

Manna Church Colorado Springs COVID-19 Approach

Over the last several months, as we navigated the impacts of COVID-19 on our church, we have embraced several principles to guide our decision-making process:

1. The church is essential to its community.
2. We are called to love our neighbors.
3. We will be responsible, but not fearful.
4. We will serve our city through this crisis.

Some of these principles can appear to operate in tension with others, which is why making decisions in this season is not as clear cut as one might expect and why there may be more than one approach to the same challenge. As COVID-19 transmission rose and restrictions increased, these principles, along with prayer and input from professional counsel, have shaped our approach and response.

First, I think it is important to communicate that I believe we are fighting a very real virus pandemic. We are keenly aware that there are those who are at greater risk to COVID-19 and need to take the necessary precautions to safeguard their health and the health of their families. We also understand that there are those who are simply not ready to participate in public gatherings yet. We fully understand and support those decisions and are working hard to provide a great online option by investing human and financial resources into improving that experience.

However, COVID-19 is not the only pandemic we face. We must also combat the additional “pandemics” of mental health and fear that threaten our community.

Scientific studies have for many years drawn a direct correlation between isolation and depression,^{i,ii} and widespread lockdowns and social distancing guidelines have contributed significantly to increased isolation. We will not understand the true influence of our country’s approach to COVID-19 on the mental and emotional health of individuals for many years. Yet we are already seeing evidence of its significant impact. Mental health issues are on the rise,^{iii,iv,v} phone calls to mental health hotlines are up as much as 1,000%;^{vi} and in 2020, as many as 1 in 3 people are struggling in some area of mental health as opposed to 1 in 10 in 2019^{vii} (some studies show up to 1 in 2 people are currently struggling).^{viii}

We, as a church, want to serve our community in every way possible, and one significant way for us to do that is by providing opportunities for people to safely gather as the body of Christ, offering a place for connection and encouragement to help promote spiritual, emotional and mental health. This is not only a practical need, but a spiritual and theological one as well.^{ix} At the same time we want to offer online worship experiences for those who are unable or uncomfortable with meeting in person. And as the hands of Jesus in the community, we believe it is essential for us to continue to serve our city in purposeful, practical and life-giving ways.

Therefore, at this time, we are continuing to provide the options to worship together in person or online. As we gather in person we will continue to follow guidelines that will help minimize the spread of COVID-19. These guidelines have been provided specifically for faith-based organizations by the Colorado Department of Public Health and Environment and can be

found here: https://www.elpasocountyhealth.org/sites/default/files/2020-10/Guidance%20for%20Faith-Based%20Organizations_0.pdf. These guidelines include practicing social distancing, increasing sanitization procedures, practicing good hygiene, wearing a mask, and staying home when you are sick. You can find out more about our implementation of these guidelines on our website here: <https://cos.manna.church/updates/in-person>.

While it would be impossible for us to guarantee that COVID will not spread through one of our Sunday morning gatherings, we are doing everything we can to minimize those chances, and, to our knowledge, there has not been a single case of transmission from a Sunday morning since we returned to meeting in person. Our teams are doing an incredible job cleaning and sanitizing our meeting spaces.

The reality is that circumstances may again prevent us at some future time from gathering in-person, but it will always be temporary. We are monitoring the data available on the impact of COVID-19 in our community closely, particularly the capacity of our local hospitals to provide care for those most affected and vulnerable to symptoms of this virus. Hospital capacity and use are the primary metrics guiding our decision on whether or not to continue meeting in person.

If the hospitals were to reach max capacity and have to turn away patients who need treatment, that would likely lead to the decision to temporarily cease gathering in person while the hospitals either worked to create room for more patients or the spread of the virus began to slow and the hospitals were able to catch up.

Current research communicates that the majority of the population is not in mortal danger of COVID-19^x, yet, as a church we want to serve and love those who are most vulnerable to this virus. I believe that each family is more than capable of discerning the best course of action for themselves. So, we want to be able to provide multiple options that will empower you to make the best decision for you and your family.

I am so grateful for each one of you and thankful for your grace in this unique season. As a team, we are spending a significant amount of time in prayer seeking God's wisdom and direction and would so appreciate your prayers for us and your church as a whole. Regardless of what challenges we face, Jesus WILL build His church and God's purposes WILL prevail. I am convinced that our best days are ahead!

For His Glory,
Pastor Joe

ⁱ N. Leigh-Hunt, D. Bagguley, K. Bash, V. Turner, S. Turnbull, N. Valtorta, W. Caan, "An overview of systematic reviews on the public health consequences of social isolation and loneliness." *Public Health*, Volume 152, 2017, Pages 157-171, <https://doi.org/10.1016/j.puhe.2017.07.035>. (<http://www.sciencedirect.com/science/article/pii/S0033350617302731>).

ⁱⁱ "People screening at risk for mental health conditions are struggling most with loneliness or isolation. From April to September 2020, among people who screened with moderate to severe symptoms of anxiety or depression, 70 percent reported that one of the top three things contributing to their mental health concerns was loneliness or

isolation.” Mental Health America. From “The State of Mental Health in America”
<https://www.mhanational.org/issues/state-mental-health-america>.

ⁱⁱⁱ “The coronavirus pandemic is pushing America into a mental health crisis...” Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse. By William Wan May 4, 2020
<https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/>.

^{iv} “A Phone Call Away: New York’s Hotline and Public Health In The Rapidly Changing COVID-19 Pandemic.” Published: June 11, 2020 Free Access <https://doi.org/10.1377/hlthaff.2020.00902>.

^v “The COVID-19 pandemic and the resulting economic recession have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders. In a KFF Tracking Poll conducted in mid-July, [53%](#) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the coronavirus. This is significantly higher than the [32%](#) reported in March...” “The Implications of COVID-19 for Mental Health and Substance Use.” Published: Aug 21, 2020 <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

^{vi} “Coronavirus like ‘a poisonous fire hydrant’ of anxiety. Crisis line calls up 1,000%” By Summer Lin May 04, 2020. <https://www.miamiherald.com/news/coronavirus/article242496336.html#storylink=cpy>.

^{vii} “More than one in three adults in the U.S. have reported symptoms of anxiety or depressive disorder during the pandemic (weekly average for May: 34.5%; weekly average for June: 36.5%; weekly average for July: 40.1%) (Figure 1). In comparison, from January to June 2019, more than one in ten (11%) adults [reported](#) symptoms of anxiety or depressive disorder.” “The Implications of COVID-19 for Mental Health and Substance Use” Published: Aug 21, 2020 <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

^{viii} “A Phone Call Away: New York’s Hotline and Public Health In The Rapidly Changing COVID-19 Pandemic.” Published: June 11, 2020 Free Access <https://doi.org/10.1377/hlthaff.2020.00902>.

^{ix} Ed Stetzer and Joshua Laxton. “Churches Gather, That’s Part of What They Do: Thoughts on Ecclesiology in a Pandemic.” (July 29th, 2020). <https://www.christianitytoday.com/edstetzer/2020/july/why-gathering-of-saints-is-essential-component-of-new-testa.html>.

^x Johns Hopkins University and Medicine: Coronavirus Resource Center. <https://coronavirus.jhu.edu/data/mortality>.