

Ministry & Hope During The Pandemic Flu

...a candid conversation with the faith community

May 17, 2007

Conference Hosted By:

Fairfax County Health Department
Fairfax County Community Interfaith Liaison Office
Faith Communities In Action – Fairfax County

Board of Supervisor's Auditorium
Government Center
Fairfax County, Virginia

Planning Guide Developed By:

J. Lewis Saylor, FCBA

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Attendees to the May 17th briefing and other leaders in religious settings are encouraged to engage in a dialogue with the Health Department, Community Interfaith Liaison Office, and Faith Communities In Action concerning the pandemic flu, community preparedness, and other disaster issues. Questions and comments are welcomed. Requests for an electronic copy of this planning guide should be directed to:

J. Lewis Saylor, FCBA

703.955.6310 - cell
sayjls@aol.com
sayjls@yahoo.com
PO Box 1101
Centreville, VA 20122

Pandemic Flu Overview

In previous briefings to businesses, nonprofit organizations, medical providers and other groups, Gloria Addo-Ayensu, MD, MPH, Director of the Fairfax County Health Department has noted three influenza pandemics in the 20th century:

Estimates of Worldwide Mortality from Pandemic Influenza

- 1918 (H1N1) with 40 million deaths
- 1957 (H2N2) with 2 million deaths
- 1968 (H3N2) with 700,000 deaths

The concern from health officials throughout the world, and the United States along with those in Fairfax County, is that pandemic influenza will likely spread quickly in light of global travel, worldwide commerce, increased population density, and increased numbers of persons living with immuno-suppressed conditions. This spread of an illness could be transmitted very quickly before the development of a vaccine.

Scientists are carefully watching the H5N1 Avian Influenza strain as it now meets two of the three criteria that are required to be considered a pandemic influenza. These criteria are:

Pandemic Criteria Met by H5N1

1. A novel strain of influenza not experienced previously in the human population.
2. A strain that has caused significant mortality (over 50%) among those persons who have contracted the disease from direct contact with infected birds.

Pandemic Criteria **Not** Met by H5N1

3. Spreads easily from person-to-person.

In other words, pandemic influenza is much more serious with severe flu symptoms manifesting over a longer number of days than the seasonal flu experienced each year. While this virus is under close scrutiny by world health and medical experts, it is not known if it will evolve into a pandemic influenza. Experts do predict another pandemic influenza outbreak, but do not know exactly when it will occur, or what virus may cause the pandemic.

According to past experience with pandemic outbreaks of influenza, health officials are anticipating 2 or 3 waves of disease during a period that could last as long as 18 months; many communities experiencing outbreaks lasting only 2 to 3 months. This intensity of an outbreak could impact 35% of the population causing enormous demands on the health care system including delays and/or shortages of available vaccines and antiviral drugs along with disruptions of usual services. Depending on the severity of the pandemic influenza outbreak, schools could be closed for several weeks. Some public gatherings could be closed, or discouraged at best. Operations of businesses, especially

smaller establishments, could experience difficulties due to shortages of personnel and possible interruptions of supplies.

It is because of this concern for a major illness event that health officials are briefing as many groups as possible to raise the level of awareness. Through this effort, all sectors of society including those involved in commerce are being advised and encouraged to prepare for this kind of human disaster.

Planning Your Approach

Many possible scenarios. Many potential issues. And even more questions. How do leaders begin to consider the many dynamics associated with a pandemic?

- How are faith communities to prepare for a pandemic flu outbreak?
- What steps can be taken to prevent and/or contain the spread of the flu within congregations – and thus within families and among individuals?
- How will ministry be conducted during the flu outbreak?
- How will houses of worship maintain their operations during the flu?

Considering how to react to a pandemic flu or any disaster can be emotionally overwhelming. Houses of worship will (by design or default) be on the front lines as a pandemic flu or similar outbreak manifests itself throughout the population. The good news is that there are ways to think about and plan for one’s approach to this type of disaster.

One of the most prudent ways to prepare for an unexpected event or situation is to take an “all hazards approach.” That is to say, many disasters have a similar type of response, require many of the same types of supplies, and have a similar mindset regarding how individuals and families can be prepared. If, for example, a house of worship and its members are prepared for a severe tornado or flood then they have begun the process to be prepared for man-caused disaster. The following chart helps to highlight some of the factors that are common to disasters as well as sharing a few contrasting elements.

Overview of Disaster Types by Donna Foster

FACTORS	NATURAL DISASTERS	TERRORISM	PANDEMIC FLU
Loss of life – injuries	Usually low in Northern Virginia (floods, snow storms, tornados, etc.).	Moderate to high depending on target.	Potentially high if lethal strain.
Land area impacted	Specific, defined.	Specific, defined.	Throughout region, nation, world.

Duration of disaster	Usually 1 – 3 days.	Brief, instantaneous.	Prolonged, waves of illness spanning 12 – 18 months.
Property damage	Significant for affected area.	Significant for affected area.	None.
Availability of recovery assistance	Good, personnel from non-affected areas can help.	Good, personnel from non-affected areas can help.	Very limited, no outside assistance as all areas impacted.
Control measures	<ol style="list-style-type: none"> 1. Preparedness plans at all levels – national, state, local, personal. 2. Practice/exercise plans. 	<ol style="list-style-type: none"> 1. Preparedness plans at all levels – national, state, local, personal 2. Practice/exercise plans. 3. Heightened security. 	<ol style="list-style-type: none"> 1. Preparedness plans at all levels – national, state, local, personal. 2. Practice/exercise plans. 3. Infection control measures – hand washing, cover cough/sneezes, stay home when ill. 4. Disease surveillance. 5. Early outbreak stage – isolation/quarantine, targeted application of antivirals.
Psychological impacts	<ol style="list-style-type: none"> 1. Initial feelings of devastation – why me? 2. Sense of loss. 3. Helplessness. 4. Temporary depression. 5. Anger toward authorities. 6. Community pulls together for recovery. 	<ol style="list-style-type: none"> 1. Sense of loss. 2. Alienation. 3. Devastation – why me? 4. Fear of unknown. 5. Depression. 6. Anger toward perpetrators. 7. Community pulls together for recovery. 	<ol style="list-style-type: none"> 1. Protracted emotional strain dealing with illness/residual weakness. 2. Why me? 3. Guilt – could I have prevented this illness? 4. Social isolation. 5. Issues with confinement.

Again, recognizing the similar dynamics among disasters as well as the need to have houses of worship, along with their members, prepare for potential disasters, the Fairfax County Citizen Corps, American Red Cross, and others in the faith community undertook an initiative during 2005 known as “Ready-Pack-Go.” The goal of this effort was to inform individuals as to how to pre-pack three days worth of essential supplies plus important documents in an easy to carry container so that they were ready to relocate within their home or evacuate from their home in a moment’s notice.

Information on the Ready-Pack-Go campaign can be obtained by visiting the Fairfax County (Virginia) Citizen Corps web site at . . . <http://www.fairfaxcountycitizencorps.org> One of the recommendations of this planning guide is for houses of worship to enhance the 2005 Ready-Pack-Go campaign with added considerations for a pandemic flu such as, personal hygiene related to coughing and sneezing, cleaning protocols, etc. Reinforcing a message of preparedness is always a wise investment of time and attention. After all, if your house of worship is prepared along with your members then when a disaster occurs, your faith community will be in a position to assist others.

As the faith community begins to consider its approach to a pandemic flu from an organizational perspective, it is important to identify relationships in and around their religious settings and begin to contemplate the “what ifs?”

Identifying Relationships

Understanding the people who are in and around a ministry setting will be essential to confronting the challenges of any potential risk and particularly true in an illness related pandemic.

It is strongly recommended that each house of worship create a relationship model or schematic. This assignment is considerably different from that of producing an organizational chart; rather this task challenges the house of worship to carefully identify the various groups of people that it interacts with on a daily, weekly, and monthly basis.

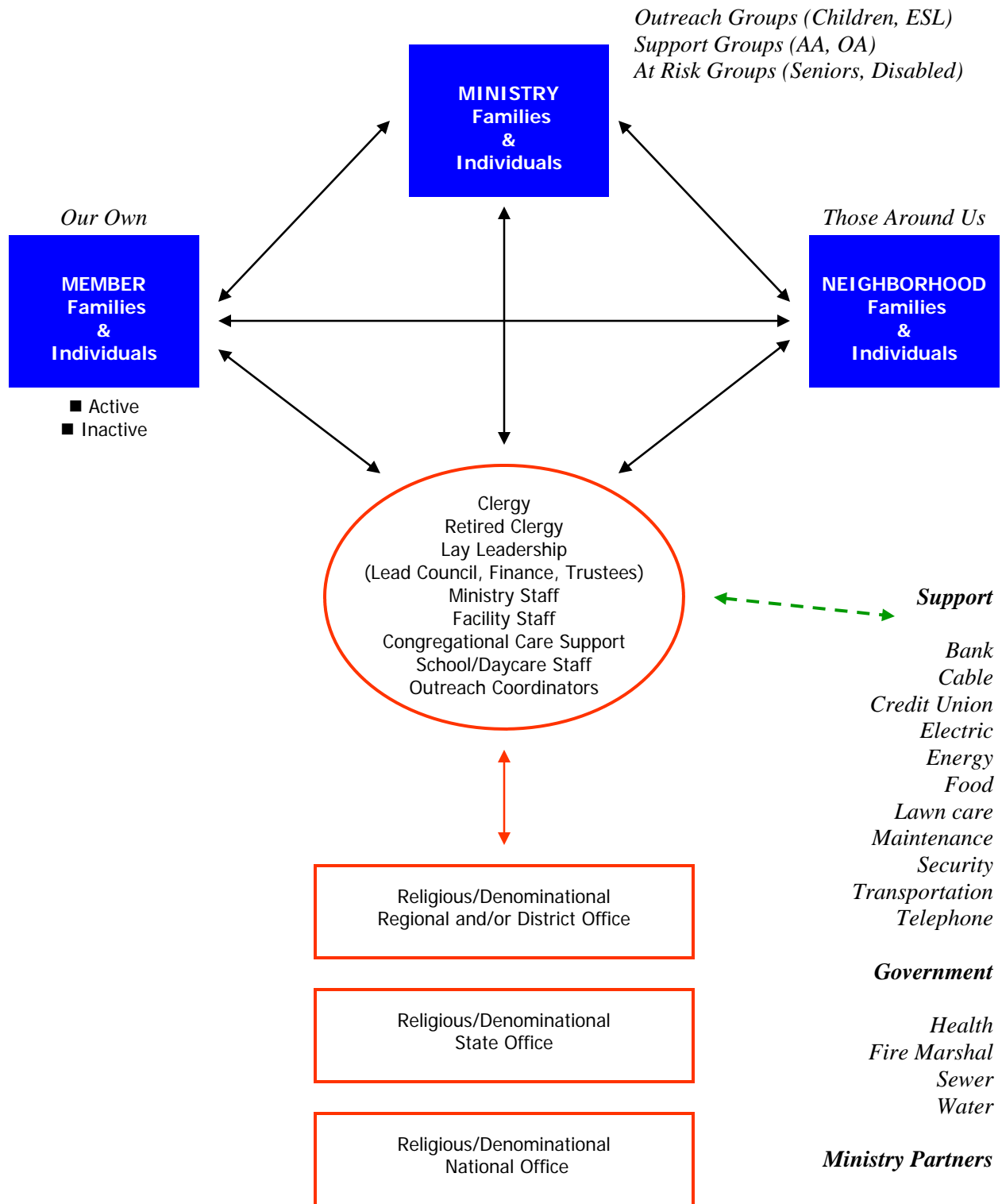
Two examples of this type of model have been provided in this document – “Relationships Within A House Of Worship – Large Setting” and “Relationships Within A House Of Worship – Smaller Setting.” These examples are shared to stimulate discussion among leaders as they outline their unique fellowship.

The benefits of creating a model will . . .

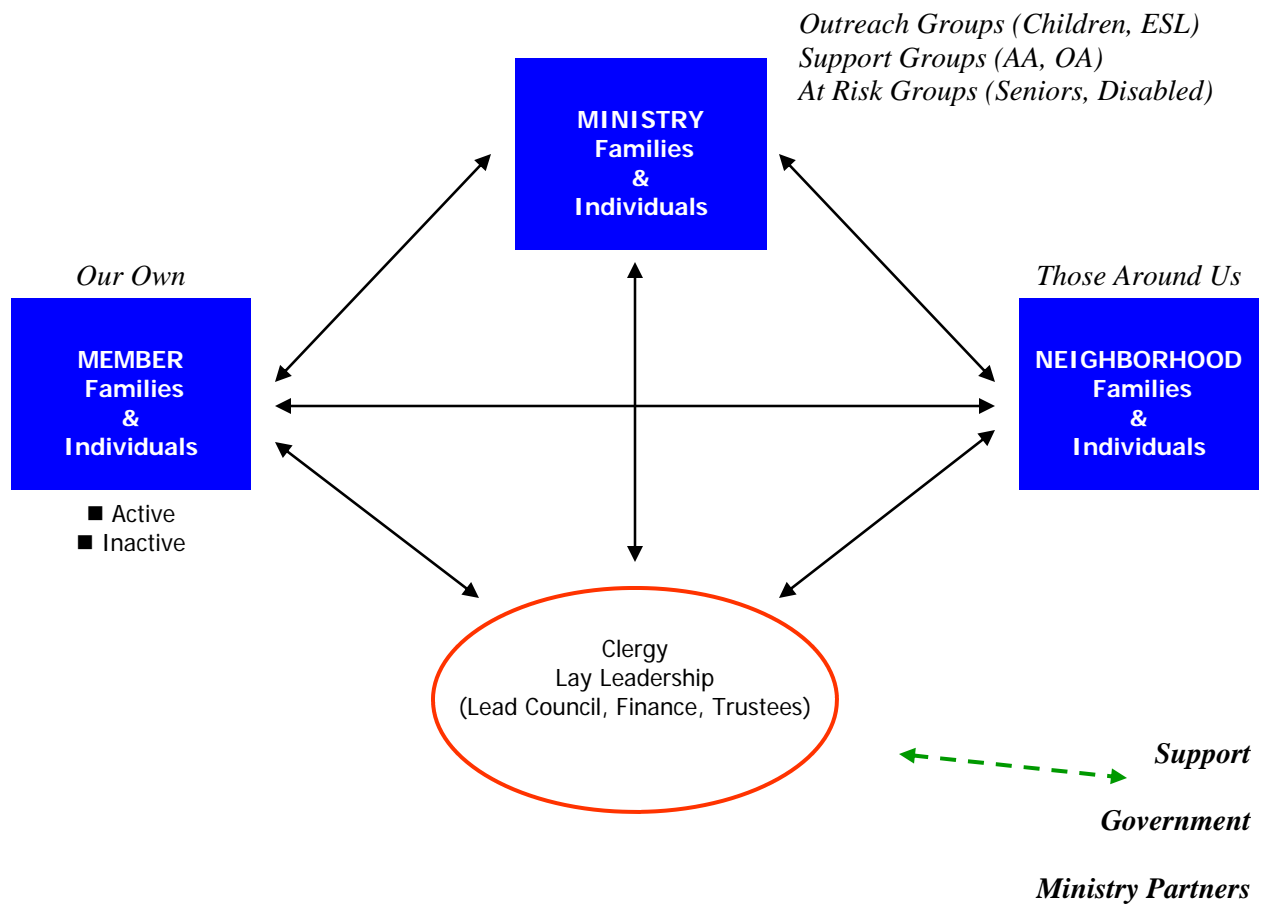
- a) help bring into focus the range of relationships that exist within a specific faith community;
- b) cause leaders to begin considering the population of men, women, and children within each group;
- c) stimulate the thinking about the particular needs of each segment; and
- d) help determine who is the most appropriate person or team to interact with a specific group for the purpose of raising awareness and subsequently helping to prevent, prepare, respond, and recover from the anticipated pandemic.

In other words, once a model or schematic is produced it will be an easier task of thinking more precisely about all the people within your faith setting and, therefore, provide a more comprehensive approach to the next step in the planning stage.

**Relationships
Within A House Of Worship—
Larger Setting**



**Relationships
Within A House Of Worship—
Smaller Setting**



Again, having an illustration that articulates different groups of people in and around a given faith community allows leaders to begin developing the right kind of questions and the right type of issues to be addressing.

Asking Questions/Raising Issues

There certainly are more questions about the pandemic flu than answers (at this time) and that is okay. These questions concern all levels of a given faith community – national office to a state office to a regional or district office to an individual house of worship to a family to an individual.

Using the sample relationship model “Relationships Within A House Of Worship – Large Setting,” the following concerns, issues, and questions have been articulated. It is from these questions and the positive brainstorming around these concerns that a specific action plan can be outlined. The intent of the following questions is to stimulate dialogue concerning potential actions for prevention, preparedness, response, and recovery. Obviously some questions can be used with multiple groups.

Religious/Denominational National Office

Religious/Denominational State Office

Religious/Denominational Regional and/or District Office

- a) What information, guidelines, and resources are available or are going to be shared with clergy regarding theological issues related to “why God would allow disease,” “why do innocent people die,” etc.?
- b) Should an overwhelming impact take place within the population, what instructions or latitudes do spiritual leaders/clergy have with last rites, funerals, marriages, births, communions, and other ceremonies?
- c) One might think that a pandemic flu may swing from one region of country to another and therefore leadership on a state or national level could shift people to provide for additional clergy support in a particular geographic area. Chances are the pandemic will spread so quickly that it would not be possible to provide replacement clergy. Thus the question becomes are there other ways the hierarchy of your faith community could support your house of worship?
- d) Is religious/denominational leadership open to endorsing the use of social distancing practices and the use of masks and gloves within their community?
- e) Some religious groups have a clear distinction between the authority of ordained clergy and role of laity. If that is the case, the question needs to be asked, what happens if there are no available clergy? What is the laity to do regarding

pastoral care, communion, burials, hospital visits, last rites, and other services that are traditionally performed by clergy?

- f) Will the leadership office provide periodic updates regarding the geographic impact of the flu, availability of vaccines for clergy, and other pertinent information or will the local house of worship and clergy be directed to their local health department for all news updates?
- g) Many faith communities have a disaster response agency while other religious groups coordinate disaster services from their offices. Be clear on how requests will be made for assistance as in supplies, materials, or other needs during a pandemic.
- h) Specifically what will each level within the religious/denominational hierarchy be responsible?

Individual Houses Of Worship And Ministry Settings

- Clergy/Spiritual Leader

In order for a member of the clergy/spiritual leader to function during a pandemic flu, there are a few very obvious questions to ask concerning their personal health . . .

- a) What can be done to prevent getting the flu?
- b) Although some suggestions are being discussed; at the present time, clergy are not considered a higher priority for immunization. If that remains the case, how will that impact the ministry of a religious leader?
- c) How long after an illness can a spiritual leader/clergy member begin to minister?

Recognizing that faith communities are grounded in worship, holy observances, gathering for meals, daily prayers, congregational care, and missionary outreach, the larger questions involve . . .

- d) Who will back up the spiritual leader/clergy if they are infected with the flu?
- e) How will congregations experience worship if public gatherings are restricted?
- f) How will baptism, communion, foot washing, group prayers, communal bathing, and other traditions of the faith be observed?
- g) Can web casts, tape ministry, videos, telephone conference calls, pod casts, direct mail, and other technology be successfully used to create community?

- h) How will home groups or small groups foster connectedness?
- i) How will spiritual leaders/clergy and those that assist them perform their duties – funerals, pastoral counseling, weddings, etc.?
- j) Should there be mass fatalities, how will clergy address the needs of honoring the wishes of the deceased, honoring the wishes of the families, preparing the bodies for burial, etc.?
- k) Are there alternatives to shaking hands, hugging, or passing the peace that would be acceptable to the congregation? (Presbyterian Church USA)

■ Retired Clergy

- a) Assuming the availability of retired clergy, how will they be called into service – through the religious/denominational offices or through the local congregation?
- b) Once in service, how will they address the issues outlined in the “Clergy/Spiritual Leader” section?

■ Lay Leadership Within A House Of Worship (Lead Council, Finance, Trustees, Executive Pastor, Administrator)

- a) The potential of a pandemic requires certain contingencies be considered in leadership. One particular concern is that of preparing succession plans for leadership in a house of worship as well as within the faith hierarchy in the event that leaders succumb to flu or are unavailable for lengthy periods of time. The shape of these succession plans can be different from place to place. They minimally detail: the conditions under which succession occurs, or not; e.g. incapacitation of a leader; the method of notification; and the level of authority assumed by successors. According to the ELCA, they recommend that their succession plans should be three deep. (ELCA)
- b) Have congregational leaders developed plans to offset the potential decrease in financial giving for 3 months, 6 months, or more? Are there funds available to maintain the current level of obligations – mission, facility, mortgage, staffing, etc.?
- c) Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan. (CDC)
- d) Determine the potential impact of a pandemic on your organization’s usual activities and services. Plan for situations likely to require increasing, decreasing, or altering the services your organization delivers. (CDC)

- e) Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.) (CDC)
 - f) Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom. (CDC)
 - g) Identify and train essential staff (including full-time, part-time, and unpaid or volunteer staff) needed to carry on your organization's work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work. (CDC)
 - h) How will access to funds and accounts be handled – for payroll purposes, etc.?
 - i) Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time, and volunteer personnel. (CDC) In other words, have personnel policies been updated recognizing the potential impact of a pandemic?
 - j) Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed. (CDC)
 - k) Recognizing use of technology (computer networks, email, and telephone) – can staff work from home? (Presbyterian Church USA)
- Staff – Ministry Staff, Parish Nurse, Congregational Care, Stephen Ministers, Counselors
- a) Worst case event – does everyone know what to do in terms of shepherding the congregation?
 - b) Does a central file exist highlighting the special needs of congregational members and available resources?
 - c) Are there health forms for distribution to help families and individuals to fill out and share with others? Note “Congregational Emergency Health Contact Form” from the Presbyterian Church USA, visit their web site at . . . <http://www.pcusa.org/nationalhealth/healthinfo/pandemic.htm>
 - d) Develop tools to communicate information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve. (CDC)
 - e) Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g.,

respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home. (CDC)

- f) Consider your organization's unique contribution to addressing rumors, misinformation, fear and anxiety. (CDC)
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- Staff – Facility Staff, Facility Manager
 - a) What health information is being posted to prevent getting or spreading the flu as in hand washing, cleaning protocols, wearing masks, etc.?
 - b) Are adequate supplies being maintained for the house of worship and possible use for individual members?
 - c) Are vehicles in good working order and disinfected so that they may be used for transporting supplies, food, and people?
 - d) What health information and updates are being shared with facility managers pertaining to maintaining a clean environment within a house of worship – kitchen, bathrooms, door knobs, telephones, office space, HVAC ducts, etc. – as well as recommendations for cleaning supplies?
 - e) Can water fountains be shut off and kept off? (UMC)
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- Staff – Day Care, Preschool Teachers, School Personnel
 - a) Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all the different groups your program serves – English and non-English speaking. (CDC)
 - b) Learn who in your area has legal authority to close child care programs. (CDC)
 - c) Identify all the ways a flu pandemic might affect your program and develop a plan of action. For example, you might have problems with food service, transportation, or staffing. (CDC)
 - d) Encourage parents to have a “Plan B” for finding care for their children if the program is closed during a flu pandemic. (CDC)
 - e) Learn about services in your area that can help staff, children, and their families deal with stress and other problems caused by a flu pandemic. (CDC)

- f) Plan ways to help families continue their child's learning if your child care program or preschool is closed. For example, give parents things they can teach at home. Tell them how to find ideas on the internet. (CDC)
 - g) Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently. (CDC)
 - h) Keep a good supply of things you will need to help control the spread of infection. (CDC)
 - i) Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares for children in that age range. (CDC)
 - j) Tell parents to let your program know if their children are sick. Keep accurate records of when children and/or staff are absent. Include a record of the kind of illness that caused the absence e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other. (CDC)
 - k) Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (CDC) Be intentional to have staff communicate guidelines well before the pandemic so all parents are well informed about the expectations.
 - l) Since many daycare, preschool, and schools are located in house of worship, be sure to monitor who is coming through your area. For example, house of worship staff, vendors, and delivery personnel.
 - m) Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions. (CDC).
 - n) Share with parents how they can prevent the pandemic flu in their homes.
- Outreach Coordinators (AA, ESL, ...)
- a) How can outreach be conducted or enhanced during a pandemic outbreak for meal delivery, homeless programs, clothing donations, financial support, etc.?
 - b) Could the house of worship be used for a flu shot clinic?
 - c) How can you collaborate with Ministry Staff, Parish Nurse, Congregational Care, Stephen Ministers, and Counselors to serve your populations?

Member Families & Individuals (Active and Inactive)

- a) Recognizing that a pandemic flu could be transmitted from person to person in a family or through a small group setting or in one's place of employment, is the family or individual prepared for prolonged periods in isolation, quarantine, or in a social distancing setting?
- b) Has any candid conversation taken place with families concerning the broad implications of a pandemic:
 - family finances,
 - employment,
 - school,
 - daycare, and
 - life in general?
- c) Does the member or family speak and understand English?
- d) Has there been any information distributed pertaining to medical supplies, first aid kit, medications, understanding good health practices, hand washing, disinfectants?
- e) Have the families and individuals reviewed their Ready-Pack-Go kit in order to supplement supplies?
- f) Do individuals and families have a communications plan?
- g) Have families and individuals shared any special needs and conditions with others in their house of worship and/or with friends?
- h) If households have young children, dependent adults or seniors requiring care, encourage caregivers to address their care planning should they fall ill.
- i) As ministry is being considered for a family or individual remember to review the situation to determine if the family or individual is covered by local government services and/or support through charities.
- j) How can members provide food and other supplies to “ministry families and individuals” as well as “neighborhood families and individuals?”

Codes regarding questions:
(CDC) = Centers For Disease Control
(ELCA) = Evangelical Lutheran Church of America
(UMC) = United Methodist Church
(Presbyterian Church USA) = Presbyterian Church USA
(no code) = Questions provided by author

Ministry Families & Individuals
(Outreach Groups – Children, ESL, Boy Scouts, Girl Scouts, etc.)
(Support Groups – AA, OA, etc.)
(At Risk Groups – Seniors, Disabled, etc.)

Consider the issues highlighted in the “Member Families & Individuals” section. The opportunity for the congregation is to build closer relationships now well before any public health or community disaster unfolds. Like the “Member Families & Individuals,” these people may be covered through other programs or services from local government agencies and/or charities. It is important to be aware of those supports in planning to assist these people.

Neighborhood Families & Individuals

Consider the issues highlighted in the “Member Families & Individuals” section. The opportunity for the congregation is to build closer relationships now well before any public health or community disaster unfolds. Like the “Member Families & Individuals,” these people may be covered through other programs or services from local government agencies and/or charities. It is important to be aware of those supports in planning to assist these people.

Support

It will be important to know how your suppliers and vendors are preparing for the pandemic flu as well. Having a clear understanding with these outside vendors regarding services will enhance your ability to continue your operations and ministries. For example, if you receive food from a specialty provider, are they taking precautions to prevent the spread of the flu from their facilities into your congregation? These precautions would include good food handling protocols, shipping standards, and personal hygiene practices for their employees.

Assembling A Plan

While outlining your relationship model and discussing a range of issues through numerous candid conversations, various action steps will become apparent. Your plan for the pandemic may be in the form of a simple checklist divided into the categories of (a) things to do now/before an outbreak, (b) during the pandemic, and (c) after the pandemic.

A few tasks to accomplish now/before an outbreak could include. . . putting the technology in place for staff to work from their homes not just for the pandemic flu but to allow them to work from home during heavy snows or other severe weather conditions. And, speaking of staff, your personnel committee could begin on reviewing its policies about sick leave, etc. Another task that may begin is implementing routine cleaning protocols for your facility that would incorporate maintaining carpets and air filters, disinfecting door knobs, telephones, toys, etc.

During the pandemic . . . your plan may call for special attention to be given to check on the health status of those living alone whether college students, single parents, seniors, and those having a disability; providing quick notification to parents of children in your daycare or preschool regarding changes in schedule or routine; use of masks and gloves, etc. During the pandemic houses of worship should have plenty of tissues and other supplies available throughout its facilities.

And in terms of what can be done after the pandemic passes . . . your leadership will want to provide loss/grief support to individuals and families, conduct special remembrance services, and basically re-connect with all those associated with your community of faith.

The goal in creating a plan is to be prepared. Why spend the time to write a plan or checklist? The core focus of preparedness is to be intentional. Those within houses of worship can often make the assumption that because something was discussed that it was done. Wrong assumption. Yes, many of the items that you will talk about may be logical, common sense, everyday precautions, and a part of what is generally thought to be done within your ministry. However the issue is . . . are those tasks actually being done? Thus the need for a written plan or checklist. And therefore the need for accountability.

Summary Of Essential First Steps

- 1) Pray and set the proper tone for your readiness efforts among all those involved and/or served by your house of worship.
- 2) Use this planning guide with religious leaders, clergy, lay leaders, staff, and others to stimulate candid conversations for the purpose of creating awareness, building consensus, and writing a plan of action. If necessary, challenge the content of this planning guide.
- 3) Establish an active network with the Health Department, religious/denominational office, and other essential groups for updates, alerts, and sharing of action plans. Note several web sites listed under “Resources” section.
- 4) In consultation with the Health Department and members of your congregation in the medical/health professional develop specific protocols regarding your ministry pertaining to good personal hygiene information, cleanliness of your facilities, etc. AND then communicate information to each family and individual so they may apply the standards within their home setting.

Closing Comments

Is there a real potential for a major disease outbreak? Yes. Is there the potential for fear and chaos and prejudice during an outbreak? Yes. Is there opportunity for ministry and hope during a pandemic flu? Yes, because of the presence of vibrant places of ministry. Can your house of worship have a significant impact with the prevention, preparation, response, and recovery of a pandemic? Yes. However, it will take individuals acting NOW to be ready spiritually, emotionally, and physically before the pandemic occurs.

Whether or not the pandemic flu has a severe impact on the United States population, the actions suggested or implied in this planning guide will certainly benefit the faith community and those it serves. In a January 2007 letter to its churches and pastors from the Presbytery of Baltimore concerning the pandemic, “it may be overwhelming at first, but thinking ahead about how we will respond helps prepare for this or any other emergency.”

Houses of worship are centers of healing, hope, and health. During a disaster it will be a challenge to continue providing ministry, however, with prayer and staying focused on the goal of serving others, the religious community can have a positive impact before, during, and after a pandemic. May the compassion freely given by the faith community be more powerful than any infectious virus, bacteria, or germ.

Resources

The following resources have been listed to assist the faith community discover information and ideas from a range of sources. It should be noted that the information contained through these and other sources will, no doubt, be updated and therefore should be consulted periodically.

Center For Disease Control (CDC)

<http://www.cdc.gov/>

Community Emergency Alert Network (CEAN)

<https://www.fairfaxcounty.gov/cean/>

Fairfax County Citizen Corps – Ready, Pack, Go

<http://www.fairfaxcountycitizencorps.org/>

Fairfax County Community Interfaith Office

<http://www.fairfaxcounty.gov/dsm/CIL/>

Fairfax County Health Department

<http://www.fairfaxcounty.gov/hd/>

Faith Communities In Action – Fairfax County

<http://www.fairfaxcounty.gov/dsm/CIL/fciadefault.htm>

U.S. Department of Health and Human Services – Faith Based/Community Information

<http://www.pandemicflu.gov/plan/community/faithcomchecklist.html>

Virginia Council of Churches

<http://www.vacouncilofchurches.org/cm/>

Voluntary Organizations Active In Disasters

<http://www.nvoad.org/>