the nation’s top doctor on the virus, warned that the next two weeks will be critical to efforts to contain the virus in Texas, Florida and Arizona. ***jeremy.wallace@chron.com***

County moves to threat Level 1

DIRE TERMS: Hidalgo calls on residents to stay home again

Zach Despart and Dylan McGuinness STAFF WRITERS HOUSTON CHRONICLE JUNE 27, 2020

Harris County Judge Lina Hidalgo on Friday moved the county to the worst threat level, calling for a return to the stay-at-home conditions of March and April, as COVID-19 hospitalizations continue to spike.

She also banned outdoor gatherings of more than 100 people in unincorporated Harris County, while urging mayors to do the same in their cities.

Hidalgo described in dire terms the danger the pandemic currently poses and said the county is at greater risk than at any other time since the outbreak began here in March.

“Today we find ourselves careening toward a catastrophic and unsustainable situation,” Hidalgo said. “Our current hospitalization rate is on pace to overwhelm the hospitals in the near future.”

Her remarks were a rebuke of Gov. Greg Abbott’s phased reopening strategy, which she said allowed Texans to resume normal life before they were safe. They also contradicted the rosy picture Texas Medical Center executives painted a day earlier of the system’s ICU capacity.

Hidalgo unsuccessfully lobbied the governor this week for the power to issue more restrictions, her office confirmed. Abbott’s refusal to let local officials again issue mandatory stay-at-home orders leaves Harris County “with one hand tied behind our back,” she said.

A spokesman for Abbott did not respond to a request for comment.

Since May, Abbott has taken control of the state’s reopening. Hidalgo praised the governor for reversing course by ordering all bars in Texas to again close, effective at noon Friday, in his latest effort to contain the spread of coronavirus. The governor also said restaurants will have to return to 50 percent capacity; they had been allowed to operate at 75 percent since June 12.

In addition, Abbott permitted local officials to limit outdoor gatherings of more than 100 people, clearing the way for Hidalgo to do so.

Though she lacks the power to require compliance, Hidalgo implored all county residents to follow the same rules as her stay-at-home order in March and April. That means residents should stay home except for essential errands and appointments, work from home if possible, wear a mask in public and otherwise avoid contact with other people.

Only a collective change in behavior can reverse the accelerating trend of COVID here, Hidalgo said. The alternative, she warned, is grim.

“If we don’t act now, we’ll be in a crisis,” she said. “If we don’t stay home now, we’ll have to stay home when there are images of hospital beds in hallways.”

Hidalgo and Dr. Umair Shah, the county's health director, offered no concrete timeline for how long restrictions would be needed. The county judge noted that in some other states, lock-downs of up to three months were needed to bring the virus under control.

Dr. Peter Hotez, an immunologist at the Baylor College of Medicine who has warned Houston could become the next national epicenter for coronavirus, said Hidalgo's announcement was a necessary step.

A tripling of cases and hospitalizations since Memorial Day has placed intense pressure on state and local leaders to act. With Abbott's blessing, Hidalgo and other local leaders have issued mask orders since last week, mandating businesses to require their customers wear facial coverings.

The governor effectively gutted Hidalgo's original order requiring residents to wear masks at the end of April by preventing any punishments from being levied against violators. Enforcement never was the point, Hidalgo said Friday, but she blamed the governor for signaling to residents that mask-wearing was unimportant.

Public officials face an enormous challenge in convincing residents to again follow safety guidelines especially after reopening public life, former county judge Robert Eckels said. He said residents are more likely to listen since Hidalgo and Abbott are both telling residents to stay home and wear masks.

"To the extent that there's consistency in the message, and it is a courtesy to other people, you'll see folks wearing masks," Eckels said. "If people believe it's about protecting themselves, and they don't care, then they won't behave."

At a news conference later in the day, Turner and other city officials painted a similarly grim picture about the numbers heading quickly in the wrong direction. The mayor said the eyes of the nation are watching how it responds.

"We have become the focal point of people all over this country about … this virus and how it's spreading," Turner said. "This is our opportunity as acity to pull together like never before. And so we are asking all Houstonians to do your part, collectively, to wear this mask so that we can slow the progression of this virus."

The mayor, however, noticeably did not echo Hidalgo's message encouraging residents to stay home, as they were ordered to do in late March and April. Instead, he emphasized the importance of wearing masks, social distancing and hand-washing, while commending the governor's order to shut down bars and tighten occupancy limits on restaurants.

Asked about Hidalgo's urging people to stay home, Turner said, "Well, No. 1, we don't have the authority to put forth a stay-home order."

The county judge on June 11 unveiled a four-stage threat level system to help residents more easily understand the severity of the pandemic here. Hidalgo initially placed the county at Level 2, the second most serious, which is defined by an ongoing transmission of the virus. She warned then that an increase in new cases could place the county at "the precipice of disaster."

Since last week, the county has met four of the five criteria to move to Level 1, described as a worsening outbreak causing a surge in demand at health care facilities. These benchmarks include seven-day increasing trends in new cases and hospitalizations.

The Texas Medical Center on Thursday reported 100 percent of its base ICU capacity was full for the first time during the pandemic, driven by a jump in COVID patients. The hospital may exhaust surge beds — temporary space for use in emergencies — by July 6, according to modeling by the hospital system.

Harris County has a temporary field hospital outside NRG Stadium that can be activated in several days, a spokesman for Hidalgo said. The county in April erected a $17 million facility but closed the site when it went unused.

The Houston region has set COVID hospitalization records 12 of the past 14 days, with a total of 2,416 patients Thursday. There have been 514 deaths in the region from the virus and more than 37,000 residents infected, according to a Houston Chronicle analysis. ***zach.despart@chron.com*** ***dylan.mcguinness@chron.com***

Doctors: Don't celebrate July 4 like Memorial Day

Andrea Leinfelder STAFF WRITER HOUSTON CHRONICLE JUNE 27, 2020

Doctors are urging Texans to not abandon their masks and social distancing behaviors for hot dogs and pool parties this Fourth of July, pointing to the role Memorial Day likely played in the current surge of COVID-19.

"Because there's a higher level of spread in the community right now, gatherings now are even riskier for Fourth of July than they were at Memorial Day," said Dr. Wesley Long, who has been researching COVID-19 as the director of the Diagnostic Microbiology Laboratory at Houston Methodist. "So people need to be even more vigilant."

In early May, Gov. Greg Abbott began reopening the state. There was a general feeling that Houston and Texas had avoided a massive, debilitating outbreak like New York City. And slowly, people started ditching face masks (or wearing them around their chin), leaving home more frequently and meeting up with friends.

Many Texans didn't know a single person infected with the disease, and they had COVID-19 fatigue by Memorial Day, May 25, the unofficial start of summer. That was followed by a continued relaxing of attitudes and government-imposed restrictions, as well as mass gatherings to protest the death of George Floyd.

Now, Texas has reported new records for confirmed cases of COVID-19 in a single day. The Houston area has also seen its numbers rise.

"We're absolutely on pace to be a hot spot," said Dr. Le-Chauncy Woodard, a professor at the University of Houston College of Medicine. "We are really at the precipice of having a real public health crisis. We already have a public health crisis but seeing that expand in ways that we will find very difficult to control if we don't take these important steps to reduce the spread of COVID-19."

As of Thursday, the seven-day rolling average for new cases in Texas was 4,834 a day. In the eight-county Houston region, the rolling average was 1,558, and for Harris County it was 1,228. The rolling average for deaths was 27 for Texas, eight for the Houston region and seven for Harris County, according to a Chronicle analysis.

A variety of models show these figures increasing.

A model from the Children's Hospital of Philadelphia PolicyLab (updated Wednesday) said Harris County could see 4,578 new COVID-19 cases on July 18.

Across the state, the Institute for Health Metrics and Evaluation (also as of Wednesday) projected daily deaths for Texas could reach 90 on Aug. 1 if COVID-19 mandates keep easing. That would be lowered to 35 deaths if 95 percent of the population wore a mask in public.

On Monday, a Harris County order went into effect mandating that businesses require their customers to wear masks. On Friday, the county banned outdoor gatherings of more than 100 people in unincorporated areas. Also on Friday, Gov. Abbott closed bars (though they can remain open for delivery and take-out) and reduced restaurant occupancy to 50 percent, down from 75 percent.

Two other models look at local deaths. **Covid19-projections.com**, created by data scientist Youyang Gu who graduated from Massachusetts Institute of Technology, forecast 14 deaths on Aug. 1 for Harris County, with a range from nine to 19.

The University of Texas COVID-19 Modeling Consortium projected 18 deaths on July 21 for the Houston-The Woodlands-Sugar Land metropolitan area, with a minimum of five deaths and maximum of 43. That's based on current mobility.

"It could been higher if the holiday comes around and people really are still not protecting themselves and taking precautionary measures," said Spencer Fox, associate director of the UT COVID-19 Modeling Consortium, "or it could be lower if the recent state, Gov. Abbott's order, and other city orders are enough to start slowing the spread of the disease."

With a vaccine unlikely in the near future, experts emphasized that the only tools for fighting COVID-19 are wearing masks, staying six feet from other people (or staying home) and frequently washing hands or using hand sanitizer.

"The only way we can change what we're seeing now, in terms of this increase, is for people to go back to those behaviors that we learned in March and April," Long said.

That includes avoiding large gatherings, such as the Shell Freedom Over Texas musical performances and fireworks. There will be fireworks on July 4, but Houstonians are asked to watch these virtually rather than gathering on Buffalo Bayou in Eleanor Tinsley and Sam Houston parks.

"The only way that we are going to get back to the normalcy that we all desire is to remember that we're all in this together and that our actions impact our broader community," Woodard said. "And so we really have to make some sacrifices to stay home, social distance, wear masks, do things that we may find uncomfortable to make sure we stay safe and we keep our community, more broadly, safe."

Jordan Rubio contributed to this ***report. andrea.leinfelder@chron.com twitter.com/a_leinfelder***

States retreat as cases reach all-time high

Paul J. Weber and Michelle R. Smith ASSOCIATED PRESS HOUSTON CHRONICLE JUNE 27, 2020

Florida joined Texas in reversing course and clamping down again Friday in the nation's biggest retreat yet as the number of confirmed coronavirus infections per day in the U.S. surged to an all-time high of 40,000.

While Gov. Greg Abbott ordered all Texas bars closed, Florida banned alcohol at such establishments. The two states joined the small but growing list of those that are backtracking or putting further reopenings of their economies on hold because of a virus comeback, mostly in the South and West.

Health experts have said a disturbingly large number of cases are being seen among young people who are going out again, often without wearing masks or observing other social distancing rules.

"The doctors told us at the time, and told anyone who would listen, (that reopening) will be a disaster. And it has been," said Dallas County Judge Clay Jenkins, a Democrat. "Once again, the governor is slow to act. He is now being forced to do the things that we've been demanding that he do for the last month and a half."

Texas has reported more than 17,000 new cases in the past three days, with a record high of nearly 6,000 on Thursday. In Florida, under GOP Gov. Ron DeSantis, the agency that regulates bars acted after the daily number of new cases neared 9,000, almost doubling the record set just two days earlier.

Colleen Corbett, a 30-year-old bartender in Tampa, said she was disappointed and worried about being unemployed again, but said the restrictions are the right move. Most customers, she said, weren't wearing masks.

"It was like they forgot there was a pandemic or just stopped caring," she said.

Several of the hardest-hit states, including Arizona and Arkansas, have Republican governors who have resisted mask-wearing requirements and largely have echoed President Donald Trump's desire to reopen the economy amid warnings the virus could come storming back.

The White House corona-virus task force, led by Vice President Mike Pence, held its first briefing in nearly two months on Friday. Pence gave assurances that the U.S. is "in a much better place" than it was two months ago.

He said the country has more medical supplies on hand, a smaller share of patients are being hospitalized and deaths are much lower than they were in the spring.

The count of new confirmed infections, provided by Johns Hopkins University, eclipsed the previous high of 36,400, set on April 24 during one of the deadliest stretches. Newly reported cases per day have risen on average about 60% over the past two weeks.

While the rise partly reflects expanded testing, experts cite ample evidence the scourge is making a comeback, including rising deaths and hospitalizations in parts of the country and higher percentages of tests coming back positive for the virus.

At the task force briefing, Dr. Anthony Fauci, the nation's top infectious disease expert, urged people to mind their responsibility to others.

“A risk for you is not just isolated to you,” he said.

Coronavirus deaths in the U.S. are at about 600 per day, down from a peak of around 2,200 in mid-April. Some experts have expressed doubt that deaths will return to that level, because of advances in treatment and prevention and because younger adults are more likely than older ones to survive.

The virus is blamed for about 125,000 deaths and 2.4 million confirmed infections nationwide, by Johns Hopkins’ count. But health officials believe the true number of infections is about 10 times higher. Worldwide, the virus has claimed close to a half-million lives, according to Johns Hopkins.

Louisiana reported its second one-day spike of more than 1,300 cases this week. The increasing numbers led Democratic Gov. John Bel Edwards this week to suspend further easing of restrictions.

Republican Gov. Doug Ducey did the same in Arizona, which has been seeing more than 3,000 cases a day. And Nevada’s governor ordered the wearing of face masks in Las Vegas casinos and other public places.

DeSantis has been lifting restrictions more slowly than a task force recommended, but has allowed theme parks to reopen, encouraged professional sports to come to Florida and pushed for the GOP convention to be held in the Sunshine State.

Virus expert Hotez: 'We have to intervene now'

Lisa Gray ***STAFF WRITER HOUSTON CHRONICLE JUNE 28, 2020***

As COVID-19 has upended our lives, coronavirus vaccine researcher Dr. Peter Hotez has become an ever-more-familiar presence, a regular in Chronicle coverage and on national cable news channels. He's the bow-tied expert who clearly — and ever more passionately — explains the science of the virus, and what regular people need to know about it.

Based here in Houston, Hotez is a professor and dean of the National School of Tropical Medicine at Baylor College of Medicine and co-director of the Texas Children's Hospital Center for Vaccine Development. We recorded this interview with him on Wednesday. It's been edited for length and clarity.

I just reread the interview that you and I did two months ago, on April 21.

(Laughs.) I'm afraid to ask what I said.

You said, "There's no point in opening up the economy prematurely without having everything in place. Then everybody gets sick again, filling up the ICU, and we wind up looking like New York and New Jersey." Of course, Texas did reopen the economy before new cases were declining and without our public health infrastructure in place. Now it's two months later. The Texas Medical Center's regular ICU beds are full, and Harris County's new cases are growing exponentially.

So, tragically, you called it right. Now, without any I-told-you-so's, how do we get this genie back in the bottle? What does the state of Texas need to do now?

It doesn't give me a lot of satisfaction to know that I predicted it. I think the only bit that I was off on is, I didn't expect to see cases go up exponentially in June. Iexpected that in July.

Why was this predicted and predictable? We actually were doing really well in March and April. The governor, the county executives and the mayors were really on top of this. We implemented an aggressive shutdown. When they saw what was happening in New York, they said, "We don't want that to happen here." Closing so soon after community transmission began made the difference — it meant having hundreds in our ICUs instead of thousands. That was great.

But the problem was this: The epidemiological modelers told us, "Great job, guys. Now keep this going throughout the month of May. Then you'll get back to containment mode, which means less than one new case per million residents per day."

That would also have given us time to build the public health infrastructure we needed to do all the contact tracing, testing, epidemiological modeling and public health messaging — and maybe to create an app-based system for syndromic surveillance. But that didn't happen. There were alot of economic pressures to open up early, and reopening began April 30. That was problem number one.

Problem number two: Even though the idea of opening things at 25 percent or 50 percent capacity was well-intentioned, Idon't think many people understood that. They were out on the beaches of Galveston, and they were assembling at bars. I doubt that at most bars in our metropolitan area, there were bouncers saying, "Hey, wait a minute, we're one quarter full, so we have to start turning people away." It was more or less business as usual.

The third mistake was not putting in a public health infrastructure that's commensurate with what you need to maintain the economy. We did not have adequate numbers of contact tracers or enough testing. We never put in place a sophisticated

app-based system for syndromic surveillance. We did not have assertive public health messaging. We never got those epidemiological models for the metropolitan areas. So now, we're in this situation. I'm very concerned.

If we do nothing, the virus's spread will continue unabated until we reach herd immunity. That's the point at which spread of the virus slows because so many people have been infected that there are fewer people left to catch it. If we assume that 60 percent of a population has to be infected to reach herd immunity, and that around 1 percent of the people infected will die, that means that to achieve herd immunity in Harris County, we'd expect 30,000 deaths here. We can't tolerate that.

We have to intervene, and we have to intervene now. I want to see a plan in place before the weekend.

What would that plan look like?

Masks, of course, would be mandatory. And I think it will require some level of mandatory social distancing. I don't want to be too prescriptive. We need to give our leaders some flexibility. But it's going to be some combination of restrictions on bars and restaurants, in places of employment, in gyms, and everything else that we've been talking about.

How long would those restrictions have to last?

Well, we have to learn our lesson. We have to redo everything that we did. As frustrating as it is, we need to go back into containment mode. We need to do all the things now that we should have done at the end of April: Keep it locked down until we're going to containment mode and put in place all of the pieces of public health infrastructure that are still missing.

Right now, I think the battle is, let's just do something now, before the weekend, to save lives. We don't have to work out all the plans yet. But at a minimum, we should have something in place for all the major metropolitan areas —Houston, Dallas, Austin, San Antonio —before the weekend.

Later we can be more surgical about how we do this. But if we let it go another week, that's just going to be more patients coming into our ICU. And remember how this works: The number of deaths lags behind the number of cases. First comes the number of cases, then the number of hospitalizations. The rise in deaths comes last, but the rise in deaths will surely come.

As I understand it, in New York, the jump in the death rate when the hospitals were overwhelmed wasn't only from people hospitalized with COVID-19. There were also deaths of people who couldn't get treatment or who hesitated to seek treatment for things like heart attacks or strokes. Is that a risk here?

Yes. The deaths go up for a number of reasons. First of all, people die at home from COVID-19. Second, people are also afraid to go into the hospital, so they ignore their chest pains and other life-threatening conditions. They don't get care for their diabetes and other chronic illnesses.

And the third reason people die is, as the ICUs start to fill toward capacity, it becomes more difficult to manage all those patients, and the mortality rates go up in hospitals . We've seen that in Lombardy, Italy. We've seen it in New York.

We need to intervene. That's why I've been so strident. It's unusual for me. You know how academics are: We tend to speak in shades of gray, and if we criticize, it's with faint praise, right? But we're not there right now. So if you've seen my Twitter feed, or you've seen a flash of anger from me on CNN or MSNBC, that's why. This is really important. ***lisa.gray@chron.com***

Adults ages 20-39 drive recent local case spike

MILLENNIALS: Increase mirrors national trends

SAMANTHA KETTERER AND JORDAN RUBIO STAFF WRITERS HOUSTON CHRONICLE JUNE 29, 2020

Peyton Chesser played it safe for weeks, rarely leaving her apartment even as she watched her peers venturing to gyms and flocking to bars in Houston's midtown.

Eventually, she caved. The 23-year-old law student attended one class at her cycle studio, and she developed COVID-19 symptoms just two days later.

The diagnosis turned Chesser into another case in a growing trend: Harris County's young adults contracted COVID-19 at higher rates than all other age groups over the past month, leading to a massive spike in coronavirus cases that has sprung the area into its highest "Code Red" threat level.

The number of reported coronavirus cases has tripled in Harris County since mid-May. People 20 to 29 made up nearly a quarter of all new cases, according to a Houston Chronicle analysis of Harris County Public Health data.

That group now accounts for more than a fifth of the county's total confirmed cases, up from a little more than 16 percent May 15.

People ages 30 to 39 made up roughly the same amount, making those two age groups the largest drivers of the increase — mirroring state and national trends that place younger people at the center of the dramatic surge.

Chesser lamented that she might have picked up the disease the first time she went to a nonessential business — it wasn't worth it, she said. But she doesn't fault the studio, and she finds it hard to blame millennials when it is legal to enter the establishments that they frequent.

"You can't allow the state's leadership and government to say that something is all right to do ... and then get upset with them for doing what they were allowed to do," she said. "They failed people."

As the state moved forward with reopening, Houston physicians watched with concern as case numbers skyrocketed in June, even while patients in their hospitals seemed less ill.

Given that the disease generally affects young people less seriously, medical leaders realized that young people could be at the root of the uptick. Citing their own lack of completed studies, they have declined to say whether young people are definitively driving the increase, but they agreed that all signs pointed in that direction.

"I don't mean to be throwing the 20-somethings under the bus," said Houston Health Authority director Dr. David Persse. "It's real."

'Nature of the beast'

While people of all ages have been getting sick from the coronavirus, there has been a significant increase in the number of cases for people ages 20 to 29, according to local health data, with more than 4,000 newly reported cases in that age group since mid-May.

On the other hand, people 40 and older, while still seeing an increase in the number of cases, constitute a smaller portion of the overall number compared with their younger counterparts. They went from making up 55 percent of all cases to a little more than 46 percent as of June 26.

That's ultimately good news for older people who are more vulnerable to the disease, but the rise in young adult cases is preventable by going out less or wearing masks more, said Dr. Roberta Schwartz, executive vice president of Houston Methodist.

"I think that we're doing a very good job in Houston, or a better job, of keeping our elderly protected," she said. "But there are far more millennials and younger people out and about."

Young adults who are less at risk of serious complications from the disease also have a false sense of security, Persse said, making them more likely to assess their own personal risk and take a chance.

"Now is the worst time to think that way," Persse said. "Some 20-somethings are going to get sick with a capital S."

Several Houston hospitals could not immediately provide data on hospitalization rates among people in their 20s or 30s, but executives said they have seen young people in ICUs and intubated. In some cases, they are discharged with long-term lung damage, Persse said.

Despite the surge in cases, younger people are not dying of the virus anywhere close to the rate of older people. Only two people under 30 have died from COVID-19 in Harris County, and they both had an underlying health condition, according to local health data. Seven people between 30 and 39 have died from coronavirus.

As of June 26, people 60 and older make up more than 80 percent of the county's 361 deaths despite making up less than half of the county's 27,000-plus confirmed cases.

Some of that discrepancy in death rates has naturally led to a feeling of indestructibility in millennials, said James McDeavitt, senior vice president and dean of clinical affairs at Baylor College of Medicine. Coupled with young people's greater needs for social interaction, he said, it's easy to see how people in their 20s are contributing so heavily to the increase.

"It's not a moral failing on the part of people," he said. "It's just the nature of the beast."

'You get comfortable'

Dom Frisko, 28, took the end of the statewide stay-at-home order as a sign that the situation was improving.

He watched an increasing number of people leave their homes without getting sick. He didn't know anyone with COVID-19, either.

"Maybe it's not as bad as they say," he said.

On June 7, he came down with the disease, experiencing fever, body aches, and later, a loss of taste and smell. It's hard to know where he contracted the coronavirus, but he said it was likely one of three places: in Kemah, at a bar, or at the gym.

At all of the spots, masks were scarce and people didn't always follow social distancing guidelines, Frisko said.

"At first I would go out and I had a mask on, and you see nobody's wearing a mask," he said. "You kind of get comfortable."

Now, as cases continue to skyrocket in Houston and across Texas, state leaders are reinstating measures to combat the spread.

Gov. Greg Abbott ordered bars to be closed by noon Friday, and he has scaled back restaurant occupancy from 75 to 50 percent. Texas had surpassed 5,100 COVID-19 hospitalizations, with more than 1,800 of them in the 25-county region in Southeast Texas, according to the Southeast Texas Regional Advisory Council.

Chesser and Frisko are waiting for negative test results while self-isolating at home. Both of them are open about their COVID-19 diagnoses, posting about their experiences and fielding questions from friends on social media.

Moving forward, they each said they plan to be more careful. Studies aren't conclusive on whether they will maintain immunity, and they don't want to spread the virus to anyone else.

"I'm going to question myself, 'Do I need to go to this place or not?' " Frisko said. "I just want to be more safe for other people." ***samantha.ketterer@ chron.com jordan.rubio@chron.com***

"I'm going to question myself, 'Do I need to go to this place or not?' I just want to be more safe for other people."
Dom Frisko, 28, contracted COVID-19 this month

All hands on deck,' Pence says of Texas

FEDERAL RESPONSE: Vice president promises help as disease surges

Jeremy Wallace AUSTIN BUREAU HOUSTON CHRONICLE JUNE 29, 2020

With coronavirus hospitalizations doubling over the last 10 days in Texas, Vice President Mike Pence traveled to Dallas to meet with Gov. Greg Abbott and to assure him that the federal government will provide anything the state needs.

"This is all hands on deck," Pence said during a meeting with Abbott and White House coronavirus expert Dr. Deborah Birx at the University of Texas Southwestern Medical Center. "President Trump wanted us to be here today with the developments over the last two weeks — with the rising positivity and the rising number of cases — with a very simple message that is to you and the people of Texas: We're with you and we're going to stay with you."

The positivity rate is the percentage of Texans tested for COVID-19 who are found to have the disease. For most of May that percentage was under 6 percent. But since Tuesday, the positivity rate has been well above 10 percent daily and hit over 13 percent.

Texas is doing an enormous amount of testing, but Pence said the goal is to accelerate that. The attention from Pence and the White House comes as Abbott has halted the state's aggressive reopening program as almost every indicator shows the situation in Texas deteriorating. With Texans swarming to COVID-19 testing sites, the wait to get a test and the delays in getting results back has become a bigger issue.

The situation in Texas badly undercuts the White House's message that the nation is on the rebound. Less than two weeks ago, Pence wrote a piece for the Wall Street Journal asserting "we are winning the fight against the invisible enemy" and "we've slowed the spread."

But since that op-ed piece, infections in Texas, Florida, Arizona and California have spiked.

Birx said Texas did very well in controlling the virus for most of the spring, but in the last 15 or 16 days, the spread has become serious. She said it is troubling that there is a big increase in hospitalizations of people between 20 and 40 years of age.

"Harris County, primarily, you can see the rate of increase is quite enormous right now," Birx said. "And you can see it in Bexar County and Travis County."

Abbott on Thursday halted all nonessential surgeries to free up hospital beds to deal with the sudden increase in hospitalizations in those three counties, as well as Dallas County. Since Memorial Day, lab-confirmed COVID-19 cases statewide are up over 250 percent. On Friday Abbott also ordered all bars to close indefinitely; on Monday Abbott is requiring all restaurants to limit their dine-in crowds to 50 percent of maximum capacity.

Birx, Pence and Abbott all repeatedly called on Texans to wear masks to fight against the virus.

"Wearing a mask is just a good idea," Pence said.

Ben Carson, the U.S. Secretary of Housing and Urban Development, directly addresses those who worry about their freedom being infringed by government requirements that they wear masks and stay home if possible.

“We want freedom, particularly in Texas,” said Carson, a surgeon. “But you have to look at the longterm freedom. If we beat this thing back now, we get a lot more freedom in the long run.”

Abbott said he’s convinced that if more Texans wear masks and practice social distancing, the state can reverse recent trends.

“We need to understand, that COVID-19 has taken a very swift and very dangerous turn in Texas over just the past few weeks,” Abbott said.

But while Abbott has reversed some decisions, he has publicly stated over the last couple of days in local TV interviews that he doesn’t think issuing a statewide mask requirement or a statewide stay-at-home order are the right way to go at this point.

Before visiting the medical center, Pence was in Dallas to attend a “Celebrate Freedom Rally” at the First Baptist Church where he repeatedly expressed optimism that Texas and the nation are closer to beating the coronavirus. He told the hundreds in attendance that with “each day we are one day closer to the day we put this pandemic in the past.”

Pence also praised Abbott, who is facing criticism from both the left and the right for how he’s managed the crisis in Texas.

“As we work now to safely reopen this state and this nation — to put Americans back to work and to worship — let me take this opportunity to commend Gov. Greg Abbott for his courageous and compassionate leadership for the people of Texas during this challenging time,” Pence said at the church rally where Abbott was given a standing ovation.

The leader of the Texas Democratic Party ripped Trump, Pence and Abbott for their response to the growing crisis.

“These are the people responsible for the surge in cases and hospitalizations in Texas and these are the people who continue to put Texans in danger,” Texas Democratic Party Chair Gilberto Hinojosa said. “Texas cases are surging, and this is a direct result of Republican failures at the federal and state level.” ***jeremy.wallace@chron.com***

How to remain cautious if you're venturing out

As COVID-19 cases spike, staying safe should be priority

Gwendolyn Wu STAFF WRITER HOUSTON CHRONICLE JUNE 29, 2020

A few weekends ago, my significant other and I ventured to Lucille's in the Museum District for brunch, hopeful that we could dine on their outdoor patio. I paid for parking, strapped on a surgical mask and set out, determined to enjoy a plate of chili biscuits and chicken & waffles.

When we arrived at noon, the crowds out front looked like something from the Before Times, clustered in groups with no masks and no care for social distancing. An overwhelmed hostess told us it'd be an hour and 40 minutes.

We did not look back. Five minutes later, we were back in the car and off to Baby Barnaby's in Montrose, where the nearest table was 6 feet away from ours and our sweet server wore a thick face covering. Grits never tasted better.

Like many others, I want to get back to normal life. I'm sick of seeing only my boyfriend and our dog; I'm eager to look at sights and hear sounds that are not the beige walls of my townhouse shaking from the terrible remixes played at the sports bar next door. Maybe I can support local businesses and keep some of our favorite places from closing for good during the pandemic.

Texas' medical experts have some thoughts on how to reconcile venturing out to restaurants and salons while minimizing the chance of transmission. Here's how they think Houstonians can stay safe while avoiding social isolation.

The coronavirus starter kit

It bears repeating that the things you should keep handy these days are a face covering and mini bottle of hand sanitizer for the pocket or purse. An order that went into effect June 22 requires businesses in Harris County to turn away any customer not wearing a mask when entering stores and restaurants.

Although masks are not the be-all, end-all solution to COVID-19, they can be a powerful tool in conjunction with other sanitation measures, such as frequently washing your hands with hot water and soap, staying 6 feet away from others in a crowded place and avoiding going out if sick, said Dr. Diana Cervantes, an assistant professor of epidemiology at the University of North Texas Health Services Center.

"If people are putting in as many layers as possible in prevention, there is less potential for transmission," Cervantes said.

The restaurants and salons

Going to a restaurant is much different than going to a grocery store or a hair salon, said Dr. Eric Sandberg, an allergy and immunology specialist at the Kelsey-Seybold Clinic.

Even if the establishment has an outdoor patio, there's still the chance of transmission from unmasked patrons. Compare that to businesses like barbershops, beauty salons and grocery stores that must enforce a "no masks, no service" rule.

For older people, and other groups at high risk of complications from COVID-19, Sandberg recommends sticking to home cooking, curbside pickup and takeout to limit face-to-face interaction. Even healthy people who aren't in an at-risk group should consider frequenting crowded businesses less often.

That risk reduction was what drove me away from crowded Lucille's to quiet Baby Barnaby's. Dr. James McDeavitt, dean of clinical affairs at the Baylor College of Medicine, said he's doing the same thing to ensure he stays healthy, while also supporting businesses who value the greater good.

"We need to start rewarding people in the community who are doing this really well," McDeavitt said. "We need to vote with our feet." If you're wondering why public health experts keep pushing the message to wash your hands, even though the virus is thought to be transmitted by respiratory droplets, it's because those droplets can land and survive on surfaces for long periods of time.

Take extra precautions by regularly cleaning and disinfecting high-touch surfaces like steering wheels and doorknobs. (I, for one, keep a plastic bag of Clorox wipes in my car to disinfect after I am out in very crowded public spaces.) "It will never hurt to wipe down containers and plastic bags," Cervantes said, "but it really isn't as important as washing your hands."

Physical vs. social isolation

What about visiting a family member? Or a socially distanced walk with a friend? A vacation somewhere remote if you quarantine properly before and after? Doing those things with proper precautions is relatively safe, McDeavitt said.

"If you're seeing your friends, running up to them to give them a big hug, sitting 2 feet apart without a mask, that's not safe," McDeavitt said. "You're not exposing yourself just to your friend, but everyone they've been exposed to in the last few days."

Instead, he said, try pulling up a few lawn chairs in a driveway and sitting 6 feet apart with face masks. If you want to be a good friend, let them know in advance where you've been. Set conditions before meeting up — for example, if you are willing to get within 6 feet of each other, suggest quarantining for two weeks prior to your visit.

It's still a good idea to walk a wide circle around another person if you have the space to avoid coming in close contact. Avoid entering crowded elevators, if you can. Some businesses will ask you to limit the number of people in an elevator to three or fewer.

"Your chances of getting infected in that situation is virtually zero," he said.

People want to return to a routine that comforts them, Cervantes said. But it "takes time" to break old habits and build new ones. Part of the process of reducing the surge is to remind others it's safer not only for them, but their friends, family and colleagues if they opt to telecommute or attend a birthday party on Zoom or FaceTime.

The waves to come

I'm eager to return to a world where COVID-19 can be treated and no one dies from this new coronavirus. So far, Texas seems to be surging in the opposite direction.

Perhaps we can be more cautious, taking care to minimize how often we go out for a steak dinner prepared by someone else. That temporary discomfort is worth getting closer to a future where going outside won't require a mask, and more importantly, fewer people will catch the virus.

"For us to stay healthy is really our way to help protect some of these other people that can't completely protect themselves," Sandberg said. ***gwendolyn.wu@chron.com*** ***twitter.com/gwendolynawu***

Why scientists think COVID-19 may be spread through particles in the air

"There's been increasing evidence that transmission is happening by inhalation.

Eden David and Dr. Mark Abdelmalek HOUSTON CHRONICLE JULY 7, 2020

A group of 239 scientists from over 30 countries have published a letter urging the World Health Organization (WHO) and other public health agencies to more seriously consider the potential spread of COVID-19 through inhalation of small particles lingering in the air.

The WHO said in a press briefing on Tuesday that it would consider "emerging evidence" that the virus may be spread through small aerosolized particles -- sometimes called airborne transmission. The debate around whether or not the virus can be spread through particles in the air has been ongoing for months but the current WHO guidance states that the virus spreads "primarily through droplets of saliva or or discharge from the nose when an infected person coughs or sneezes."

"The World Health Organization acknowledges that transmission is mainly by large respiratory droplets when you cough or talk and fly through the air and land directly on someone's eyes or nose or mouth," said Dr. Linsey Marr, professor of civil and environmental engineering at Virginia Tech, who specializes in aerosol science and contributed to the letter. "But there's been increasing evidence that transmission is happening also by inhalation of much smaller droplets that we call aerosols and some public health organizations have recognized this but we wanted to make the WHO more aware of this so they can put out guidance worldwide."

In Tuesday's press briefing WHO technical lead for the infection prevention task force Professor Benedetta Allegranzi said, "We acknowledge there's emerging evidence in this field - as in all other fields regarding the COVID-19 virus and pandemic -- and therefore we believe we have to be open to this evidence and understand its implications regarding the modes of transmission and regarding the precautions that need to be taken."

But WHO's epidemiologist Dr. Maria Van Kerkhove was still more cautious in her response saying that the WHO has been been looking into these reports since April. Now, the focus is on "the possible role of airborne transmission in other settings ... particularly close settings where you have poor ventilation."

Healthcare workers move a patient in the Covid-19 Unit at United Memorial Medical Center in Houston, Texas Thursday, July 2, 2020.Mark Felix/AFP via Getty Images

"We've got clusters of person to person transmission happening indoors and there is asymptomatic transmission going on, no coughing, no sneezing, no large droplets being generated and splashed into people's face," said Dr. Lisa Brosseau, an aerosol specialist and research consultant at the Center for Infectious Disease Research and Policy at the University of Minnesota. She said that in these scenarios the most likely mode of transmission is inhalation of particles in the air.

Droplet transmission describes the situation when a person spreads the virus through directly sneezing or coughing on someone. Sometimes these large respiratory droplets may also land on surfaces and a person can be indirectly infected through touching their face after coming in contact with a contaminated surface.

Although experts generally agree the virus can be spread through respiratory droplets there is less consensus around aerosolized -- or airborne -- transmission, or the how long and how far these tiny infectious particles can travel in the air.

In the letter scientists point to a mounting body of evidence that supports the potential of airborne transmission. They cite a Chinese case study of video records where the virus was transmitted between three parties in a restaurant without any evidence of "direct or indirect contact," suggesting that the virus must have been spread through the air.

They also point out that particles from viruses of the same family, such as Middle Eastern Respiratory Syndrome (MERS), can be exhaled and detected in indoor environments of infected patients, posing a risk to people sharing this environment and breathing in the same air.

Additionally, several hospital-based studies have detected the coronavirus' genetic material in air samples collected from isolation rooms of COVID-19 patients -- although it's not clear yet if these samples are capable of infecting people.

A healthcare worker closes her eyes and leans on her colleague to rest outside of the Covid-19 Unit at United Memorial Medical Center in Houston, Texas on July 2, 2020.Mark Felix/AFP via Getty Images

Scientists acknowledge that more evidence is needed. According to Marr, studying airborne particles is much harder because you "need specialized techniques and special equipment to collect aerosols and measure them," which is only fully understood by a small subfield of aerosol scientists. The standards, she said, for proving airborne transmission are set much higher than that for other types of transmission. "We have as much evidence for airborne transmission as we do for any other form of transmission at this point," Marr said.

Experts say that outdated definitions and arbitrary dichotomies are also adding unnecessary hurdles in further clarifying how the virus is actually transmitted.

"Traditionally the word airborne has been associated with traveling long distances, but really what we are trying to say is that it seems that inhalation of aerosol happens at short and close contact ranges too," said Marr. Some experts have taken issue with the WHO's technical definition of 'airborne,' arguing it is too narrow and relies on methods derived from the 1930s and 40s. The WHO says a virus is 'airborne' if it can be spread by particles that are smaller than 5 microns -- smaller than an invisible grain of dust -- and viable over a distance greater than approximately 3 feet.

Brosseau said that the definition of airborne completely overlooks the potential inhalation of particles near the source and has previously pushed WHO along with other public health organizations to expand their definition. "It doesn't meet common sense. You don't need to be a physicist."

According to Dr. Donald Milton, professor of environmental health at the University of Maryland School of Public Health and co-author of the letter, "You can have particles as big as 10 or 20 or even 30 microns that can float quite a long distance indoors." Experts say that the 6 feet rule may not always be enough.

"In a poorly ventilated environment 6 feet is not gonna mean very much," said Milton. "Indoor air is still and being stirred up by air conditioning system and heat/thermal plumes from people, lamps, and computer screens. This will keep aerosols

much bigger than 5 microns floating around and and carry them much farther than 6 feet, even if it's just people talking and singing nobody with explosive coughs."

A healthcare worker tends to a patient in the Covid-19 Unit at United Memorial Medical Center in Houston, Texas, July 2, 2020.Mark Felix/AFP via Getty Images

"We should replace the 6 foot rule with distance and time matters," added Brosseau. "Distance and time is key. The further you are from the source and the shorter period of time, the lower the concentration will be. I can't say what the distance is, but make it as great as possible."

Milton emphasized that "the virus is no different today than it was yesterday. What's different is our understanding of how it transmits." As a respiratory virus, some of it is indeed still transmitted through direct contact of respiratory droplets secreted through sneezes and coughs or contaminated surfaces, so washing hands and disinfecting surfaces is still important.

The Centers for Disease Control and Prevention in their criteria on how the virus spread, say the virus is spread"mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks" and that some of these droplets can "possibly be inhaled into the lungs." ABC reached out to the CDC for comment.

There is concern about creating fear, said Milton, but acknowledging the potential mode of transmission through aerosol particles may help us learn how to stay safer in the long run.

Experts are still determining how many infectious particles a person must be exposed to in order to actually get sick. "We don't know the infectious dose," said Brosseau and it may vary based on your current medical condition, or whether or not the particles are being inhaled or droplets are coming in direct contact directly with your face.

Dr. Lydia Bourouiba, an associate professor at MIT who studies fluid dynamics and the spread of pathogens, published an article in the Journal of the American Medical Association in March calling for the rethinking of coronavirus transmission -- pointing to her research that showed that sneezes and coughs could spread gas clouds of droplets much further than 6 feet.

FILE PHOTO: Employee Philipp Hoffmann, of German biopharmaceutical company CureVac, demonstrates research workflow on a vaccine for the coronavirus (COVID-19) disease at a laboratory in Tuebingen, Germany, March 12, 2020.Andreas Gebert/Reuters

In an interview on Tuesday, she called the dispute over droplet and aerosol transmission a "false debate," that limited efforts to craft effective safety guidelines.

"In terms of reopening, guiding everything based on this social distancing rule of one to two meters, or three to six feet in different countries … reopening based on that is not sufficient for indoor spaces," she told ABC News.

Bourouiba, who did not sign the letter to the WHO, citing "gaps in the way the science and solutions" were presented, said

the CDC should implement different distancing guidelines based on categories of indoors spaces, that also take airflow and circulation into account.

And while the science of airborne COVID-19 transmission is still being studied, experts including WHO officials agree that an enclosed, crowded, poorly ventilated room is riskier than the outdoors and recommend optimal ventilation, physical distancing, face coverings, among other precautions to reduce risk of infection.

All experts also say to avoid the 3 Cs: closed, poorly ventilated environments, crowded spaces, and close contacts. "When the three overlap, that's where you get outbreaks," said Milton.

Milton added, "I think if you are careful with the messaging you can make it clear there are things you can do, it's not out of your hands, you can empower people with that knowledge."

ABC News' Ben Siegel contributed to this report.

Hospitals' CEOs mum on order to stay home

Unlike in March, execs silent on Hidalgo's call to issue a new measure

Zach Despart and Jeremy Blackman STAFF WRITERS HOUSTON CHRONICLE JULY 15, 2020

With Harris County Judge Lina Hidalgo and Gov. Greg Abbott publicly disagreeing over the need for a new stay-at-home order to control the COVID-19 outbreak, a key constituency has declined to offer public guidance: Texas Medical Center executives.

TMC leaders in March unanimously called on elected officials to issue a stay-at-home order and praised Hidalgo when she did so. Two months later, they commended Abbott's reopening plan.

They continue to urge the public to wear masks and practice social distancing. Conspicuously, however, they have avoided offering opinions on the debate between Hidalgo and Abbott over a new stay-home order — even as a top medical adviser to the governor said Tuesday the tactic was worth considering. The Houston Chronicle on Monday asked all 10 TMC executives whether they supported such an order. Nine did not respond. Memorial Hermann Health System CEO Dr. David Callender said the query was "above my pay grade," though he did address the situation the local hospitals face.

"What we are seeing, though, in terms of the demand for hospitalization, the continued growth in demand for hospitalization, puts us in a situation where we will be out of capacity across the greater Houston region in a matter of days," Callender said. "That's a very scary situation for us to ponder."

"No matter what they say, they'll be criticized. And so they don't." *Ken Janda, health care management professor at Rice University*

Callender said if too few residents are wearing masks and social distancing, further measures will be needed. The CEOs are in a difficult position, with most balancing responsibilities to ensure their hospitals remain profitable and supporting the best coronavirus strategy, all the while wary of crossing state leaders on whom the nonprofit institutions depend for funding, health care analysts said.

"Their first duty is to the organization that they lead, and the board that they report to," said Ken Janda, an adjunct professor in health care management at Rice University. "They are absolutely between a rock and a hard place, where no matter what they say, they'll be criticized. And so they don't." The dynamic played out Monday, when Hidalgo again said a stay-home order was the only way for the area to rein in the pandemic. Over the weekend, Mayor Sylvester Turner endorsed the idea.

"If it wasn't clear before, it's obvious now that having so much open, from restaurants to all-size indoor events to water parks, is not working," Hidalgo said. "The strategy of just filling our hospital beds with sick people is not working. It's the wrong way to pursue public health policy."

'Walking a fine line'

The TMC leaders are keen to preserve the ability of hospitals to perform elective surgeries, a crucial source of revenue, said Episcopal Health Foundation President Elena Marks. When Abbott suspended these procedures in March, in an effort to free more ICU beds for COVID-19 patients, Marks said hospitals took a significant financial hit. That ban ended in the last week of April, but even in mid-May UT Health research calculated Houston's hospitals were collectively losing $25 million per day. When COVID-19 hospitalizations surged after Memorial Day, the governor on June 25 again restricted some elective procedures in Harris County.

“The hospitals are walking a fine line because they are regulated by the state,” Marks said. “Judge Hidalgo can’t stop them from doing elective surgeries. The state can. The state did.”

The government response to the pandemic has become increasingly political since some Republicans criticized Hidalgo’s mandatory mask order at the end of April. Neutral medical professionals, including hospital executives and public health authorities, suddenly found their everyday decisions read through a partisan lens.

As the pandemic wore on, Hidalgo and the TMC leaders adopted a markedly different tone in describing the severity of the pandemic in Houston, even when describing the same sets of hospitalization and case data.

The executives on June 25 circulated a letter warning COVID-19 hospitalizations were increasing at an alarming rate that threatened to soon overwhelm hospitals capacity. The leaders walked that statement back the following morning and assured the public the system had plenty of space.

Janda, of Rice University, said he believed the about-face was an unsuccessful attempt to show state leaders they did not need to suspend elective surgeries, which Abbott did that same morning.

The next day, however, Hidalgo warned at a news conference that the Houston area was “careening toward a catastrophic and unsustainable situation” and urged residents to stay at home except for essential errands.

While TMC executives in the past had attended Hidalgo announcements, including when she unveiled the original stay-at-home order, none attended that event.

‘In a growth phase’

Hidalgo was among the public officials who were alarmed when the TMC stopped publishing data on the availability of ICU beds for several days — after the system hit base capacity for the first time during the pandemic — and then changed how that information was presented. She disputed a statement from the CEOs that said the change was made after officials including Hidalgo were consulted.

“We never approved these changes and do not agree with their approach,” her spokesman said. “This pivot creates confusion and muddles the facts at a time when residents and policymakers all need clarity and transparency.”

A senior medical adviser to Abbott said Tuesday the state’s coronavirus surge is rampant enough to warrant lockdowns in at least the hardest hit regions.

In an interview, Dr. Mark Mc-Clellan said Texas is not meeting key requirements that would need to be in place for a safe reopening, especially with the school year set to convene next month. Those include declining cases and adequate hospital capacity.

“It’s clear that the state has not been on a sustainable course and it’s worth considering a regional approach,” said McClellan, a physician and economist at Duke University and a former commissioner of the Food and Drug Administration.

“It’s so hard to stay ahead of the pandemic when it’s in a growth phase,” he added.

Mike Morris and Todd Ackerman contributed to this report. ***zach.despart@chron.com***

KIDS' SPREAD OF VIRUS STILL A BIG UNKNOWN

As schools plan to open, experts not sure how contagious children may be

Todd Ackerman, Jacob Carpenter and Hannah Dellinger STAFF WRITERS HOUSTON CHRONICLE JULY 15, 2020

A month before Houston-area schools plan to reopen in August, scientists still do not know the role children play in spreading the disease — and the risk they and their teachers will assume when they return to campus.

"The reality is, we won't know until we put large numbers of kids close together again," said Dr. Michael Chang, a pediatric infectious disease specialist with Mc-Govern Medical School at UTHealth. "Our knowledge about the virus is constantly changing. We're still learning new things every day."

Texas school districts, however, continue to move forward in releasing plans for resuming classes, including Houston ISD, which is scheduled to announce its reopening guidelines Wednesday. Texas Education Agency officials said last week that public school districts risk losing state funding if they do not offer in-person classes five days each week to all families that want it, with some limited exceptions.

For medical officials, hope for schools is based on data that shows children are far less likely to suffer severe symptoms of COVID-19, the disease caused by the novel coronavirus. Some evidence suggests children also are less likely to become infected and transmit the virus, but the evidence is limited, partly because most comes from a time when schools were shuttered and kids cocooned with their families.

Unanswered questions include to what extent infected, asymptomatic children are contagious and how effective schools can be at identifying and isolating such cases and the child's close contacts.

It doesn't help that Houston's coronavirus case counts are at alarming levels, their ubiquity increasing the inevitability that cases will be brought to campuses. A number of scientists told the Chronicle they wouldn't send their child to school this week or next, given the continuing escalation in counts.

No other country that has reopened its schools did so with anywhere near the amount of COVID-19 that is spreading in the United States.

Still, most everyone agrees there is harm in keeping children out of schools — that virtual education is a pale shadow of in-person learning; that such community is an important component of the socialization of children; that it makes parents juggle jobs and child care; and that many low-income families depend on school-based meals for their children. The Trump administration cites some of those reasons for wanting to open schools.

Gov. Greg Abbott signaled Tuesday that changes likely are coming to the state's guidance on reopening schools, with local officials potentially getting more latitude to keep campuses closed in August. Abbott offered few details on potential tweaks to the state's guidelines, which have drawn criticism from several leading education groups amid the continued spike in COVID-19 cases, but he suggested new regulations could be released in the next few days.

'Be ready to react'

Guidance released last week indicated school districts could remain shuttered and virtual-only for up to three weeks after their start, provided that all students had at-home access to a computer and internet. If they stayed closed longer than that,

under the current guidance, they would lose state funding.

“The key thing is that schools be ready to react to the data,” said Spencer Fox, associate director of the University of Texas-Austin COVID-19 modeling consortium. “If and when schools reopen, we need to have surveillance systems in place so we can really monitor the situation in real time and react accordingly with what the data are starting to show.”

Fox best articulates the uncertainty of a return to school, noting that there is some evidence that children might transmit the corona-virus less than adults and historic evidence that children contribute heavily to the spread of diseases such as the flu and seasonal colds and other bugs. Schools are a major source of the transmission of such viruses, acquiring it from classmates, then passing it on to their families and others.

Here’s what the data shows: In Harris County, 10 percent of people who’ve tested positive are under 18 and 3 percent of those hospitalized for the disease are under 18. Nationally, the latest statistics from the Centers for Disease Control and Prevention show that of 115,000 COVID-19 deaths, 30 deaths involved children under the age of 15. That’s fewer than those who die from the flu annually.

But the percentage of underage cases has tripled since early in the pandemic, likely the result of more testing and the virus’ increased prevalence in the area. Scientists worry that trend will continue as children return to school and become exposed to more of the virus.

Foresight in child care?

Child care operations, such as summer camps and day care centers, may offer some foresight into what Texas schools may encounter.

Since March, 1,997 cases of COVID-19 at 1,235 licensed child care operations have been reported to the Texas Health and Human Services Commission, up from a few hundred a month ago. Of those patients, 1,343 were adult staff members and 654 were children. There are 12,230 licensed child care centers in the state.

Many summer camps require precautions such as outside pickups and drop-offs, temperature checks, regular hand washing and masks for adults. But enforcing admonitions for young children to wear masks and practice social distancing can be difficult.

“It’s very hard to keep a mask on a 5-year-old,” said Kenny Martin, programs director of the Quillian Center, a camp run by First Methodist Houston. “We’re doing the best we can to keep them 6 feet apart, but they’re kids and they like to hug their best friend or just sit next to each other.”

The American Academy of Pediatrics has cited some data suggesting that even if children under 12 are infected at the same rates as adults around them, they are less likely to spread it. That includes one study of Chicago households that found the virus’ spread went from an adult to a child 60 percent of the time, a child to a child 13 percent of the time and a child to an adult 13 percent of the time. But the study was small.

“What we don’t know is how contagious an asymptomatic individual is,” said Dr. Lara Shekerdemian, chief of critical care at Texas Children’s Hospital. “Until we have conclusive evidence to the contrary, I think we have to assume they’re every bit as contagious as someone symptomatic.”

Global experiments

A number of countries — Norway and Denmark, for instance — reopened their schools a month after they were closed and didn't see a significant increase. They opened them first for young children, in whom infection percentages are the lowest globally, before eventually opening them for older grades, as well as implementing such safety measures as limiting class sizes and keeping children in small groups at recess.

But not all countries have been as successful. Israel, with a higher community spread, reopened in early May and lifted limits on class size a few weeks later, only to see the virus infect more than 200 students and staff.

In Texas, many educators and school leaders argue the risks of reopening outweigh the rewards. The state's four largest educator organizations and unions are calling on Abbott to keep schools online-only until the spread of COVID-19 declines. And many school board presidents and superintendents representing large Texas districts want the governor to provide local officials with more authority to remain closed for now.

"The state has had to reconsider many of the initial findings regarding the reopening of businesses, companies and restaurants," leaders of the Texas School Alliance, an organization that comprises 40 large Texas districts, wrote in a letter to Abbott. "Districts and their communities are facing the same worsening conditions, and these recent circumstances are far more acute than when school districts across the state were initially closed this past spring."

If and when schools do reopen, Shekerdemian says the key is that schools provide copious amounts of information about the steps they're taking to prevent transmission.

"The devil is definitely going to be in the details," she said. "I expect there's probably more anxiety in some respects than there needs to be, and in others there's probably not enough.
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School decisions will be made locally

Abbott suggests districts will have flexibility for online-only classes

Jacob Carpenter STAFF WRITER HOUSTON CHRONICLE JULY 15, 2020

Gov. Greg Abbott said that the state's school restart plan "is going to have to be a local-level decision, but there will be great latitude and flexibility."

Gov. Greg Abbott signaled Tuesday that changes likely are coming to the state's guidance on reopening schools, with local officials potentially getting more latitude to keep campuses closed in August.

Abbott offered few details on potential tweaks to the state's guidelines, which have drawn criticism from several leading education groups amid a continued spike in COVID-19 cases, but he suggested new regulations could be released in the next few days.

"I think Mike Morath, the commissioner of education, is expected to announce a longer period of time for online learning at the beginning of the school year, and flexibility at the local level," Abbott told KTRK-TV in Houston. "This is going to have to be a local-level decision, but there will be great latitude and flexibility provided at the local level."

The potential changes likely will ease the state's push to open campuses in August, which Abbott's administration outlined last week to howls from many educators. Under Texas Education Agency guidelines issued July 7, public schools must offer five days of in-person classes each week to all families that want them and provide an online-only option to students — or risk losing state funding.

Some exceptions exist, however, to the face-to-face instruction requirement. Local government officials can order schools to remain closed, an option employed in El Paso County and the city of Laredo late last week. Districts also can limit in-person classes to students who lack a computer and internet at home for the first three weeks of their school year. Some districts are planning to remain completely virtual during that time by providing technology to all students in need.

Still, the prospect of some Texas schools reopening next month in the midst of a rapid increase in confirmed COVID-19 cases and hospitalizations has sparked pushback from educators and some parents, particularly in the past few days.

The state's four largest teacher organizations urged Abbott to halt efforts to reopen schools during the ongoing outbreak. In addition, two organizations representing 41 of the state's largest school districts called on Abbott to provide more flexibility to local education leaders, including the power to remain online-only to start the school year.

"Certainly, we want all students to be in school, but local school districts must have the flexibility to make sure that any approach taken is safe for students, staff and families without the fear of losing funding," the Texas School Alliance and Texas Urban Council of Superintendents wrote to Abbott.

The blowback once again has put Abbott in the position of deciding whether to retain decision-making power or delegate authority to local officials.

In prior high-profile fights over the rights of local government officials to close certain businesses and punish people for not wearing face coverings, Abbott opted to overrule county judges and mayors. He issued executive orders that gave him the

power to dictate which businesses could be told to close and removed sanctions related to violations of mask mandates. Earlier this month, the governor issued his own mask mandate.

Abbott's comments Tuesday signal he may allow local education leaders more leeway on matters related to the beginning of the 2020-21 school year. The precise power delegated to local officials, however, will depend on the details of guidelines released in the coming days.

His reference to a longer period of online learning to start the year hints at the possibility that campuses could remain closed to students with at-home technology beyond the three-week time frame.

However, some school districts do not have enough computers and wireless internet hotspots to outfit all families in need — particularly those in higher-poverty districts, such as Houston and Aldine ISDs.

Ten school board presidents representing large districts with high percentages of lower-income students — including Houston, Dallas and Aldine ISDs — called on the governor Monday to allow district leaders to decide on school closures.

"To say we are required to have in-person instruction — no matter what the situation is — is not only reckless, but unsafe for our students and our staff," the school board presidents wrote in a letter to Abbott.

HISD officials are expected to announce their reopening plans Wednesday, joining several Houston-area districts that have released restart guidelines in recent days. Notably, Alief ISD declared it will remain virtual-only for three weeks, while Fort Bend ISD plans to reopen campuses only to students receiving special education services or taking certain vocational classes.

Julian Gill contributed to this story. jacob.carpenter@chron.com

Texas daily death toll reaches new high

‘NO SHUTDOWN COMING’: Abbott rejects calls for another lockdown despite grim record

TAYLOR GOLDENSTEIN STAFF WRITER HOUSTON CHRONCILE JULY 17, 2020

Texas set yet another record for coronavirus deaths Thursday with 154 — the third day in a row above 100.

The previous record was July 8 when 112 deaths were logged, according to a data analysis by Hearst Newspapers that shows the state reported 105 deaths on Wednesday and 104 on Tuesday.

The streak in deaths comes two weeks after Republican Gov. Greg Abbott ordered most of the state’s 30 million residents to wear masks. Despite pressure from local authorities that he give back their ability to mandate stay-home orders, Abbott has insisted increased mask-wearing is the key.

Abbott told Houston’s Fox 26 on Thursday that “the last step that would ever be taken is to lock Texans back down” and said other measures would be taken before resorting to that.

“It seems like I get this question a thousand times a day, and there seem to be rumors out there about a looming shutdown,” Abbott said in the interview. “Let me tell you: There is no shutdown coming.”

It will take about three weeks, Abbott said, to see the effects of his mask mandate and his closure of bars in late June. Abbott claimed cases were flattening out in Harris County, though Hearst Newspapers’ analysis shows the county’s rolling average for new cases is more than three times higher than a month ago.

“We are certainly not out of the woods yet, but this could be a glimmer of hope coming if people will continue to practice wearing face masks wherever possible,” Abbott said. “The only way we can avoid a shutdown is if we do get everyone buying in to this process of wearing face masks.”

Abbott also said he was encouraged as hospitalizations in most of the state are starting to plateau, with the exception of some areas.

Lab-confirmed hospitalizations from the virus dipped to 10,457 on Thursday from 10,471 the previous day — that number has stabilized over the past five days, ranging from 10,405 to 10,569. However, they were still up about 8 percent from a week ago, state data shows.

“If all of those numbers spike once again, we will have to find additional measures to take,” Abbott said.

On the other hand, a top medical adviser to Abbott said earlier this week that the coronavirus surge in Texas is already rampant enough to warrant lock-downs in at least the hardest hit regions. “It’s clear that the state has not been on a sustainable course and it’s worth considering a regional approach,” said Dr. Mark McClellan, a a physician and economist at Duke University and a former commissioner of the Food and Drug Administration, in a Tuesday interview with Hearst Newspapers.

‘No relief in store’

The Centers for Disease Control and Prevention has been consistent in recommending people cover their mouth and nose when around others to help reduce the spread of the virus that causes COVID-19. On Tuesday, CDC Director Dr. Robert Redfield said if all Americans wore a mask, it could bring the pandemic “under control” within four to eight weeks.

But mask mandates have been highly politicized by President Donald Trump and many of his ardent supporters. Some Texas sheriffs have said they won't enforce Abbott's orders.

There are now 306,490 COVID-19 cases statewide, and 3,637 have died; Thursday, the state recorded 14,430 new confirmed cases, the third day of cases above the 10,000 mark.

The state has 10,759 hospital beds available, including 865 ICU beds.

Faster spread

A new report from Kinsa, a company that uses internet-connected thermometers to predict the spread of diseases, showed that Texas' rate of illness is spreading faster than those of other states. The company in the past few years has successfully anticipated outbreaks of the flu weeks ahead of the federal government.

The Kinsa data, which tracks whether an uncontrolled outbreak is likely using fever trends and other information, showed that the state is hitting above the threshold for the entirety of the past 30 days.

"This level of sustained, rampant disease transmission suggests that there is likely a lot more illness in the community than what has been reflected in the case numbers to date," the company said in a press release Thursday. "In other words, there is no relief in store for Texas over the next few weeks, and we fear that the situation there may get much worse in the near-term."

Stephanie Lamm contributed to this report, which contains material from the Associated Press. *taylor.goldenstein @ chron.com*

AG gives religious schools green light to open

Taylor Goldenstein STAFF WRITER HOUSTON CHRONICLE JULY 18, 2020

Attorney General Ken Paxton issued a guidance letter Friday to Texas religious private schools, saying local public health orders attempting to restrict their re-openings are unconstitutional and unlawful.

In addition to violating the U.S. and Texas constitutions and the Texas Religious Freedom Restoration Act, Paxton writes that Gov. Greg Abbott's executive orders bar local governments from closing religious institutions or "dictating mitigation strategies to those institutions."

The legally nonbinding letter essentially gives religious schools the green light to disobey local public health orders that would stop them from reopening.

Private schools have been included in several large Texas counties' closure orders, including Travis, El Paso, Dallas, Hidalgo and Cameron counties.

"In accordance with the protections granted by the First Amendment and Texas law, this guidance allows religious private schools to determine for themselves when to reopen free from any government mandate or interference," Paxton said in a statement.

The Texas Education Agency announced Wednesday that local public health officials could keep schools closed for in-person classes without risking state education funding, reversing an earlier decision that would have penalized schools that didn't return to in-person classes within three weeks of re-opening.

In the letter Friday, Paxton pointed to the TEA recommendation that all school leaders "do everything feasible to keep students, teachers, staff, and our communities safe" as well as CDC research showing that relatively few children with COVID-19 are hospitalized or have severe symptoms.

Paxton said he agreed with the TEA and the American Academy of Pediatrics that "COVID-19 risks must be balanced with the need for children to attend school in person, given that lack of physical access to school leads to a number of negative consequences, placing 'children and adolescents at considerable risk of morbidity, and in some cases, mortality.'"

In a statement, Laura Colangelo, executive director of the Texas Private Schools Association, said the group was grateful to Abbott "for recognizing the independence and autonomy of religious private schools in Texas."

"Private schools need to be flexible and responsive to their students, staff, and communities and this ruling allows that to happen," Colangelo said. "As always, the health, safety, and education of students in Texas is our highest priority."

Jacob Carpenter contributed to this report. ***taylor.goldenstein@chron.com***

TEA revises school reopening rules

State plans to spend $200M for tech as year could start with up to 8 weeks' virtual classes

Jacob Carpenter STAFF WRITER HOUSTON CHRONICLE JULY 18, 2020

Texas education officials on Friday provided more flexibility to school districts that want to limit or delay in-person classes to start the 2020-21 school year, a measure of relief for educators and families who argued the state was putting public health at risk by moving too fast to reopen campuses.

Revised guidance released by the Texas Education Agency allows public school districts to require students with at-home technology to begin the year in virtual classes for up to eight weeks — up from the original three-week maximum.

State officials also partially reversed course on a mandate that all students must have access to full-time, in-person instruction if they want it. Under the new rules, districts can limit high school students with at-home technology to 40 percent of their time on-campus during each grading period, provided the remaining time is spent in virtual classes.

The changes came as the state's top political leaders announced they will allocate $200 million in federal coronavirus relief funding for spending on computers, wireless internet hot spots and other technology devices used for at-home learning. The state also will assume a more hands-on role in technology purchasing this month as the prospect of virtual-only classes increases and some districts continue to struggle with obtaining hardware.

Taken together, the moves mark a significant shift in the state's approach to the 2020-21 school year, which appears increasingly likely to begin online for many students amid a recent increase in COVID-19 cases, hospitalizations and deaths. While some educators and elected officials, including President Donald Trump, have pushed to reopen schools as quickly as possible, others have argued the public health concerns outweigh the well-known benefits of face-to-face instruction for children.

Texas districts still risk losing funding if they do not offer in-person classes to any students who lack computers and internet access at home to start the year. However, many districts in regions with widespread COVID-19 outbreaks — including Greater Houston — are working toward equipping enough students to begin the year online-only.

"Our framework ensures there will be on-campus instruction available for all students who need it in the state of Texas," Education Commissioner Mike Morath said in a statement Friday. "But at the same time, we know we need to provide local schools flexibility to adapt to local health conditions, especially given the rise in COVID cases we're seeing across the state."

The new state guidance allows all districts to require online-only instruction for students with at-home technology for the first four weeks of school. Districts can apply to the TEA for another four weeks, though they must provide "at least some" on-campus instruction if approved. TEA officials did not specify how many students must have access to in-person classes to meet that standard.

The option to offer part-time in-person instruction to high school students — a format commonly called the "hybrid" model — is aimed at limiting the number of people in a building at a given time.

"The concern was, if you had a school with 4,000 kids in it, and 95 percent of them all want to come back on campus, it's obviously difficult to do distancing in that environment," Morath said Friday in a call with Texas superintendents.

While deaths and severe complications from COVID-19 among teenagers is rare, early evidence suggests the risks are greater for older students than younger ones.

The TEA's revised guidance drew complaints from the state's largest education employee organizations and unions, who were among the most vocal opponents of the initial guidelines released earlier this month. While some offered tepid applause for the added flexibility, they each argued state officials needed to install clearer, stricter reopening guidelines.

'Anxious and nervous'

Leaders of the Texas Classroom Teachers Association said state officials should establish benchmarks that clarify when it is safe to resume in-person classes, such as rates of confirmed COVID-19 cases and positive tests.

"That way, (districts) wouldn't have to wait for the goodwill of everybody else to change their planning," said Paige Williams, the organization's director of legislation.

The state changes add another layer of complexity to preparing for the upcoming school year, as districts scramble to roll out schedules, safety plans and options for families.

In anticipation of a change in guidance, Houston ISD announced Wednesday that it plans to remain online-only for its first grading period, which lasts six weeks. District officials also said they plan to delay the start of school by two weeks, moving the first day of classes to Sept. 8.

HISD officials hope to reopen campuses Oct. 19, but Interim Superintendent Grenita Lathan said public health circumstances will dictate whether that happens.

Officials in Aldine and Alief ISDs said they would start in all-virtual classes for the first three weeks, while Fort Bend ISD leaders said they would stay online-only indefinitely, with exceptions for a small percentage of students.

Several other school districts have released plans for reopening campuses that, for now, do not include online-only plans in August. However, superintendents in Conroe, Humble and Spring Branch ISDs, among others, said they are monitoring public health conditions and could decide in the coming days to keep campuses closed.

Spring Branch ISD Superintendent Jennifer Blaine, whose district released a reopening plan Wednesday, said she plans to make a closure decision no later than the end of the month. Blaine said she first wants to see results of a survey sent to parents this week asking whether they want in-person classes or online-only instruction for their children.

"We don't want to string this out," Blaine said. "People are anxious and nervous. People want to know what the plans are going to be for August."

The about-face on hybrid models in high schools, however, likely will cause some districts to reevaluate their plans.

The tech gap

The possibility remains that local health officials could order the short-term closure of campuses, negating district efforts to reopen schools for now.

Health officials in several of the state's most-populous counties — including Dallas, El Paso, Hidalgo and Travis — have ordered all public and private schools in their jurisdictions to remain closed through at least Labor Day.

TEA officials said they would continue to provide funding to public schools closed by a local health order, as long as they continue offering virtual **instruction.Gov**. Greg Abbott has not given any indication that he plans to overrule local health orders or TEA's funding plans, though Texas Attorney General Ken Paxton issued a guidance letter Friday stating it is unconstitutional for local health officials to shut down private religious-affiliated schools.

None of the Houston area's local health authorities have issued school closure orders, though Harris County officials have said they are monitoring developments across the state.

The growing likelihood of millions of students learning from home has added urgency to efforts to outfit families with technology, a challenge as school districts and organizations across the country compete for a limited supply of hardware.

In the past week, Morath discussed plans with Texas superintendents to coordinate with them on buying technology in greater bulk, potentially speeding up the delivery of devices amid supply chain and backlog issues.

"The state is going to use the strength and size of Texas to get better pricing and availability, to get the technology to our local districts," Texas House Speaker Dennis Bonnen said Friday.

Some districts have said they would be able to provide computers and hot spots to all families, while others have been less certain.

Houston ISD Interim Superintendent Grenita Lathan said Wednesday that the district is working toward outfitting all families in need of technology, but she stopped short of guaranteeing the district would meet that goal. Surveys conducted over the district's summer break suggested about half of families needed a computer, while about one-third needed more reliable internet access. ***jacob.carpenter@chron.com***

Texas again breaks daily deaths record

Jeremy Blackman and Benjamin Wermund WASHINGTON BUREAU HOUSTON CHRONICLE JULY 18, 2020

Texas recorded 161 coronavirus deaths Friday, breaking the previous daily record as Gov. Greg Abbott continued urging the use of masks to prevent a second shutdown.

The state is now averaging more than 100 deaths per day, three times the average at the beginning of this month. More than 3,700 Texans have died from the virus since the spring, nearly a third of them in July alone.

In a TV interview with KDFW in Dallas, Abbott tried to highlight a bright spot, saying infections in the DFW Metroplex had plateaued, though it was unclear whether that would hold.

“Whether we go up or down from here will depend on the extent that people in the Dallas-Fort Worth area adopt the practice that was recommended this week by the CDC,” he said, referring to the latest research confirming the effectiveness of masks in slowing transmissions.

The remarks came as the Center for Public Integrity, a nonprofit watchdog reporting outlet, obtained an unpublished White House document identifying Texas as one of 18 states where the coronavirus has gotten so out of hand that officials should start rolling back their reopenings.

The report, dated Tuesday, says the state should limit social gatherings to 10 or fewer people and restrict indoor dining to 25 percent of their maximum occupancy — down from the 50 percent restaurants can currently serve in Texas — and that officials should close gyms in roughly half the counties in the state, which are considered to be in the “red zone.”

The document says about half of Texas’ 254 counties are in that “red zone” because over 10 percent of coronavirus test results are positive, and they have reported more than 100 cases per 100,000 people. The document identifies Harris and Bexar counties as among the top counties in the state based on the number of new cases over the past three weeks.

Another 82 counties are in a “yellow zone,” which indicates the positive test rate is between 5 and 10 percent and that they reported between 50 and 100 cases per 100,000 people. The document suggests those counties restrict in-person gatherings to 25 people or fewer and should limit gyms to 25 percent capacity.

A Trump administration official said Friday that the document was created by Dr. Deborah Birx, a leader of the White House’s coronavirus task force, and has “been provided to each state to inform and assist with their response effort. It’s agreat example of our continued commitment to the federal-state partnership.”

Abbott has instituted some of the recommendations in the White House document already, including mandating masks in most counties and closing bars. But the governor has resisted calls from local leaders to allow them to mandate stay-home orders.

His office did not respond to questions Friday about whether he will take the additional steps recommended by the White House.

Dr. Peter Hotez, a professor and the dean of the National School of Tropical Medicine at Baylor College of Medicine, told CNN on Friday that Texas and other Southern states now account for a significant amount of the world’s new COVID-19 cases. He called it imperative that the Trump administration develop a clear strategy going into the late summer weeks.

On Friday, Texas reported more than 10,675 new infections, the sixth time in the past 10 days that it has broken past the 10,000 mark, a Hearst Newspapers data analysis shows. The rate of people testing positive for the virus climbed to a seven-day average of 17.43 percent, following a four-day plateau.

COVID-19 hospitalizations rose by nearly 200, bringing the state to a new high of 10,632.

Hardest-hit areas include Houston, San Antonio and smaller communities in South Texas. This month, Hidalgo County, along the Mexico border, reported more deaths than all of Harris County.

Dr. Ivan Melendez, Hidalgo County's public health authority, said it's not uncommon for the body of a COVID-19 patient to lay on a stretcher for 10 hours before it can be removed in the overcrowded hospitals where intensive care space is running short.

"Before someone gets a bed in the COVID ICU unit, someone has to die there," Melendez said.

Meanwhile, health officials in San Antonio and Houston have turned to refrigerated trailers to store the dead, and soldiers prepared to take over a COVID-19 wing of a Houston hospital.

An 86-person Army team of doctors, nurses and support staff was setting up a nursing station at United Memorial Medical Center and expected to begin treating up to 40 patients in the coming days.

Matt Dempsey contributed to this report, which contains material from the Associated Press.
jeremy.blackman@chron.com ben.wermund@chron.com

Congregational Survey Results

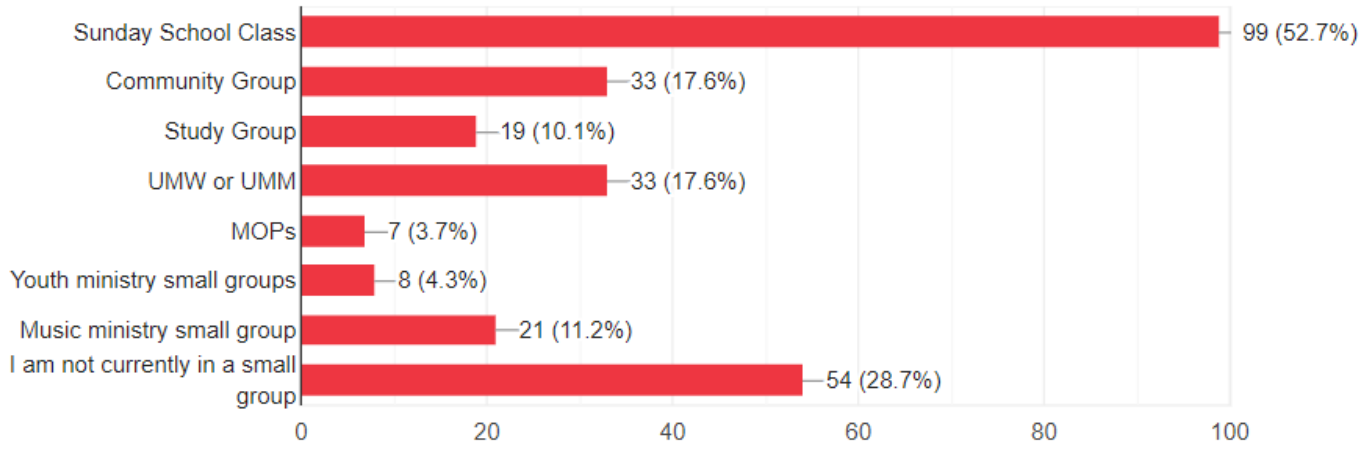
The "Returning to Katy First" survey was shared with the congregation via email and social media over a period of two weeks and received 190 responses. The purpose was to help the Katy First Transition Task Force engineer the safest possible solutions for meeting the needs of our congregation.

Click Here to view all survey responses or see a summary below.

Small Groups

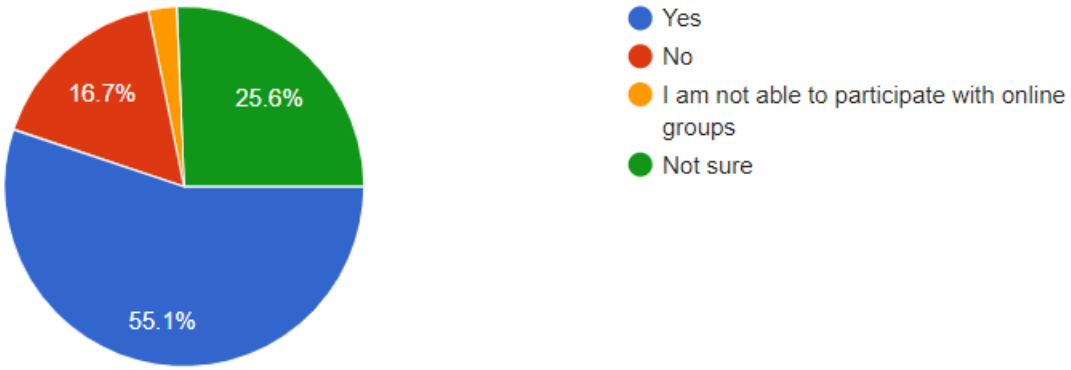
At Katy First, I am currently involved in a:

188 responses



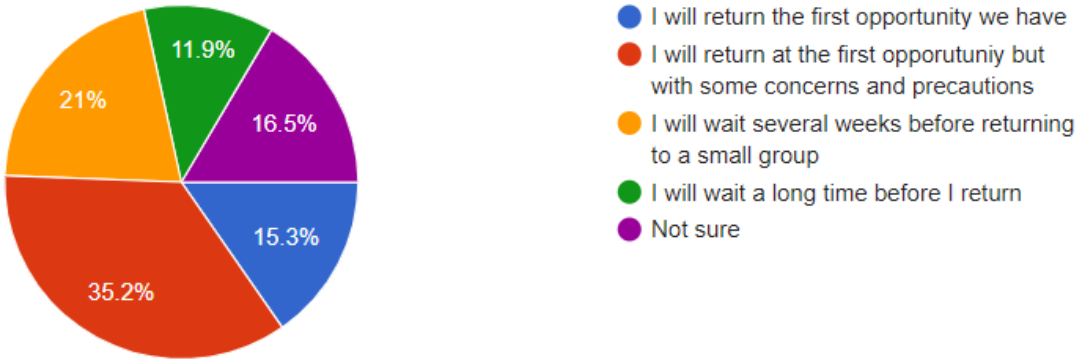
If you are in a Community Group or Sunday School class, would you be willing to participate in an online group instead of in-person meeting?

156 responses



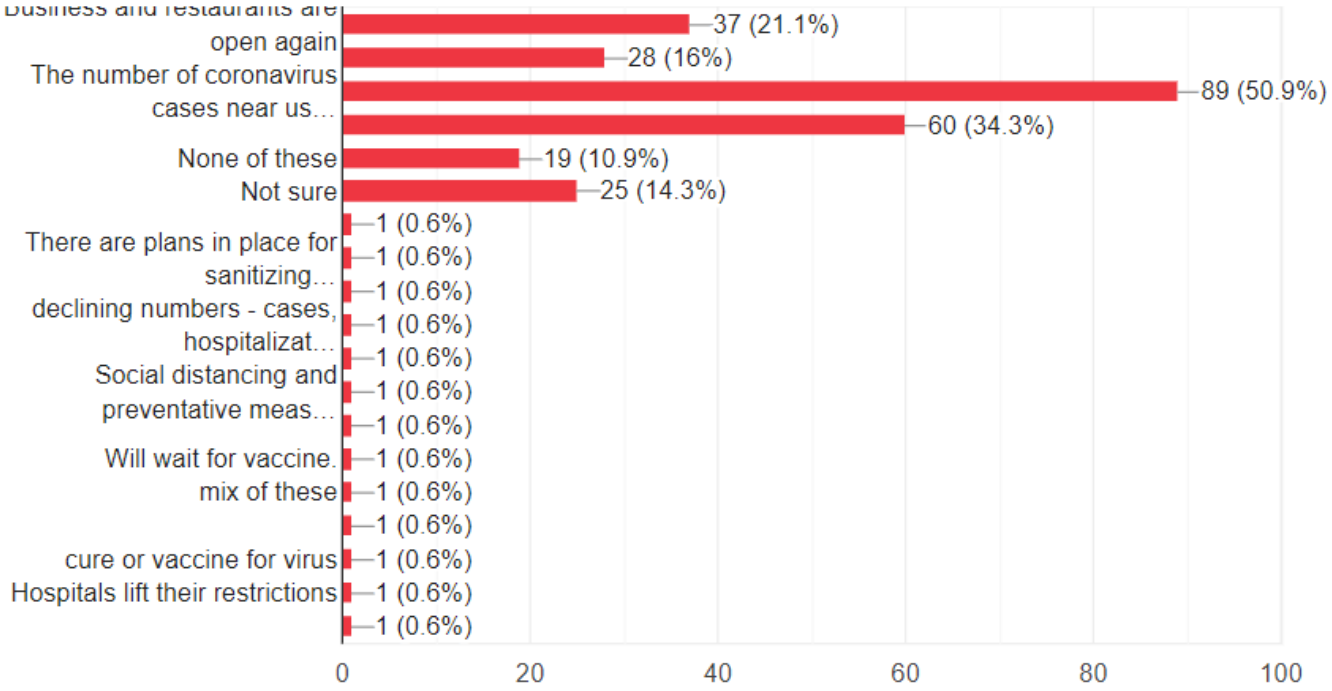
At Katy First, I am currently involved in a:

176 responses



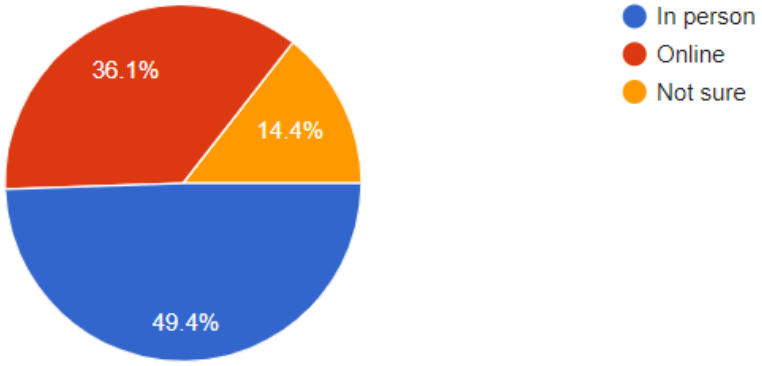
In addition to orders or guidelines that limit public gatherings being lifted, are there signals you would want to see before you return to an in-person small group?

175 responses



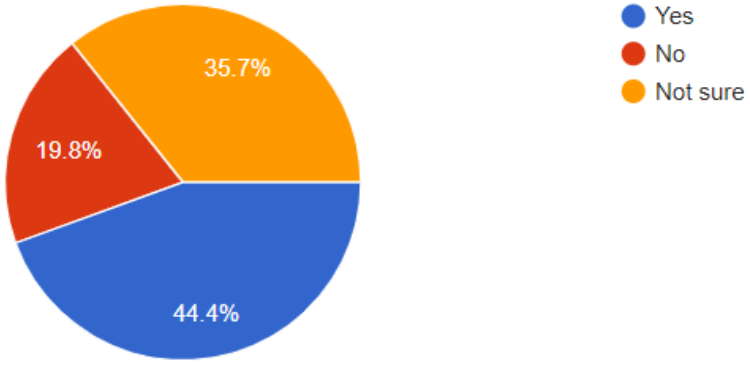
If both in person or online groups were offered by the church, which would you prefer?

180 responses



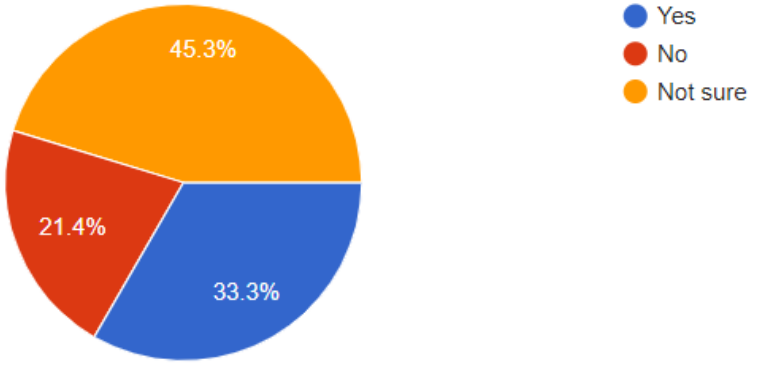
If you are not currently in a small group, would you be willing to participate in an online group?

126 responses



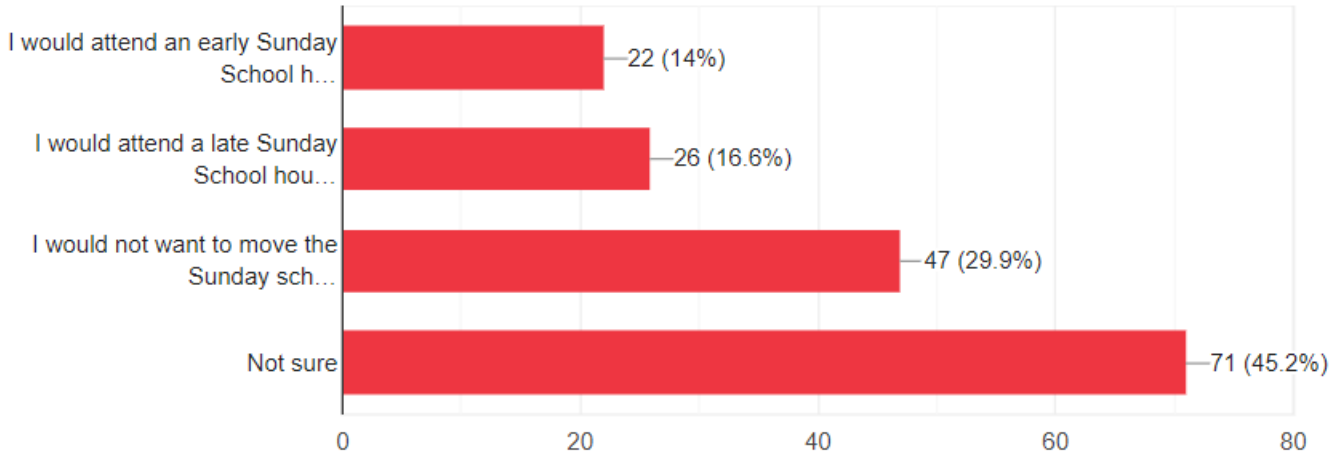
If we need to create smaller Sunday School classes, would you be willing for your class to be split to accommodate for smaller numbers?

159 responses



If we created two Sunday School hours to accommodate for smaller classes, would you be willing to attend:

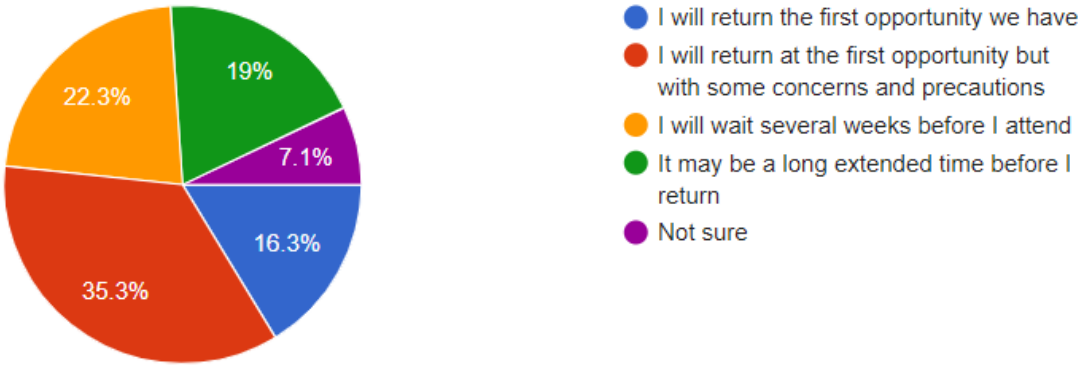
157 responses



Worship Service

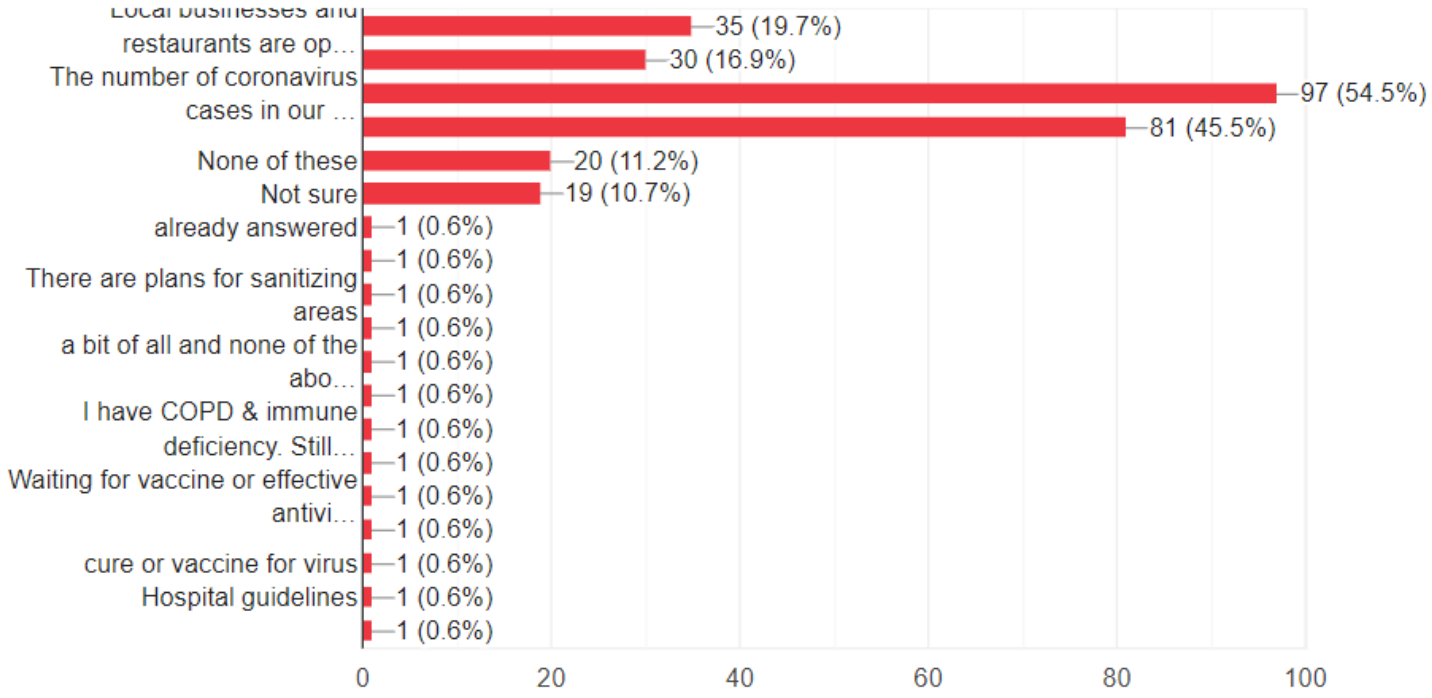
When our local government lifts orders or guidelines that limit public gatherings, which best describes your attitude toward returning to a worship service in person?

184 responses



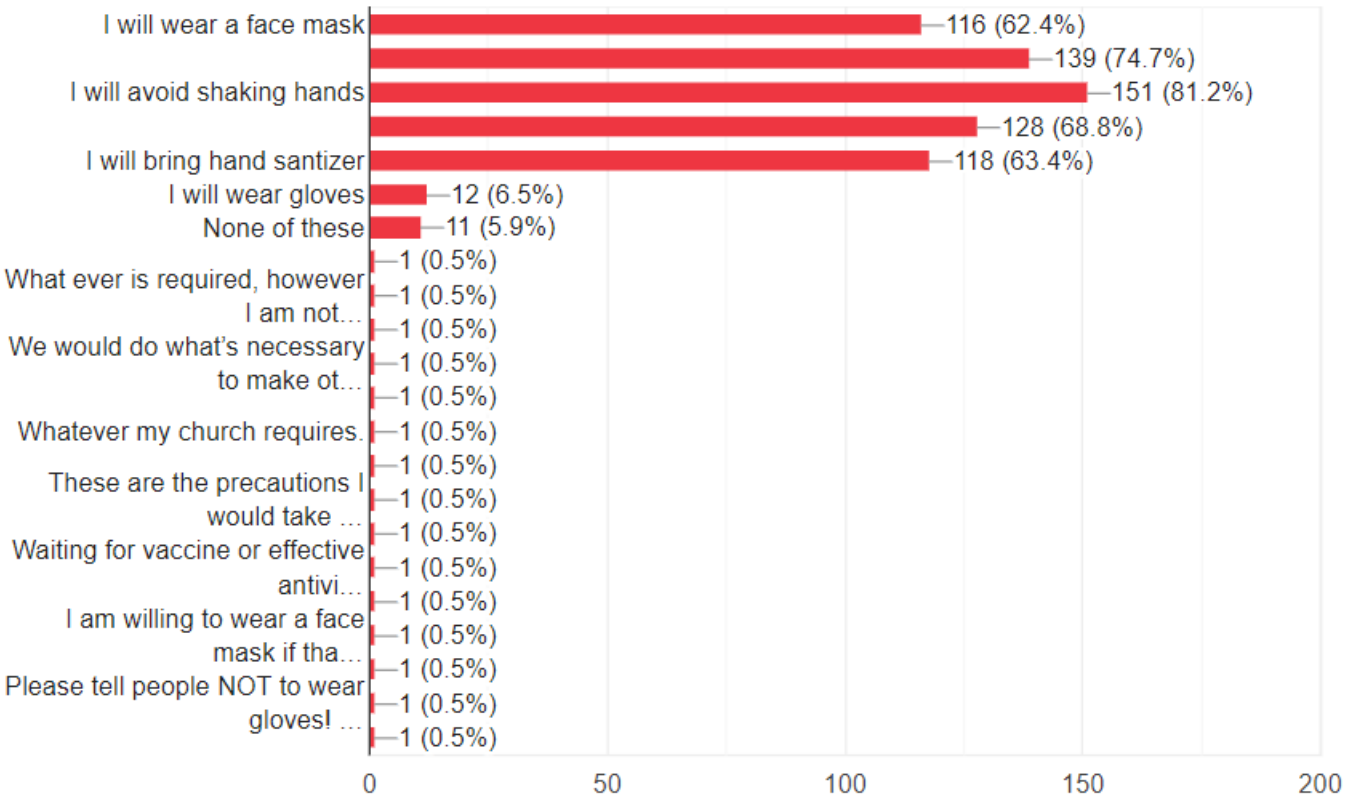
In addition to our local government lifting orders or guidelines that limit public gatherings, are there other signals you would want to see before you return to attend a worship service in person? Select all that apply:

178 responses



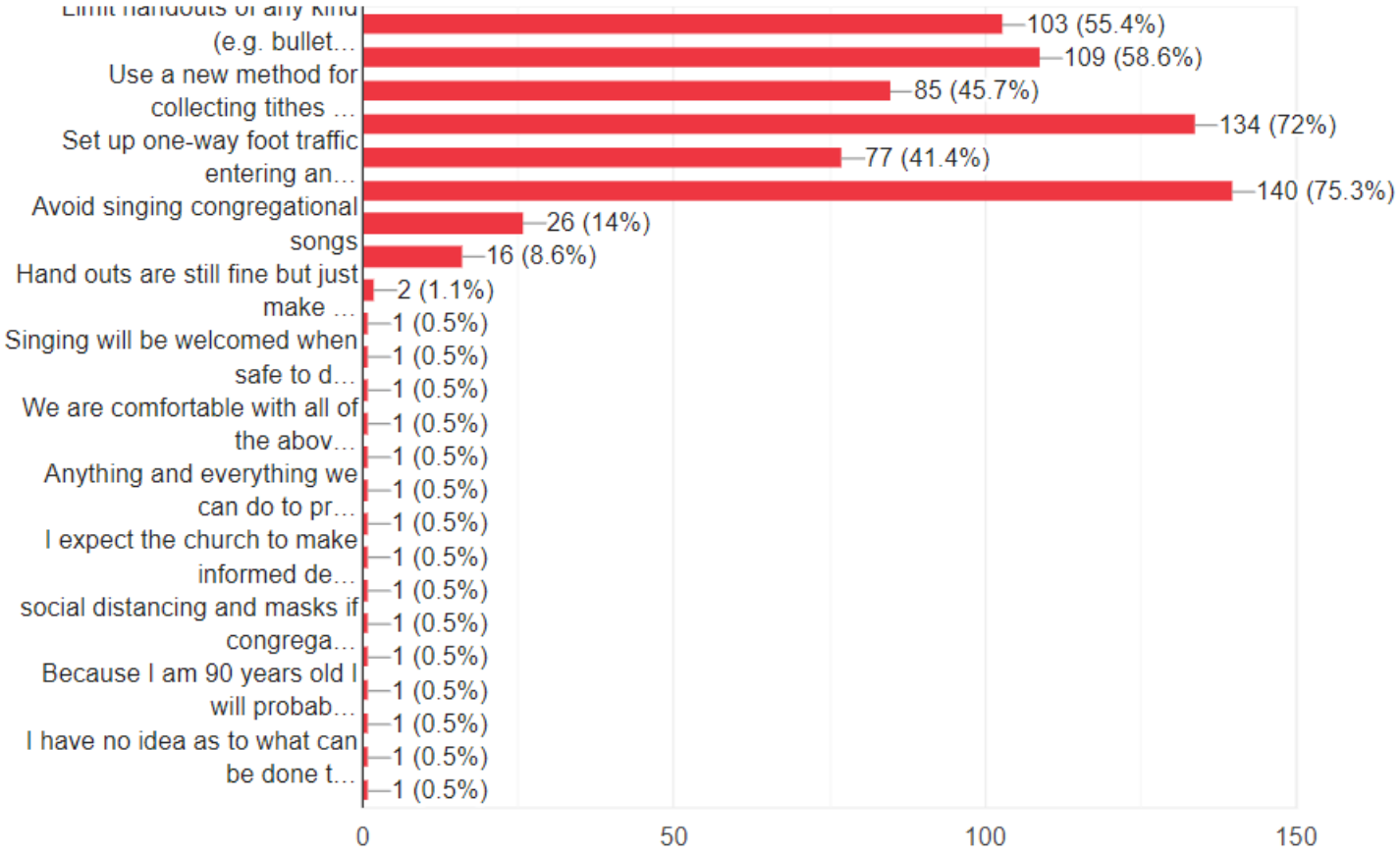
What precautions, if any, do you plan to take when you return in person? Select all that apply:

186 responses



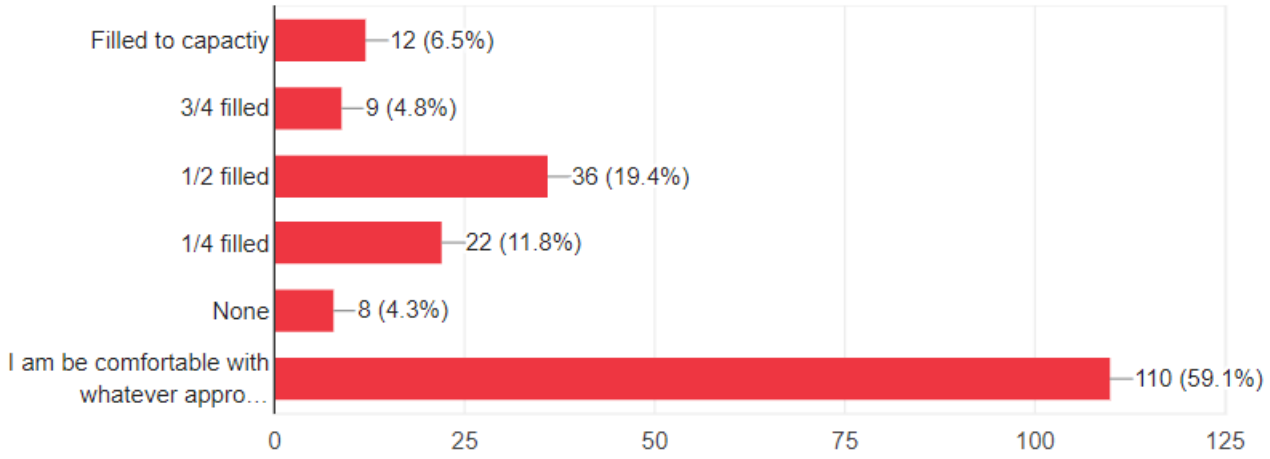
What precautions, if any, do you plan our church to take when you return in person? Select all that apply:

186 responses



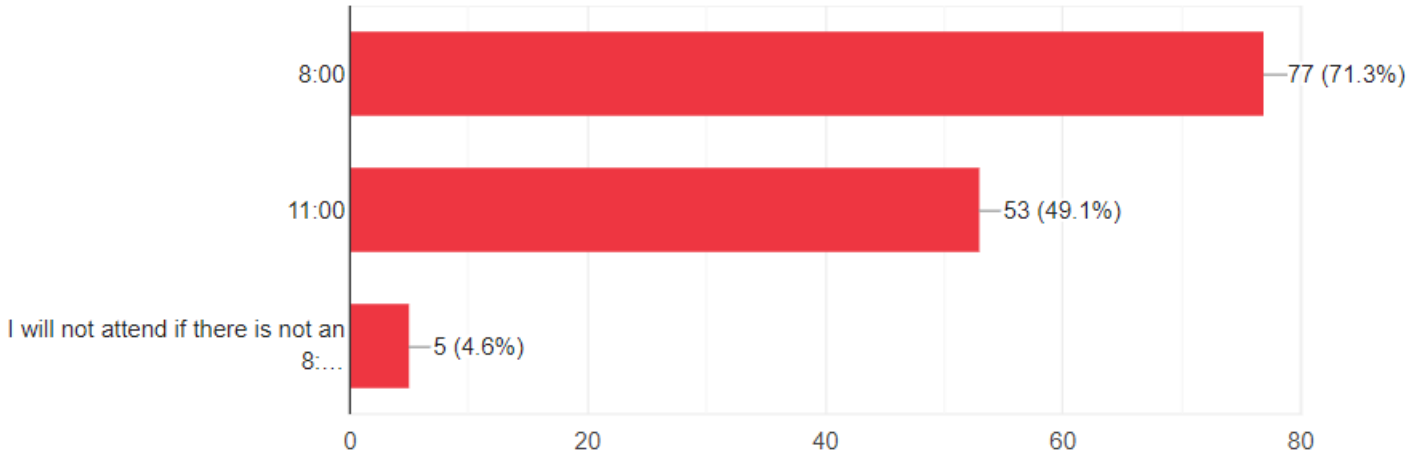
Which of the following describes the attendance level at which you would be comfortable attending a worship service?

186 responses



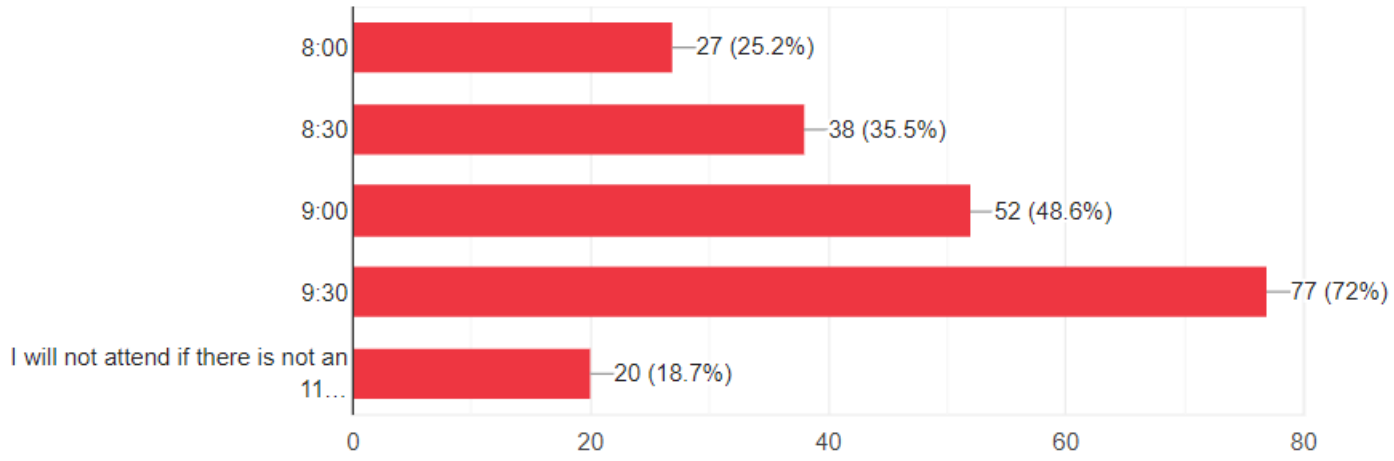
If you regularly attend the 8:30 Sanctuary service, would you be willing to attend a service at these times, select all that apply:

108 responses



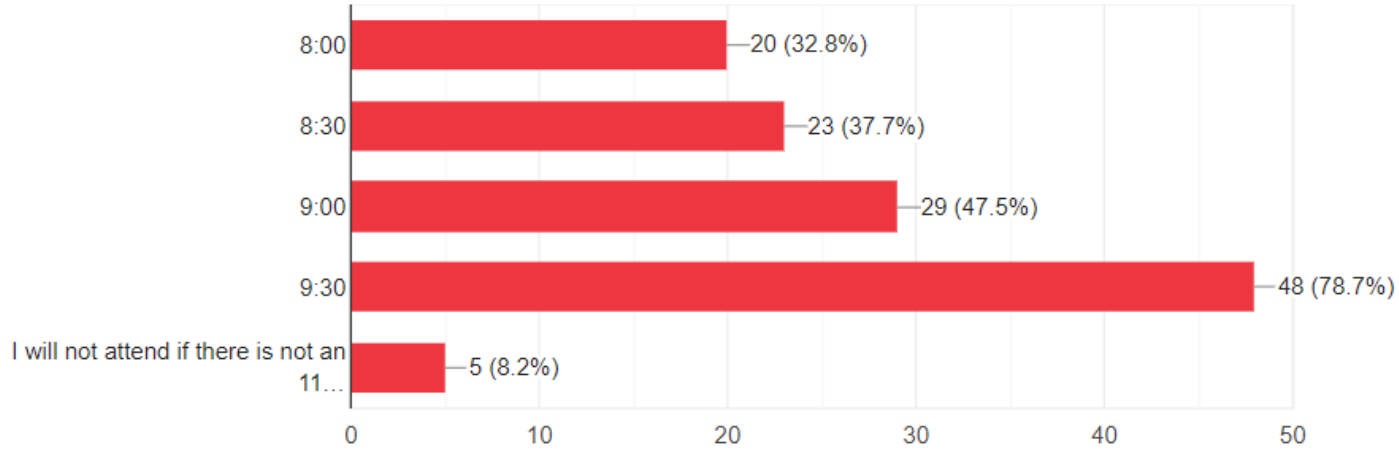
If you regularly attend the 11:00 Sanctuary service, would you be willing to attend a service at these times, select all that apply:

107 responses



If you regularly attend the 11:00 Confluence service, would you be willing to attend a service at these times, select all that apply:

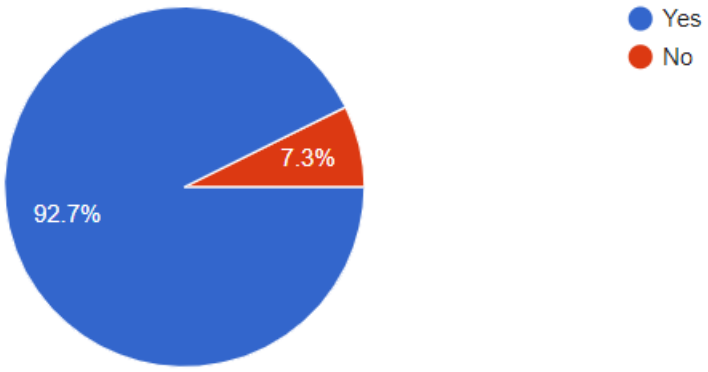
61 responses



Persons attending with children

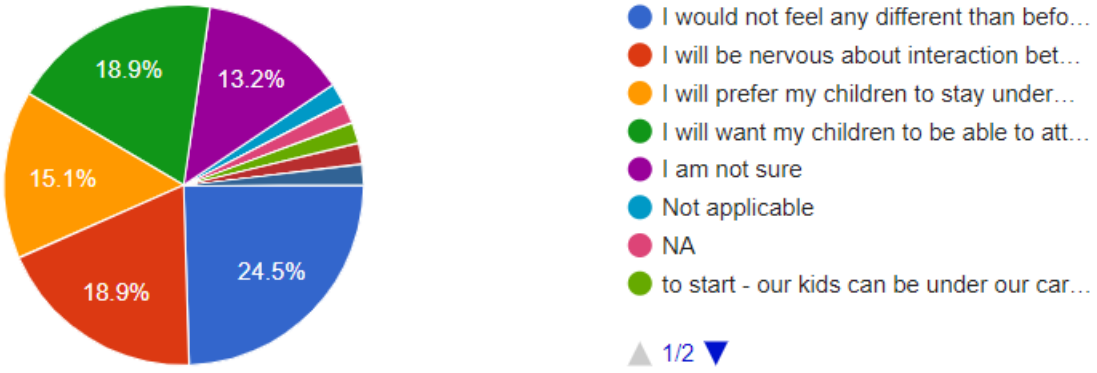
Will you attend worship if there is no nursery available?

82 responses



If you have children, which best describes your feelings about attending in-person worship?

53 responses



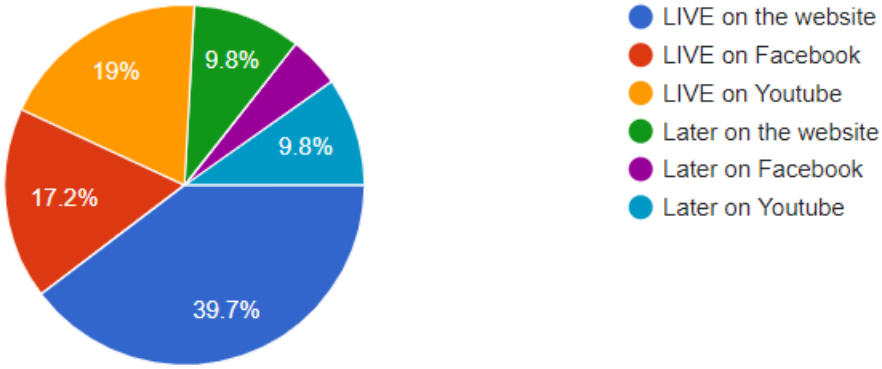
Participation

Do you regularly watch our online services?

185 responses

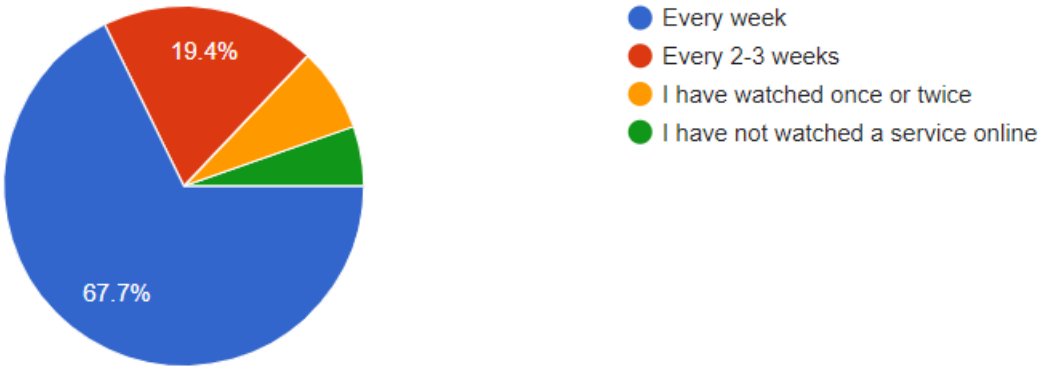
If you watch online, what is your preferred way to watch?

174 responses



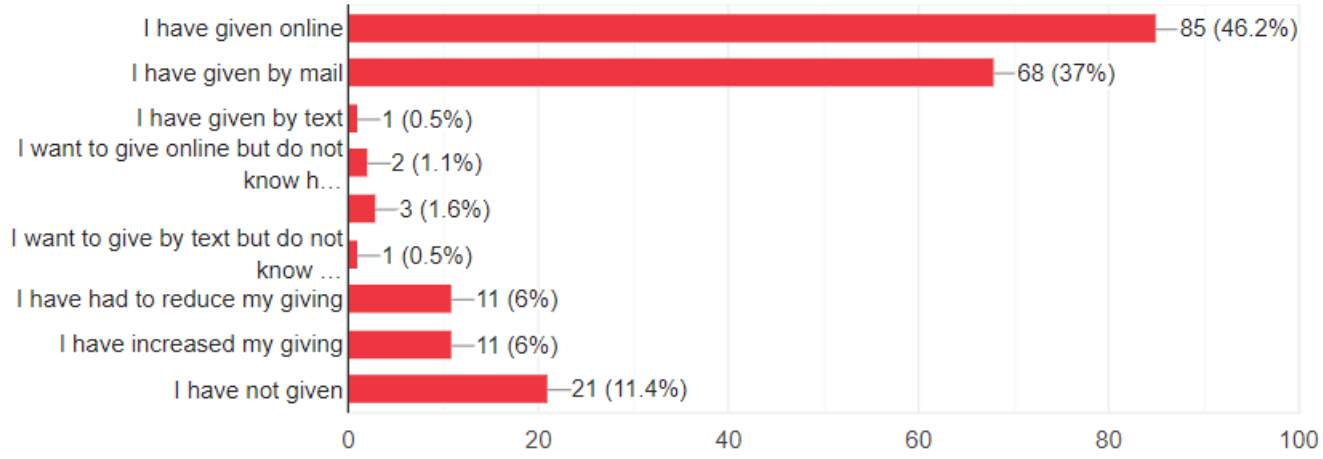
How often have you watched online services?

186 responses



Regarding financial giving, what has been your approach to giving to Katy First? Select all that apply:

184 responses



Ongoing Ministry

What ministry has Katy First done during this pandemic that you hope will continue even after we return?

91 responses

Online services

Involving entire families in the service

KCM

Youth ministries

Online service

Being on line is more inclusive For those with disabilities. Effort should be made to continue doing both even when restrictions are lifted.

Online services with singing

drive by food collection for Katy Christian Ministries

Other than online services, a couple ZOOM meetings a week, a few normal group meetings that have been

If we find ourselves with another stay-at-home season, what ministry has Katy First not done during this time that you would like to see?

47 responses

Not sure

Assign caretakers to all of our elderly

Drive By Hello. Congregational Care. Food Drive. Online Services. Online devotions from people at home.

you seemed to do a fine job

can't think of one

Zach has done an amazing job with the youth. I think the only minister who has truly earned his salary through this. He has truly ministered the live of Christ to the kids.

Raise funds to help feed, house, clothe and care (healthcare) those in need within our community. I think this is a problem that is going to get much larger in the near future.

Something for elementary age kids like a weekly bible study or Sunday school class

Other thoughts or suggestions:

52 responses

We need to be back in person. Social isolation is not good for anyone. We have lived with viruses for years. People are able to make their own decisions about how to handle the return to worship.

The drive bys are good. I'm excited to do the food drive by. It is another way to still feel connected.

Open as soon as possible

Miss being in church and Sunday School. Miss the interaction with the people.

Continue the good work in whatever is possible during this time.

I am grateful for our Preachers and staff. Bless each of you for all you're doing during this time.

We need to fully open the church. We need to have faith God is stronger than the virus. Outer faith should be too

Continue online worship

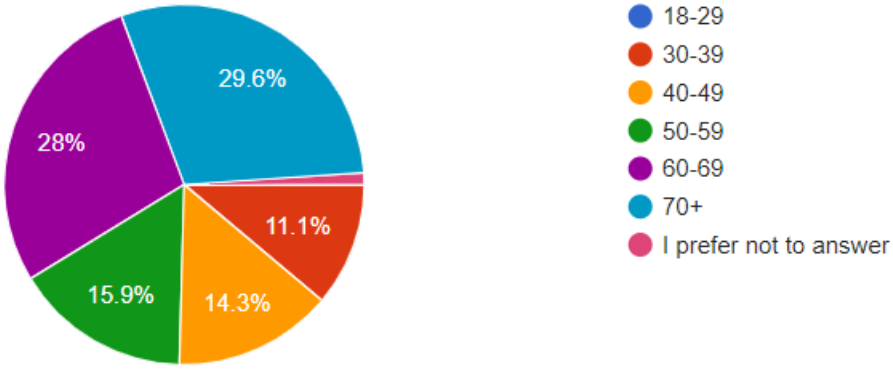
About you

Which best describes you?

188 responses

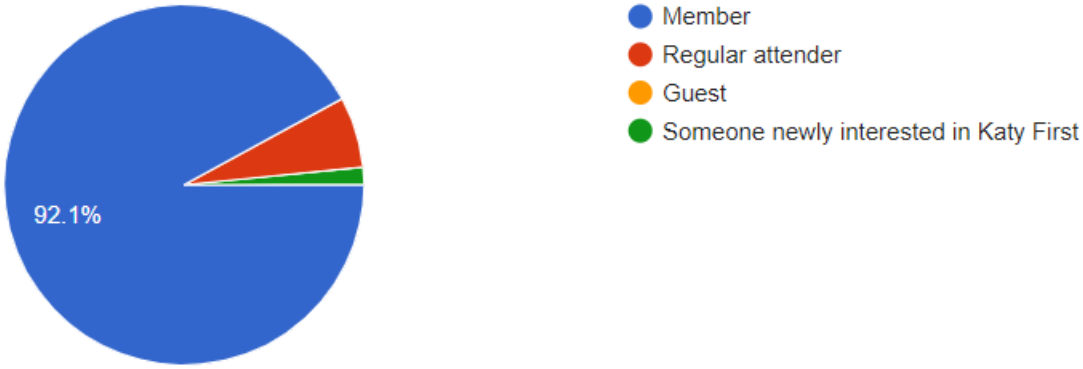
What is your age?

189 responses



My connection to Katy First is as a

189 responses



Task Force Meeting Notes & Documents

The Transition Task Force began meeting on Monday, June 8, through Zoom and continued the conversation weekly through emails and individual assignments. The following documents were used to guide the process.

The Transition Task Force report is meant to be a policy statement as compared to an operational manual. That is, it should primarily be a collection of benchmarks, targets and first actions as compared to detailed procedure steps for every conceivable situation.

Metrics of COVID Monitoring

The Transition Task Force adopted the following metrics for reopening decision-making purposes.

Metric Data:

- Recommendations of the CDC will be followed.

Specifically, the CDC recommends that the threshold of entering Phase 1 of any reopening should be a downward trajectory (or near-zero incidence) of newly identified COVID cases over a 14-day period.
First-line of monitoring:

- Monitor New COVID Cases per day in Harris County, Fort Bend County and Waller County.
    - A 7-day rolling average can be found at Community Impact online for Harris and Fort Bend, but not for Waller County (<communityimpact.com).
    - New Cases for Waller County can also be found at communityimpact.com, even though no 7-day rolling average is provided.

Second-line of monitoring

- Monitor COVID-Positive Case Growth Trend in the Greater Houston Area at Texas Medical Center online (tmc.edu/coronavirus-updates).
    - This source provides both the Daily Total Increase in COVID-Positive Cases as well as the 7-day trend.
- Monitor Confirmed-, Active-, and Recovered-Cases and Deaths from COVID by County and Zip Code at Community Impact Online (communityimpact.com)
    - These are Totals, but do not include 7-day rolling averages.

TRANSITION TASK FORCE WORKSHEET

The Question-Shaped Agenda for KFUMC's Transition Task Force Work

Given the fluidity of this moment, the Transition Task Force is to prepare a reopening plan in regard to the WHY, WHY NOT, WHEN, WHAT, WHO, HOW MANY, and HOW of reactivating KFUMC's campus and ministries by phases following this stage of the COVID-19 journey.

WHY = identifying the minimum requirements or achievements within both the local community and the church: "When the situation in the local community reaches this mark, and the standards set for our campus' operations meet this standard..."

Such as: KFUMC mission and vision statements, the three KFUMC COVID-19 guiding values, government standards, United Methodist Church directives, surrounding church practices/plan, advice of Houston Methodist Hospital and other healthcare institutions, local infection/recovery/mortality rates, KFUMC campus status,

WHY NOT = Identifying the reasons within both the local community and the church:

"Because the situation in the local community and church has not reached this mark, and the standards set for our campus' operations have not met this standard…."

Such as: KFUMC Transition Core Values are being compromised, benchmarks are trending upward, the risks outweigh the reward, financial and human resources are inadequate for the action, advice of Houston Methodist and other healthcare institutions suggests delay…

WHEN = identifying both the phases, dates, and tentative calendar: "...Katy First United Methodist Church will initiate the Phase_____in the Transition Plan once the following benchmarks have been accomplished (tentatively targeted for the following date...")

Such as: Limited staff presence, full staff presence, initial worship provisions (large group areas and settings), limited on campus small group meetings, staged area openings (worship centers, fellowship hall, children's areas, nurseries)

WHAT = identifying the ministries, events, and programs that can be safely relaunched in some limited fashion: "...at which time we will offer a limited version of the following ministries back onto campus...:"

Such as: strategic ministries, events primarily at campus, programs that are better done primarily online, other actions supplemented best by alternatives and online options.

WHO = identifying the particular individuals, staff members, and constituencies and ministries that will be allowed/encouraged back to campus: "This phase will focus on empowering the following segments of our congregation back onto campus..."

Such as: Essential on-site staff, optional on-site staff, maximum/minimum age limits, populations with identified risk factors, populations vulnerable to virus transmission

HOW MANY = identifying specific maximum numbers of constituents on campus or in a ministry setting. "... with attendance limited to the following numbers and social distancing rules in the following settings..."

Such as: maximum attendance and social distancing for worship phases, for worship areas, for outside events, for various spaces on campus

HOW = identifying the safety measures that must be operating before, during, and after ministry events or on-campus

gatherings: "...and the following safety measures being actively practice before, during, and after..."

Such as: baseline preparation prior to each phase, disinfecting (before, after, in between), volunteers retraining and protection, removing "touch points," temperature checks, masks, sanitizer, health signage, floor distance marking.

PHASE ONE of 4: TRANSITIONING THE CAMPUS
Preparing the Campus for Re-Entry

PHASE TWO of 4: TRANSITIONING WORSHIP
Reordering Worship Life

PHASE THREE of 4 = TRANSITIONING CAMPUS-BASED GATHERINGS
Reordering Age-Level and Small Group Ministries

PHASE FOUR of 4 = TRANSITIONING CAMPUS-BASED OUTREACH
Establishing the New Reality within Community Missions

TRANSITION TASK FORCE WORKSHEET

Question-Shaped Transition Chart

	Transition 1 TRANSITIONING THE CAMPUS	**Transition 2 TRANSITIONING WORSHIP**	**Transition 3 TRANSITIONING CAMPUS-BASED GATHERINGS**	**Transition 4 TRANSITIONING CAMPUS-BASED OUTREACH**
Why?				
Why Not?				
When?				
What?				
Who?				
How Many?				
How?				

Transition 1 Notes

	Transition 1 - TRANSITIONING THE CAMPUS
Why?	To prepare for safely reopening the campus for onsite worship services.
Why Not?	This to me is not an option. There is no reason to not prepare.
When?	As soon as all CDC required protocols have been established. EPA approved cleaning chemicals have been purchased and are being utilized. Adequate hand sanitizing stations are in place at all entrances, offices and common areas. CDC established signage is posted, stating PPE guidelines for entering all facilities. Staff PPE protocols are established and being practiced by all staff. As approved by government authorities and Texas Conference of the UMC. Air purification systems are installed for all worship areas and common areas.
What?	Daily operations required to maintain the facilities, conduct financial business, record/live stream online worship services and other communications. Provide Pastoral services to members and guests.
Who?	Church staff, leaders, cleaning, and maintenance staff. Walk in Pastoral needs/requests. Also, those who use the facility now to record the online services. All of these should be trained in appropriate sanitation, required PPE and safety protocols.
How Many?	Minimum number to achieve required daily functions for the operations and maintenance of the church. Recommend single person offices. If occupied by two, alternate days in the office or find an alternate workspace. Offer work from home options if possible. No more than three staff in the workroom at one time, socially distanced and wearing masks. There may be as many as 20 people in the Sanctuary or FLC to achieve live stream/recording of worship services. Social distancing and masks required.
How?	Refer to established cleaning and staff PPE and safety protocols.

	Transition 1 - TRANSITIONING THE CAMPUS
Why?	Because the Campus in its entirety must be made ready for Staff so that routine church operations can resume. Because the Campus in its entirety must be made ready for worship, small groups and outside groups prior to resuming these functions. Because campus re-entry is the one phase that can begin immediately while the Task Force is still at Work Because the lessons learned in the fundamental first phase improves our chances of success in the following phases So that we can maximize our outreach to our congregation during this difficult time period.

Why Not?	We should not open until the Staff are confident that the entire campus has been cleaned and sanitized as necessary. We should not open until we have confirmed we have an adequate amount of cleaning and disinfecting supplies to accommodate business operations. In addition, confirmation is needed that we have adequately trained cleaning personnel to address our needs during business operations.
When?	After the Campus facilities have been cleaned and disinfected, as necessary. After we have developed our cleaning and disinfecting procedures. After all staff are versed in appropriate cleaning, disinfecting and sanitation practices. After we have developed a health screening procedure for the presence of COVID-19 symptoms. After we have set up the Connection Center, guest seating areas, meeting rooms, Sanctuary, Family Life Center, Fellowship Hall and offices for socially distanced use. Occupancy capacity signs will be posted near the entry of each room, including the restrooms. Signs will instruct people to exit a room after entering and noting the capacity has been reached. After we have confirmed we have an adequate amount of PPE, cleaning and disinfecting supplies to accommodate business operations as well as extra masks for those that did not bring one. After we confirm we have the appropriate equipment for our cleaning and disinfecting practices. After we have confirmed that we have adequately trained cleaning personnel to address our needs during business operations. After we have posted signs at all building entrances that note that anyone entering the building is required to wear a mask upon entry except for children under 2 years of age, is required to use hand sanitizer upon entry and exit, and social distancing will be enforced. After we have a procedure in place that deals with staff, visitors and delivery personnel that have tested positive for COVID-19 or have come in contact with someone with COVID-19, including a procedure for notifying people that may have come in contact with an infected or possibly infected person that has been on campus or at a church event. After we have developed a plan for determining the need for shutting down a facility after learning of a COViD-19 exposure on campus. After the installation of HVAC air “cleaning” equipment and confirmation of adequate fresh air intake. When the safety, comfort, and confidence of the staff regarding their health can be assured. When the campus infrastructures and systems can be verified ready – A/C, door locks and security systems, internet and computers When the Office Manager can verify that the equipment and cleaning/sanitation/disinfecting supply lines are active, reliable, and sustainable When allowed by State and local governments, as well as the Texas Conference of the UMC. When the number of COVID-19 positive test results are decreasing or stabilizing in our area. When the number of active COVID-19 cases in our area are decreasing or stabilizing in our area. When hospital admissions due to COVID-19 have started to drop in our area. When COVID - 19 deaths are decreasing in our area. When we have a plan in place for sanitization between services When we have a staff and visitor registration system in place. This will be prepared for the other Transition Areas as well. When social distance markers have been placed on the floor at appropriate areas and on the sidewalks and walkways leading into the buildings. After the Pastors and Office Manager confirm all items that must be completed prior to opening have been.
What?	At this time, there will be no on campus activities; everything online regarding ministries, program areas, and campus-based ministries. Once the facility has been checked thoroughly for re-opening, staff and employees may return with social distancing in practice. Mask must be worn while in the presence of others. The fundamental administrative operations of the church

	Create innovative ways to stay connected with the congregation and to find innovative ways to meet in small groups Staff meetings may be conducted recognizing some staff members will be working from home. Ministry and program planning can take place. Reactivate the facilities mechanical, structural, electrical, and digital infrastructures. Prepare any essential printed communications and mailings Routine social media communications can be prepared and sent out. Maintain contact with our members via phone calls and socially distanced visits or zoom calls. Prepare appropriate emailers and social media releases to communicate expectations prior to the reopening of each Phase. Prepare any surveys/questionnaires so that we can plan for the appropriate amount of people that will attend the various worship services, small groups, etc.
Who?	All Staff that are comfortable working on campus. The Staff will be screened daily for COVID-19 symptoms. Nobody that is exhibiting symptoms of COVID-19 will be allowed to enter any building. Volunteers in need of training in support of the business operations. The volunteers will be screened prior to entry. People exhibiting signs of COVID-19 after entry, will be escorted out of the building. Limit access to relevant groups (ushers, partial choir, etc.) and contractors. These individuals will be screened prior to entry. Postal and delivery service personnel will be asked to leave the packages and mail outside the Connection Center in a designated location. Leadership Council, Trustees and Transition Task Force persons as required, each being screened prior to entry. Possibly small groups of planning committees, each member being screened prior to entry.
How Many?	No more than can be accommodated following social distance guidelines within each room. People will practice social distancing when entering and exiting a room. Masks will be worn while in the presence of others within the buildings. While outside if social distancing is not being practiced masks must be worn. Meetings time should be minimal to minimize possible exposure.
How?	Implement our cleaning and disinfecting procedure. Implement our social distancing plan. Implement our COVID-19 screening plan. Disinfect any items that come into contact with attendees. Make hand sanitizer, disinfecting wipes, soap and water or similar items readily available. Place visible signage to remind people of hygiene and social distancing practices as well as the requirement to wear masks while on campus in the presence of others. If providing meals, pre-package them. Maintain rigorous sanitation practices like disinfection, handwashing, and cleanliness when preparing anything edible. Maintain sanitizing stations that have been placed around campus. Replenish the extra mask inventory as needed. Clean door handles and knobs in accordance with our cleaning procedure. Monitor CDC, State, local and TAC guidelines for updates/revisions. Avoid touching high touch items. Identify specific buildings or areas on campus that will be part of the return to campus initiative and lock down other areas to minimize the need for unnecessary cleaning or sanitation Establish the Boundary of Control surrounding the campus where provisions of the return to campus

	initiative will be enforced and provided physical markers and barriers, e.g. entry ways and gates. Install barriers & signage to restrict narrow sidewalks & halls to one-way people traffic Identify the Sanctuary, Family Life Center, Fellowship Hall and the Connection Center as "Controlled Assembly Areas". These are areas where prolonged rather than incidental exposure to Corona virus could be possible Determine the maximum occupancy of each Controlled Assembly Area. Allowed occupancy should be determined based on the smaller of a prescribed percentage of normal pre-virus occupancy or the maximum number that will allow 6 feet social distance spacing between individuals or family units. Controlled Assembly Areas will have marked locations where attendees will sit as determined by access & egress requirements, prevailing HVAC air flow directions and number of occupants. Create a process for knowing which spaces need to be sanitized after use or end-of-day and with what frequency periodic cleanings need to occur. Masks required while on campus except for children that are younger than 2 years of age. Staff will be screened daily for symptoms of COVID-19 including temperature. Safety/PPE provided for custodial staff. Staff meetings should aim to be online as often as possible "Make it a priority to listen." Create a member survey that asks what their spiritual and physical needs are, what their experiences have been so far, and shows that we are listening. (Reopening The Church: Communication Strategies After COVID-19) Maximize working remotely for long term – poll staff on their needs and invest in portable tech for those without home devices. Continue increasing our remote services and programs. Communicate to staff and those on campus the policies and guidelines they are to practice while on the premises. Communicate the on-campus expectations prior to the official re-opening of the campus. Remove hymnals, Bibles, pens, etc. from pews Mark off pews, floor, etc. for social distancing Working remotely should be maximized.
	Transition 1 - TRANSITIONING THE CAMPUS
Why?	Because the campus the logical first place to start, and effectively the command center and we cannot move to Transitions 2,3,4 without addressing #1 Because the staff has already effectively begun addressing the issues needed to reopen the office
Why Not?	Staff is healthy (clarify with staff before opening) and assuming comfortable returning to office, the office can open and begin functioning as a first step.
When?	As soon as possible once: • staff feels safe, comfortable, and confident in returning • policies and procedures are in place for cleaning, • policies and procedures in place for visits by other than staff
What?	The fundamental administrative operations of the church The availability of facilities and equipment for staff - only

Who?	Full-time staff Part-time staff Custodial crews Repair and maintenance vendors and pre-approved/vetted volunteers Postal and delivery service personnel Leadership Council and Transition Task Force persons only as required, and pre-notification Others as approved by staff and/or Task Force
How Many?	Staff plus others by appointment
How?	Establish rigorous and standardized sanitation practices with staff. Find most advantageous areas for sanitation stations to be located and create processes to have them refilled with supplies. Create process for knowing which spaces need to be sanitized after use or end-of-day and with what frequency periodic cleanings need to occur. Determine and publish policies for staff and volunteers being on campus

Transition 2 Notes

	Transition 2 - TRANSITIONING WORSHIP
Why?	Worship is the most public – and accessible – experience for both members and seekers The church returning to worship will be a step toward the new normal and provides hope for getting back together Worship is a high priority with many members A number of members have indicated an interest in returning to in-person worship, subject to appropriate measures in place The absence of worship venue/options might create a demise in people's engagement and attendance if there is a decreased threat from the virus
Why Not?	The desire to return may not be in line with the reality of what is safe to do If recent surge in Harris county moves to Katy area, the metrics would suggest that we delay the reopening Dr. Marc Boom of Methodist Hospital advised Houston area churches not to return if they had not already begun services because of the increases in numbers of cases as of this time in the Zoom meeting with the Bishop
When?	In Person Worship will begin when the following statistical benchmarks are met: o Number of New COVID Cases Per Day in the Katy area (determined by Zip-Code and surrounding Counties) as a 7-day-rolling average has decreased over a two-week period
What?	
Who?	
How Many?	
How?	• One Worship Service per week • Limited to approximately 60 people • Worship Team coordinators will be responsible for developing detailed plans for implementing and coordinating the reopening of Worship o Worship Planning Team: Dick White, Mark Kimbrough, Barry Barrios, April Vaden, Zack Cheeseman, Sandy Schmidt, Jim Strong o Music Coordinator: Barry Barrios o Usher Coordinators: Jim Strong, Nancy Farmer o Communications Coordinator: Lisa Martinson o Worship Center Setup Coordinator: Laurie Leger o Signage Coordinator: Lisa Martinson, Laurie Leger o A/V Coordinator: Lisa Martinson o Custodial Coordinator: Laurie Leger • Continue to follow standards that are currently in place: o Occupancy rates based on CDC/government space requirements and occupancy rates o Air handler modifications o Trained staff/volunteers/supplies for hygienic hospitality cleaning before and after the worship service

	○ Worship leadership/facilities staff social distancing best practices • Online services will continue as in-person options are made available. (Confluence/Sanctuary Worship Service) • Temperatures will be monitored at the outside door • Masks will be worn • Worship teams will minimize exposure during worship • Worship expectations will be clearly communicated to the congregation prior to worship service opening • Hygienic hospitality will be practiced (e.g., hand sanitizer stations, safe restrooms, masks for everyone, no bulletins, no food/beverages, increased signage, disposable masks available) • Registration and Attendance will be taken electronically to provide potential contact tracing • Clearly communicated boundaries regarding which spaces are occupied and which are off-limits for the purpose of disinfecting responsibilities • Thorough campus sanitation procedures1 will follow every worship service • No childcare will be provided at this time. Children remain with parents at all times Individual phone calls to registered parents with procedures for children

	Transition 2 – WORSHIP
Why?	Because a sufficient number of members have indicated they are interested in returning to in-person worship, subject to appropriate measures in place Because worship is the most public – and accessible – experience for both members and seekers Because the absence of worship venue/options can create a demise in people's engagement and attendance Because the return of worship is the number one question that most church members ask regarding post-COVID church life Because the church returning to worship is a sign of hope – and a step towards normalcy (or the new normal).
Why Not?	If recent surge in Harris county moves to Katy area, the metrics would suggest delaying We need to make sure those members who cannot/will not come in person are addressed (livestreaming)
When?	When CoVid-19 local infection rates, and cases, within the Katy area have dropped, or at a minimum, leveled out Suggested beginning July 26, but subject to change if circumstances warrant
What?	Initially, one service, in sanctuary Once this has been instituted successfully, and if enough membership wanting to attend in-person warrants, a second service (Confluence) in FLC

Who?	1. Members and visitors
How Many?	Laurie has suggested a number of approximately 60; this number should be anchored by physically 'staging' how many people can fit and be appropriately distanced (Task Force could meet to do this)
How?	Notification to members in advance of policy and procedures – set expectations Entry and exit protocol Ushers and volunteers to assist, guide and ensure compliance Masks required Registration for all No food or drink Purell hand sanitizer stations Protocol for bathrooms No touchables in worship space (offering plate, hymnals, pencils) No singing – pre-recorded music played in person. Come up with a worship plan for live streaming No handshaking or hugs

	Transition 2 – WORSHIP
Why?	Because members of our congregation have expressed an interest in resuming live on campus worship once permitted by State and Local officials. Because people need to come together in a common space to worship.
Why Not?	Because State and Local regulations do not allow. Because we have not established appropriate cleaning, disinfecting and social distancing procedures and guidelines.
When?	When Transition 1 has been completed and the campus is safe for people to return.
What?	Live in person worship service Continue to offer online options
Who?	Members of the congregation that feel it is safe to attend on campus worship. Encourage members who are at risk to stay home.
How Many?	No more than allowed by State and Local requirements. No more than can be accommodated socially distanced

How?	Registration should be required Need to establish a way to accommodate walk in guests. Temperature should be taken prior to entering the building. Screen for other symptoms. Have greeters and ushers trained so that they know how to move people around campus and in and out of the worship space. Masks must be worn and social distancing must be required as well. Implement our cleaning and disinfecting procedure. Implement our social distancing plan. Implement our COVID-19 screening plan. Disinfect any items that come into contact with attendees. Make hand sanitizer, disinfecting wipes, soap and water or similar items readily available. Place visible signage to remind people of hygiene and social distancing practices as well as the requirement to wear masks while on campus in the presence of others. If providing meals, pre-package them. Maintain sanitizing stations that have been placed around campus. Replenish the extra mask inventory as needed. Clean door handles and knobs in accordance with our cleaning procedure. Monitor CDC, State, local and TAC guidelines for updates/revisions. Remove hymnals, Bibles, pens, etc. from pews Mark off pews, floor, etc. for social distancing

Transition 3 Notes

	Transition 3 - TRANSITIONING CAMPUS-BASED GATHERINGS
Why?	Because people are anxious to return to meeting face to face if it can be done safely
Why Not?	Unless cases begin to spike in Katy area, no reason not to, with robust policy and procedures published and communicated in advance
When?	When phase 1 is complete and the campus is safe for people to return, we can begin allowing small groups of people to meet on campus in certain spaces. Tentatively this could be late July, but subject to change
What?	Small groups – SS, Bible study, groups meeting outdoor, possibly some children activities
Who?	Members and visitors who are healthy and not at-risk
How Many?	Groups of no more than 15.
How?	Policy and procedures in place and communicated to each group (task force member should talk with representative from each group prior to first meeting) Reserve meeting space Registration of all at meeting Allow groups to meet in specific/designated and clean/disinfect in between each group meeting. I think the number of spaces used should be minimal in order to more effectively manage Maintain social distancing Maintain masks.

	Transition 3 - TRANSITIONING CAMPUS-BASED GATHERINGS
Why?	Because we have groups that are interested in returning to campus when it is safe to do so.
Why not?	Because State and Local regulations do not allow us to do so.
When?	When Transition 1 is completed and it is safe to return. When entrance and exit routes into the specific buildings and rooms have been identified When it has been determined what or if health screening criteria will be used for small group attendees
What?	Adult, youth and children Sunday school Small Groups.

	Choir Leadership teams such as Church Council, Finance, Trustees
Who?	Members who are comfortable with returning to campus. Strongly encourage the at-risk members to stay home
How Many?	Group sized that can be accommodated following social distancing within meeting space.
How?	As groups start returning to campus, the Office Manager will need to determine if adequate space exists for the groups. Some Sunday School Classes may need to be relocated to another room to accommodate the needs of others. Consider a hybrid approach for each group, i.e. Zoom and in-person. Attendance rosters will need to be maintained for contact tracing purposes. Temperatures will be checked prior to entry. Attendees will be screened for other symptoms of COVID-19. Social distancing will be required. Masks will be required.

Transition 4 Notes

	Transition 4 - TRANSITIONING CAMPUS-BASED OUTREACH
Why?	Because Katy First United Methodist Church wants to be a vibrant member of the Katy community and develop and maintain community outreach. One way to accomplish this is to make facilities / spaces available for community groups on the Katy First campus. Some outside groups
Why Not?	Once Transitions 1 and 2 have been implemented, and Transition 3 is ready to be implemented, there is no reason to delay Campus-based Outreach gatherings
When?	After transitions 1 is successfully implemented and the campus is open and safe for people to return. Timing could be implemented approximately same date, but not before Transition 2 and 3 - tentatively planned for July 26, but subject to conditions and metrics as determined by the Transition Task Force.
What?	Outreach - Community groups that meet on Katy First campus
Who?	Boy Scouts, Girl Scouts, Cub Scouts, HAPS (and potentially new groups), whose members are healthy and not at-risk
How Many?	Each group which has met on campus prior to shutting down campus – see above Group meetings of no more than **xx**. No more than as recommended by State and local health authorities This number may be a lower number initially and eventually can be increased.
How?	Direct communication with each group representative to determine desire of the group to return to meeting on Katy First campus, and understanding of the needs of the groups relative to what can be made available in a safe and responsible manner Policy and procedures in place and communicated to each group Task Force to determine which buildings and rooms are available Signage placed in buildings / rooms where community groups will meet Each group will be required to reserve meeting space (form made available on KFUMC website) Each group will be advised of requirements for meeting and must agree to adhere to all requirements Registration of all in attendance at meeting Each group to sign waiver of liability / release agreement**???** Each group will be responsible for cleaning / disinfecting after each group meeting.

	Transition 4 - TRANSITIONING CAMPUS-BASED OUTREACH
Why?	Because we want to be a welcoming church. Because we provide the facilities within which off campus groups meet. Because we have an obligation to the scouts to provide meeting space for them.
Why Not?	Because State and Local regulations do not allow us to do so.
When?	When Transitions 1 and 3 are complete and we are satisfied we have appropriately addressed any disinfecting concerns.
What?	Groups that are consistent with our Mission and Vision.

Who?	Boy and girl scouting groups, Parkinson Group Weddings Funerals Other special non-campus based groups
How Many?	Group sizes will be limited to what can be accommodated following social distancing guidelines.
How?	Groups will need to follow KFUMC COVID-19 related policies and procedures. Social distancing will be required as well as face masks. KFUMC will disinfect after each outside group has used the space. Who will provide hand sanitizers and masks for the groups? Registration of the group will be required. The group will be required to maintain a roster of attendees for contact tracing purposes.