May 10, 2020

Dear Congregation Leaders,

The Health Department was very happy to see restrictions on religious congregations eased by the Governor. I understand how important fellowship is to so many people in our community. I also understand the calling religious leaders have to serve their congregants, and the struggles many have gone through due to physical separation imposed by the virus that has claimed many lives.

My concern is that worshippers at church services include many in high-risk medical categories. Coupled with relatively close contact and the recitation and singing that is such an ingrained part of communal worship, the potential for widespread transmission within a congregation could result in a heart-breaking loss of lives. I’m asking that you help spread the word to fellow congregation leaders and members to make some modifications throughout this pandemic.

Religious Leaders should consider the following suggestions:

1) Encourage congregants who are at high-risk of COVID complications to either continue to worship in their homes (possibly viewing or listening to a live stream or recorded service) or the ministry should hold a separate service for the medically vulnerable. Separate services for the medically vulnerable should allow significant spacing of individuals. I would recommend at least 15 feet between participants. If a separate service is held, it should occur prior to the service for the general congregation. This avoids virus particles lingering in the air or on prayer books, door handles, etc., that could lead to infection. The supplemental service should conclude at least an hour prior to the start of the general service so the two groups don’t physically interact.

People at high-risk include anyone age 60 or older and those with chronic medical conditions including diabetes, long-standing high blood pressure, COPD, congestive heart failure, a recent history of chemotherapy, and any condition that requires immunosuppressant medications.

2) It is extremely important that word be sent to congregation members that anyone with any illness or anyone with a sick member in their household should not attend service for at least 2 weeks. Even if a person feels well, they could have contracted it from an ill family member and be capable of infecting others.
3) Singing should not take place during services. **Singing** dramatically increases the risk of transmitting COVID. If someone is an asymptomatic carrier of the virus (feels fine but is infected), singing increases the amount of virus they exhale and **at least doubles the distance the virus carries through the air**. Outside of nursing homes, some of the worst outbreaks of COVID have occurred as the result of singing in churches. Although song is such an elemental part of religious tradition, this is one time when it is critically important for us all to modify our established behaviors for the safety of our fellow human beings. As the Good Book teaches, in each of our actions, we must be protective of the most vulnerable.

4) If possible, services should be held outside. This helps dissipate viral particles much more effectively than indoor settings. I realize that the weather in Southern Maryland is not always conducive to outdoor events and some congregations may not have the physical space or equipment to hold services outdoors. If outdoor services are feasible, members of the congregation should be encouraged to bring their own fold-up chairs.

5) Regardless of the setting, members of the congregation should be more than 6 feet apart in each direction. Ideally, a 10-foot radius should be provided to decrease the potential for virus transmission. Family members **living in the same household** do not need to be spaced apart. The Governor's Order allows capacity at indoor services to be 50% of the Fire Marshall's allowance. In almost every building, **this is too many people**, and will not allow for safe spacing between worshippers. I would discourage leaders from using this benchmark as a safe measure of occupancy.

6) Keep services as short as you reasonably can. Virus transmission is a result of the **proximity and duration of exposure** to an infected person. The longer someone is near an infected person, the more likely they are to get sick. Given the potential for severe illness with COVID-19, it is very important to limit the time people spend in group settings.

7) Consider taping a weekly message, sermon, or service for those who can't safely attend in-person services. This can be placed ahead of time on a FaceBook or other social media outlet. For those without internet access, it could be placed on a phone recording.

8) No physical contact should occur between religious leaders and congregants. COVID-19 is more easily spread than the flu. Physical contact of any kind, hand shaking, hugs, delivery of the Eucharist, laying of hands, etc., put you at risk as well as those in your ministry.

9) Good, basic hygiene should be observed. Ideally, hand sanitizer should be made available at the entrance to members of the congregation or they should be encouraged to wash their hands with soap and water immediately upon entry to the facility. All common touch surfaces should be disinfected prior to each service. Ideally, prayer books should not be used. Disposable paper pamphlets for each service are a safer way to provide guides for members of the congregation.

For any questions, please contact me: Laurence.polsky@maryland.gov or 410 535-5400 x306. God bless,

Dr. Larry Polsky, Calvert County Health Officer

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*Person with a hearing impairment – Call Maryland Relay Service at 1-800-735-2258*