

Witness in the Plague

A Simple Tip Sheet for Churches to Manage Infectious Diseases Like COVID-19

If you're reading this, it's because somebody told you, "Hey, I found a nice tip-sheet for how churches can respond to COVID." I hope it's useful for you.

During an epidemic, people will be afraid. This epidemic of fear can sometimes be as bad as the disease itself. To fight that epidemic of fear, churches can take reasonable precautions, making church a safe place where their congregants don't have to be afraid, even when the world around them is fearsome.

This document starts with a super-short one-page tipsheet on what you can do to respond to COVID, or any epidemic. It is extremely simplistic. Please do not get angry at me because the one-page version does not answer all your questions; read the detailed version after the first page for more details. Also, [read Luther's writings on this subject](#).

After reading the detailed version, if you have tips on how I can improve this document, email me at lymanstone@gmail.com.

Meanwhile, if you want to support the mission work being done in Hong Kong... that's awesome but my family is fully-funded right now; consider just tithing extra to your local church, which is your nearest mission field. Alternatively, consider donating to our excellent partner organization, [Mission of Christ Network](#), which helps connect Lutheran laypeople to opportunities to live out our vocations in service to God's mission, and in partnership with authentically Lutheran church bodies, around the world.

Grace and peace to you in the name of God our Father,
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UPDATED FIRST PAGE:

The CDC has recommended that all gatherings of larger than 50 people be canceled, and that groups of less than 50 be canceled if a complete set of social distancing measures cannot be implemented.

This is not yet a law, and thus churches might choose, especially if in an area without confirmed transmission, to continue having services.

However, it is extremely likely that many states will adopt this guidance and issue formal bans on assembly. These bans will probably apply to churches.

Nothing in this document should be construed to suggest that churches should disobey a direct order of the government not to assemble. My strongly-held view is that churches should obey the law. If groups of more than 50 are banned, then do not have groups of more than 50.

However, it is entirely possible to continue to do church in smaller groups. Especially since school is canceled and many businesses allow work-from-home and many social activities have been discontinued, if you have an assembly ban in your area, I would recommend one or several of the following:

1. "Phased services." Assign specific church member families times when they may come to church and receive communion. Only invite a limited number of families at a time. Continue to impose strict hygienic and social distancing measures during these events. Household schedules are much more flexible now than they usually are; use this to your advantage. Plan Monday services. Tuesday services. Every-day services. Inform members of their "group," which might give them 2 or 3 service options to attend throughout the week.
2. "Multi-siting." If you have multiple pastors or deacons who can perform the functions necessary for your church community to gather in an appropriate way, consider setting up multiple sites. One group could meet in the church, one in a nearby park, and a third in a church member's currently-closed business, for example. Even in many traditions with strong norms around pastoral leadership, deacons can provide communion which has been consecrated by a pastor, and can read a sermon written by a pastor.
3. "Home groups." These can be coordinated with parent-shares described below. Set up groups of families who will gather and pray together. Your pastor can establish a scheduled rotation, visiting each home group and providing communion as appropriate.

Is COVID a serious problem we should be worried about?

Yes. COVID is *much* worse than the flu, and has the potential to kill many people.

When should we begin responding to the risk of COVID?

Immediately. Most states have COVID cases. You should assume that local transmission has begun, or will soon.

Should we cancel church if there is a COVID outbreak nearby?

Not necessarily. Spiritual care is vital, especially in an epidemic, when people will be afraid and confused. However, it is your moral duty to protect your community by taking reasonable precautions so your church does not spread disease. Moreover, this is part of your Christian witness. Do not abandon your post, but don't be stupid.

What precautions should my church take?

1. Buy large supplies of hand soap (and hand sanitizer, though soap is better) and disinfectant wipes. Masks too if you feel like it, but masks are not as essential as disinfectant materials.
2. Establish a single, controlled point of entry to your church which you can use to force congregants to wash their hands and check for disease symptoms.
3. Strongly discourage people with any sickness in their household from coming to church; the pastor or deacons can make a house call later.
4. Eliminate non-essential activities at your church like social groups. Consider suspending church schools or peripheral activities.
5. Communion is your highest-infection-risk element of the service. Avoid passing a communion plate, intinction, or a common cup. The safest way to take communion is in individual cups and pieces of bread, in small groups, at the altar.
6. Other personal-touch service elements like peace-passing, offering, or attendance books should also be restructured or suspended.
7. Put more space between chairs or encourage bigger seating gaps in pews.
8. However, informal interpersonal contact at church and church fellowship time does not need to be cancelled, provided a few basic precautions are taken, like limiting food to individually-packaged snacks.
9. It is especially important for church workers to wash their hands fanatically, wear masks, and maintain good personal hygiene.

The Long Version

What is this document and why am I reading it?

This document is a simple tip-sheet on how your church can reduce the risk of an outbreak of some infectious disease in your congregation. It's prepared specifically in reference to COVID-19, the novel coronavirus originating in China which was identified in December, 2019, and which has since killed several thousand people. You're reading it, I hope, because you want to protect your church congregation and your neighbors from an unpleasant, and quite avoidable, death. It offers tips to reduce risk, but infection risk can never be reduced to zero. Things are going to get bad.

What makes you a reliable source about COVID-19?

I am not a doctor or an epidemiologist, so that's a very fair question. If you have a trusted church member who is a specialist in infectious diseases, they can definitely advise you better than I can. However, I am the Chief Information Officer of a population consulting firm called [Demographic Intelligence](#): we give advice to Fortune 500 countries and government entities about future population trends. So drug companies like Merck and Pfizer, baby products companies like Proctor & Gamble and Gerber, and multiple U.S. state, county, municipal, or territorial governments have all decided to trust my advice about population dynamics. You might disagree with their choice, but, while I'm not an epidemiologist, I do routinely work in detail with the medical and demographic literature around infectious disease, mortality risks, and especially fertility. You can find my work published in the *New York Times*, *Washington Post*, *Wall Street Journal*, *Boston Globe*, *South China Morning Post*, *The Federalist*, *Vox*, *First Things*, *American Interest*, *Christianity Today*, *Economics21*, and other publications.

But perhaps more importantly when it comes to churches, I, along with my wife, Ruth, and our daughter Suzannah Theophania Hei, serve as a missionary in the Lutheran Church-Hong Kong Synod. Hong Kong has been dealing with COVID for some time now, and has a long history of managing infectious diseases, including SARS and the massive 1957 and 1968 "Asian flu" and "Hong Kong flu" pandemics. Thus, I am a well-informed expert in a field related to mortality risks, who is on the ground near the frontline of the fight against COVID, in a role where I am working directly with churches.

Someone told me to read this, but I'm not really convinced: COVID isn't really that bad is it?

COVID is an infectious disease. Academic research thus far suggests the typical person infected by COVID will infect 1-3 other people, which is similar to influenza or Ebola in terms of the infection potential. Death rates for people infected by COVID are still being figured out, but the range of estimates runs from about 0.4% (in areas with strong quarantines, advance warning, good medical care, and healthier populations) and 15% (among people exposed to many severe cases, without good medical care, or with other severe conditions). My preferred estimate is near the scholarly consensus: about 1-2%, or about 1-in-50 to 1-in-100, of people diagnosed with COVID will probably die from it. Lord willing, the true value will end up being much lower (South Korea is near 0.6% right now).

But here's the better way to understand COVID deaths. If you're young and healthy, your odds of dying are about 0.2%: just 1-in-500. But if you have high blood pressure, or asthma, or diabetes, or a heart condition, or are over 60... your death odds rise by a *lot*: about 1-in-20 to 1-in-5. COVID kills vulnerable people.

I mentioned Ebola and influenza, so you may wonder how they compare in terms of lethality. Normal influenza kills about 0.05% to 0.2% of infected people. Thus, a *bad* flu season is probably about *half* as lethal as a *good* COVID outbreak. A *bad* COVID outbreak would be *many many times worse* than a flu outbreak. The only flu outbreak ever recorded to have a death rate similar to COVID is the 1918-1920 pandemic. It killed 1-7% of the entire population of the planet. That's bad.

On the other hand, at the extreme upper end, COVID *might* kill 20% of infected people in a very poorly-managed, worst-case scenario. But Ebola kills 25% of victims in *mild* outbreaks. For bad outbreaks, Ebola kills as many as 95% of its victims. So COVID is much worse than the flu, but not nearly as bad as Ebola.

COVID is worse for some people than others. Research on COVID's cousins, SARS and MERS, suggests they cause higher rates of miscarriage for pregnant women: COVID might have the same effect, especially in the first trimester of pregnancy. People with respiratory conditions like asthma have higher death rates, and most likely so do people who live in areas with high air pollution. If you have some other sickness at the same time, that of course makes COVID worse. But even "mild" conditions like high blood pressure can dramatically increase death rates.

Thus, anyone telling you COVID is "just a flu" is misinformed. It is a significant disease which, if it infects a large share of the population, could kill a lot of people, especially older church members or those with other health conditions.

Estimated death tolls of a major outbreak reach into the *hundreds of thousands* in America. The only good news is that children appear to be highly resistant to COVID, with negligible death rates for the under-10 population (however, children can still get sick, have symptoms like a fever and a cough, and spread the disease).

Okay, you've convinced me: COVID is bad. But this is a problem for public health authorities, not my church!

I understand that feeling. It feels like too big of a problem for churches to tackle.

But you don't have a choice. If your community develops an outbreak, you will be forced to decide how to respond. How you and your church respond matters for your congregants' safety, the health of their faith, and your Christian witness in your community.

I'm a Lutheran, so I'm very interested in the historic Lutheran witness related to disease. Luther wrote a detailed and informative tract on the topic during a Bubonic plague outbreak during his life. [His view was simple](#): to refuse to help put out a fire in a burning house is murder. To abandon the sick reminds of Christ's words about "whatever you did for the least of these," namely, "I was sick and you took care of me." To abandon the congregation of the faithful and deny them preaching and communion, to eschew gathering together and postpone the baptism of children or new believers, is to add spiritual harm to the physical risk of an epidemic.

Since the earliest days of the Christian church, and indeed in the Old and New Testaments themselves, the witness of God's covenant people has been consistent: we care for the sick. The Christian response to plague is, as Luther put it, not to be too afraid of "some small boils." Pastors and missionaries should die at their posts. During the plague, the Luther household had to be quarantined because they took in so many sick people, and their second child, Elisabeth, died as a consequence of the plague.

One could argue Luther took things too far and was a bit negligent with regard to his own family. But the general principle stands: Christians do not abandon their posts.

On the other hand, one of our "posts," one of our duties, is to help and serve our neighbor. If we recklessly expose our neighbor to a lethal disease, we have as good as murdered him. To ignore the infectious nature of disease is a violation of the Fifth Commandment. Luther's Small Catechism reads:

You shall not murder.

What does this mean? We should fear and love God so that we do not hurt or harm our neighbor in his body, but help and support him in every physical need. (emphasis added)

Thus, Christians have two crucial duties. First, not to use plague, and the fear of the death of the body, as an excuse to abandon our God-given duties. We must care for the sick, both the sick in soul and in body. Where disease kills parents, we must care for the children. Where disease kills children, we must tend to the wounds of the family. Where disease spreads fear, we must be bold in faith.

But we should not be idiots. We have a moral obligation to protect others by limiting the spread of disease. To ignore that duty murders our neighbors.

Don't abandon your post, but also don't be an idiot. Okay, that seems fair. Any other important general principles before we get down to logistics?

Yes. Beyond that moral duty, we also have a duty to the witness of Christ. Paul says to "do no wrong in the eyes of anyone." We must take care not to heap shame on the name of Christ by our actions.

Religious bodies have heaped shame on themselves in Asia. In Singapore and Korea, huge shares of the infected became infected via religious gatherings. In many cases, these were Christian gatherings, though some fringe cults were even more infectious. In Hong Kong, one of the largest disease clusters was associated with a Buddhist temple. The first confirmed case in the Washington, DC metro area was the Rector of an Episcopal church: he caught the disease locally.

If we are reckless and allow our churches to become centers of disease, then we damage the reputation of the Gospel in our communities. Don't do that. *Do no wrong in the eyes of anyone!* In a time of plague, Christians should not abandon their posts, *and should be examples of good disease management.* Christians *invented* hospitals during the first 5 centuries of our faith, because Christians thought it was important to have a good witness through our care for the sick. Let's keep up that good record passed on to us from the saints of the past.

Thus, churches should not only think about fulfilling their duties and avoiding unnecessary risks, but should also understand that times of plague are times of

great risk and great opportunity: risk of destroying the reputation of the church through stupid choices, but also opportunities to show that Christian faith motivates courage, sacrifice, compassion, and love in times of danger.

All right. Sign me up. What should we do?

Okay, let's begin!

When should we begin to apply disease-management procedures?

NOW. Do not wait for transmission nearby. Do not wait for a sick church member. As soon as there is any transmission in your region, take precautions.

If your region has quarantine cases *but no local transmission*, you should take some milder precautions, but might choose not to adopt the most serious procedures. The remainder of this document assumes that your church is in a region which has sustained local transmission of COVID at a significant level. That is, I am giving advice on how to respond to a situation where there are dozens of people or more getting COVID in your state.

Should we cancel physical church?

Not necessarily. Cancelling church should be a *last resort*. The physical means of grace through communion and baptism, and the great comfort of person-to-person community at church, are vitally important. As long as a non-infected congregation and leader exist with access to a space where infection risk can be managed, church members should take every possible measure to maintain regular assembly together. Do not neglect the fellowship of believers. The rest of this document assumes that your church intends to remain open as long as possible during the epidemic.

Note: this guide is aimed at churches with fewer than 300 people attending. There is simply no way to guarantee the safety of churches with much larger congregations. Logistical problems become insurmountable. For very large churches, procedures like multi-siting, phased services throughout the week, or cancellation may be the only options: [here's one good example](#) of how to maintain access to communion in a church too large to protect main services. This guidebook is aimed at more statistically average churches of 50-250 people.

And of course, if your local government commands you not to meet for a limited period of time, it is appropriate to obey the authorities.

How should we manage our physical structure?

1. Cancel space-sharing activities. If social groups or clubs meet in your facility, cancel them immediately. If you do not cancel these activities, then force them to adopt the identical disease management procedures your church adopts.
2. Seal entrances from the outside. Fire safety rules mean you must maintain the possibility of exit; but you should prevent people from using side doors for entrance. Place some kind of sign on the door exterior reminding congregants not to use it. Limit entry into the church to one controllable point.
3. Run humidifiers, air purifiers, and air conditioning. Better air quality and higher humidity can reduce the severity of symptoms like coughing, which reduces spread, and can also reduce how long disease particles hang in the air. Very dry air causes water droplets to aerosolize quickly, making infection risks worse.
4. Maximize sunlight. There is some research that suggests sunlight and UV radiation can help kill germs. Open the blinds and get light in as many rooms as possible. Portable UV lamps might help as well, but there's no substitute for actually cleaning surfaces.
5. Sanitize all surfaces frequently. Every surface touched by any person should be disinfected every day. Soap, bleach, or a strong alcohol solution are best.
6. Seal off low-usage parts of the building. Keeping your space clear of infection is easier if you have less space to clean. So consider just putting up tape or other barriers to limit access to unnecessary parts of the building.
7. Purchase significant quantities of gloves, masks, disinfectant wipes, hand soap, and hand sanitizer for your congregation, enough to keep every attendee cleaned and masked, and every pew and hymnal and doorknob wiped down, for at least 6 weekend service schedules.

What about our parochial school?

1. Cancel school immediately if at all possible and transition to online-education. This will dramatically disrupt families' lives, so you will have to make accommodations: staff can take turns coming in to school to provide a space for a limited number of families with justifiable needs to come during the day. Even before an epidemic arrives, you should develop a continuity-of-operations plan and test procedures for online education.

2. After cancelling, help parents develop a parent-share to ease childcare burdens. Provide these parent-shares with access to masks, wipes, and hand sanitizer from central supplies. Parent-shares should be limited to no more than children from 4 families in one sharing circle, and families should be prohibited from participating in multiple, separate parent-shares. This helps ensure that infection risk is limited, and if there is an infection, it stays within a small circle of families. Families with elders or sick people should not be part of any parent-share, but childless young people could absolutely take a shift.
3. Purchase significant quantities of gloves, masks, disinfectant wipes, hand soap, and hand sanitizer for your school, enough to keep every child and staff member cleaned and masked, and every marker and scissors wiped down, for at least 6 weeks of class.
4. In the event that school cancellation is *not* possible, you must take every possible measure to limit the spread of disease. This is not a guide for school management, but you can look at the rest of this guide for some ideas.

What should we do as congregants begin to arrive on Sunday morning?

1. Before anyone arrives, wipe down all surfaces like chairs, pews, hymnals, and door knobs with disinfectant wipes. As much as possible, prop open any doors you are allowing people to use in order to limit the need for touching. Scrupulously disinfect bathrooms.
2. You've already limited entry to ONE DOOR. At that door, post four healthy, low-infection-risk individuals, wearing well-fitting N95 respirator masks, surgical gloves, and clean, non-absorbent clothing.
3. Your door managers should check every single person's temperature using a handheld infrared thermometer. Anyone with a fever should be turned away. Options for turnaway vary: they could be sent home to await a house call by the pastor to deliver communion (see the section on pastoral visits below), or they could be sent to wait for communion in their car. Neither symptomatic individuals NOR THEIR HOUSEHOLD MEMBERS should be allowed into the building. Household-level transmission is by far the most common source of infection for COVID cases, and so even apparently-healthy family members pose a risk to the congregation. Congregants should be notified of this policy well in advance, and should be encouraged to stay home if they are at all sick.
4. Your door managers should compel anyone allowed into the building to thoroughly wash their hands. The most effective way to wash your hands is using soap and warm water. Even normal hand-soap will break down the fatty cell wall of the virus and kill it, but anti-bacterial soap will also kill

other germs, reducing the burden of disease on your local healthcare system. But if a washing-station using hand soap and water is not an option, use an alcohol-based hand sanitizer. Avoid alcohol sprays; you need to *scrub* your hands. Do not use herbal products or essential-oil blends. Do not permit people with sensitive skin to avoid washing. I have sensitive skin and my hands hurt all the time these days because of the frequency of hand-washing: they can get over it, or even bring hand-lotion for themselves to apply after washing. Do not compromise on hand-washing.

5. Require all people to wear masks. Surgical masks do not do ANYTHING to prevent individuals from inhaling disease particles, although properly-fitting N95 respirators do. However, surgical masks reduce the spread of disease particles from coughs, and they also help remind congregants to keep a safe distance from one another and not to touch their own faces too much: eyes fluids, saliva, and mucus are the major disease-carriers for COVID, so reducing facial touching can save lives. Thus, reusable masks are acceptable provided that congregants boil their masks between uses, or use a strong disinfectant detergent. The main purpose of masks is not to filter the air you breath, but to reduce how much you spread.
6. Your door managers should keep detailed attendance records of every individual who enters through the designated entrance point *and their measured temperature if possible*. In the event of an outbreak, officials from the Centers for Disease Control will need to trace the spread of the disease. Your church's records will make this much easier and thus can accelerate efforts to contain the disease. This will save lives. Also, taking attendance at the door reduces infection risk from passing attendance books during the service.
7. Encourage congregants to arrive at church early, or in pre-established arrival cohorts. As you may have noticed, this door management process will *dramatically* slow down how quickly people can get into the church. However, waiting in long lines creates a crowd which can itself spread disease. Thus, it is important that congregants arrive at a steady pace over an extended period of time, not all arriving 2 minutes before the service. If an epidemic forces your congregation to learn some timeliness, all the better.
8. Once people are inside the building, they can be allowed to move about freely. Especially if they are arriving early, children may get antsy. Having some child-focused programs going on in the 30 minutes before the service is a good idea. There is no need to force congregants to proceed directly to their seats or pews; they should feel free to have their normal community life once within the church. That communion together is, after all, the whole point of resisting cancellation.

9. Interpersonal touch between congregants should not be institutionally discouraged. Again, the point of maintaining strict hygiene is to make it possible for people to come to church for a refuge. While congregants might wisely choose to avoid lots of handshakes and hugs, it is absolutely inappropriate to say or do anything which directly discourages or shames congregants for showing affection and care for one another. Especially if your community has imposed quarantine measures, the mental and psychological health of your congregants is important.
10. Two additional door managers should be posted at the door to the church sanctuary itself. They do not need to take attendance, but should be checking to ensure all congregants are wearing masks, and they should force congregants to re-apply hand sanitizer. Absolutely do not allow any greeters or welcoming staff to shake hands with large numbers of people. It's fine for individual congregants to have physical contact, but having one or a few individuals contact large numbers of people is very unwise. "Fist-bumps" do reduce germ transmission, but they're also silly and juvenile. Just have your greeters drop a friendly dollop of alcohol-based hand sanitizer on each person's hands instead.

Do we need to adjust anything about our service timing or seating arrangement?

1. Households should be encouraged to leave at least 3 to 4 feet between their personal belongings in a pew, or at least 2-3 chairs. If chairs are mobile, they can be spread out with more space between each chair. Note that this should be 3 to 4 feet *between personal belongings*, not between people. This can help lower the risk of incidental infection due to touch.
2. If this results in insufficient seating capacity, then services should be split up. More services can be offered, with fewer people at each service.
3. At least an hour should be allowed between each service so that all surfaces can be re-sanitized.

Do we need to change anything about our actual order of service?

That depends on your order of service. I will go through specific elements of the service below. But before I do, let me note that you should only manage infectious disease insofar as is theologically viable in your tradition. Please do not read my comments to imply that disease management should take precedence over something you believe to be essential to eternal life. I am giving helpful tips, but they may not all be options for your community. I do not think it is a good idea to force a church to adopt protocols which are offensive to the consciences of worshippers. Nor is this advice "all or nothing." You might find some pieces helpful

and other pieces paranoid. They're just tips intended to help churches think about how to respond to a serious infectious disease.

Should we abstain from communion?

No.

How can we reduce the risk that communion spreads disease in our church?

1. Reduce the number of people who approach the altar, table, or rail at a single time. Ensure that they can maintain at least 18 inches of distance between each household taking communion. Even if it slows down the services, allow plenty of space.
2. Do not call individuals forward for communion until it is actually time to go and receive. Do not have lots of people standing around in lines. This is an infection risk. Have a given pew or aisle "on deck" and ready to speedily-but-reverently proceed to the altar. This will keep your ushers on their toes, so have them practice in advance!
3. Do not pass a communion plate down the pew or row. By the time it gets to the last person that plate is a massive infection risk. Don't do it. If at all possible, avoid this method of communion, in favor of calling communicants forward to a specific altar(s)/table(s)/rail(s).
4. Do not use a common cup or intinction. Although the alcohol content in wine does reduce the risk of disease surviving on the cup, it does not eliminate it. Common cup communion is the single highest-risk element of communion. If at all possible, remove it from your practice *for the duration of the epidemic*, and replace it with individual cups. Intinction by the communicant is also very risky given that hands carry germs. I know that this is an issue of great debate in many churches, so let me be clear. Using alcohol in a silver cup does *dramatically* reduce the number of surviving diseases on the cup. However, silver is less effective against *viruses* than against *bacteria*. Alcohol only breaks up viral cell walls in high levels: generally greater than 50% alcohol. Silver and alcohol at lower levels will *reduce* the risk of infection, but not *eliminate it*. If you rub the rim of the cup a fresh wipe after each communicant, that will further reduce risk, but only if you use heavy friction, and this risks spills. But even so, it is true that the common cup does have many natural disinfectant traits. This means

that the common cup does not often spread the flu or gastroenteritis: it kills many of the germs, and these diseases are common enough that many of the remaining germs end up on people who are resistant. But COVID is not like this: if ANY COVID cells survive on the cup, the next communicant is EXTREMELY likely to become ill, because nobody has a built-up immunity. Many people have read the CDC's 1997 letter about the common cup, and thus wrongly think it is safe. It is not. The CDC's 1997 letter specifically states that the silver and alcohol of the common cup are NOT effective against coronaviruses!

5. Do not ask celebrants to place the elements into a communicant's mouth. That communicant's breath and saliva is a major vector of disease. The pastor's hands may become contaminated and thus spread disease to others.
6. Do not take pieces of bread from a common pile. This risks transferring germs from the communicant's hands to other pieces of bread. Rather, have the celebrant drop individual pieces of bread into communicants' hands.
7. Use wine. For any given method of communion, the alcohol in wine is considerably more sanitary than the warm-fuzzies you Baptists and Methodists feel about your Jesus-Drank-Grape-Juice stories. Sorry for the Lutheran shade here but I couldn't resist it (don't worry, I was raised Methodist and remain an except-for-communion teetotaler; I appreciate your faith commitment to abstention but seriously Jesus drank wine).
8. The lowest-risk strategy for communion is for small groups to approach a designated place to receive communion, and there take the bread in individual pieces and the wine in individual cups.

What are other high-infection-risk parts of a common service, and how can we reduce risk?

1. "Passing of the peace" involves a large number of people touching each other, in many cases even anti-social people like me feel pressured into touching others. Don't do this. As long as the epidemic continues, consider removing the free-wheeling infect-a-thon of peace-passing.
2. Passing offering plates spreads infection. Consider replacing offering plates with a model whereby congregants come forward and place their offering in a receptacle of some kind. Naturally, transitioning to online giving would reduce risk even more, but many people value the experience of giving in a community.
3. Offerings of cash should be discouraged, as physical currency carries more germs than checks do. Whoever counts the money will be at slightly lower risk if congregants avoid cash gifts for a few weeks.

4. Switching offering to online-donations is safest, however I recognize that some churches have theological objections to this.
5. Attendance rosters can also spread infection. They should not be passed during the epidemic. As noted, taking attendance at the door eliminates the need for passing attendance sheets during the service.
6. Hymnals, especially leather covers, might be able to carry the virus. Switching to power-point or disposable printed bulletins may help reduce risk. However, wiping leather hymnal covers with disinfectant wipes may also be effective, albeit more costly and time consuming.
7. "Children's sermons" involve a lot of kids, who tend to produce mucus and saliva, getting up and milling about during the service. Providing a children's lesson without moving the kids may be preferable.
8. Sunday school for kids can be continued, but kids should have their hands sanitized at the beginning and the end of Sunday school, and activities should be planned which don't require too much excessive touching or any shared craft supplies.
9. You can help the public health authorities in a very useful way: during the service, have someone go up into the choir loft or balcony. Take a high-resolution photo of the entire congregation. This can help establish who sat close to whom, which can be helpful in tracing an outbreak.

What about church fellowship time?

1. It is not necessary to strictly curtail or reduce church fellowship times after the divine service. Again, the aim of keeping the church open is to ensure continued access to the good gifts God gives His people through the Spirit's work in the visible church. One of those good gifts is, as the Augsburg Confession puts it, "mutual care and consolation." Having a church fellowship time, even one with food and beverages, does not have to be an infection risk.
2. But if you have a fellowship time, especially with any food or drink YOU MUST TAKE EXTRA PRECAUTIONS. Shared meals are a huge infection risk. To protect your church's fellowship time, extra measures should be put in place.
3. Once again: designate some church members to stand at the entrance of the fellowship hall to ensure hands are sanitized and masks are worn (although obviously masks can be removed while eating and drinking).
4. Do not provide any open food containers with self-service. For example, do not provide a casserole/hotdish from which congregants serve themselves a portion. Any open dishes should be put into individual containers in a clean kitchen, with those individual containers given to congregants.
5. Do not provide a condiments table with shared condiments which everyone touches. Individual packets of condiments are preferable.
6. The safest way to provide food is to supply individually-wrapped snacks.

7. Do not pre-pour lots of cups of beverages for people to take, or even set out empty cups: a single cough or infected breath on such cups could infect dozens of people.
8. If you want to have beverages, then have a designated person with gloves and a mask take individual clean cups from a clean location, and pour beverages into them at the request of individual congregants. Alternatively, have one individual take requests for canned or bottled beverages and then give them to congregants out of a clean cooler.
9. After any fellowship event, scrupulously disinfect all surfaces.

What about Sunday school for kids?

1. The best practice for kids is simply to cancel Sunday school. Children have a very hard time maintaining social distancing. Having children remain in the pews with their parents during the entire service should be considered the ideal solution.
2. However, this is not the usual practice for many churches. Some churches have kids in a designated Sunday school for the whole service, and some have kids depart for Sunday school during the service. It is better to have kids in Sunday school for the entire service than to have them leave during the service. Leaving during the service creates more opportunities for crowding, touching, and jostling, and makes it harder to have organized recording and hygiene procedures. However, if you have widely-spaced seating and few children, such that kids can exit easily without contacting other households, mid-service dismissal is still a workable option.
3. Kids need their own door-check procedure at Sunday school. Every kid needs to wash their hands *again* when entering the Sunday school classroom. If you have more than a handful of kids, then you need to take name and temperature *again*. For small groups this is less necessary.
4. Kids should not do crafts using shared supplies, and should be encouraged to maintain some degree of distance to the extent possible. Don't play tag, play Simon says. Don't cut things with scissors, learn a song from a YouTube video. Plan activities which *naturally* reduce the odds of touching.
5. Shrink your class size. Do not have groups of kids larger than 10 to 15 kids.
6. Organize classes by household, NOT by age. Households are the relevant unit of infection. Spreading a possibly infected household across multiple classrooms is a very bad idea. Keep household units together, even if there are large age differences. Try not to have more than 4-6 households per class.
7. Outside is best. Using a green space for physical, mobile activities is a good idea. First, sunlight helps disinfect. Second, it avoids enclosed spaces that make infection more likely. Third, kids who've been in isolation need to

run and play. Fourth, big spaces can reduce the odds of touching. Fifth, getting kids running and active is a good form of health surveillance. However, fixed play equipment which might have been used by infected people is not ideal.

8. The most hygienic sport is soccer. It's all feet! As an American, this hurts me to say. But it's the truth. Soccer is a great game for an epidemic.
9. Don't play basketball. As a Kentuckian, this hurts me *even more*. But obviously, throwing a ball around that everyone touches is a *very very bad idea*.
10. You can find more of my views on kids and COVID published in [Christianity Today here](#).

I have Asthma/COPD/high blood pressure/only one long/diabetes/I'm pregnant. What should I do?

1. Quarantine yourself immediately. Do not go out for any non-essential purposes. Ask a healthier person to bring you whatever supplies you may need. Enforce obsessive, even fanatical, hygiene on anyone who visits you: they should wash their hands and face, remove all outerwear, dispose of mask, and keep a safe distance.
2. Inform your pastor of your condition. Talk about safety protocols. If your pastor can guarantee a safe church environment, you could continue to go. If he cannot, ask him or a deacon to bring you communion at home. Take the same precautions at home as advised at church.

I'm a pastor, and I'm getting house calls. What precautions can I take to ensure I don't get infected, or spread infections to people I visit?

1. I highly recommend reading Luther's "[Whether One Should Flee the Plague](#)" in detail, ESPECIALLY his advice at the end for pastors.
2. Wash your hands
3. While out making house calls, keep a detailed, hourly log of every single visit you make, every food you eat, every person you talk to. This will help the CDC trace the outbreak if/when you get sick.
4. Wash your hands.
5. Understand that clergy mortality tends to be above the general population level during epidemics. TAKE IT SERIOUSLY AND MAINTAIN EXCELLENT HYGIENE.
6. Wash your hands.
7. If you have a beard consider removing it as it reduces the effectiveness of masks and can hold germs.
8. Wash your hands.
9. Consider your own health risks. If you are older, or have respiratory conditions, or other risk factors, it is okay to make necessary compromises.

Ask a younger deacon to take on some of your house calls. Your church wants you to be healthy, and to remain available to serve them throughout the epidemic. Don't abandon your post, but accept your limitations as a human. The most important thing is that the weekly gathering of believers to receive the consolation of communion together continues as long as possible.

10. Wash your hands.
11. Call, text, WhatsApp, or Facebook your church members frequently. Repeatedly check on elders and the sick especially. Memorize the phone number for local public health agencies. You serve a vital social function of keeping an eye on your people's health.
12. Wash your hands.
13. Don't touch every random surface in somebody's house and don't eat random food out of their refrigerator.
14. Bring your own thermos of coffee or water bottle.
15. Wash your hands.
16. Conscript healthy, young church members for vital tasks: delivering food and supplies to vulnerable people, helping you track the health of member families, checking in on members, delivering communion to the sick, etc. Those you deputize into service will experience the most valuable catechesis of their life: sacrifice for their neighbor.
17. Clean your hands.
18. Un-dirt your hands.
19. Your hands; have you washed them recently?
20. Give us clean hands, oh Lord.
21. Wearing a mask is fine too, but mostly wash your hands.
22. **BUT MOST IMPORTANTLY:** thank you. From a layperson experiencing the fear of an epidemic, thank you that you are reading this and trying to protect your church. Thank you for looking for ways to ensure you can visit the sick. Thank you for taking the call to serve God's people. Also wash your hands you are a pastor not a superhero you can die like anybody else and while the Spirit can easily enough call somebody else leaving your congregation without a pastor during an epidemic is a significant burden on them. Take care of your people, but take care not to get infected. Luther took it a bit too far.