

Meetings with Dr. Rodney Coldren
Coldren Epidemiology Services
May 4 and May 10, 2022

Dr. Coldren is a board-certified preventive medicine physician who is also residency-trained in family medicine and certified as a medical review officer. In 30 years of practice in the U.S. Army, he was a clinician, an epidemiologist, a researcher, an academic, a medical review officer, and a public health emergency officer, with postings in the United States, Korea, Thailand and Kenya. In addition to his medical degree, he holds a master's in public health from the Johns Hopkins Bloomberg School of Public Health.

In 2016, Dr. Coldren became director of the Division of Human Health Services for the U.S. Army Public Health Command Europe and in February 2020 was named the Regional Health Command Europe and U.S. Army Europe and Africa Public Health Emergency Officer. Dr. Coldren, who holds the rank of colonel, served as a leader of the U.S. Army Europe/Africa's public health response to the COVID-19 outbreak before retiring from active duty in June 2021.

The 90% solution

Dr. Coldren indicated that the infection rate that Executive Council experienced in Puerto Rico—10 to 12%—is what we should expect for General Convention if we exercise appropriate mitigation measures. In general, he said, the fewer people we have at General Convention, the better; the shorter the meeting can be, the better; and the better the ventilation can be, the better. Even with these arrangements, he cautions that people eating together will present a significant opportunity for transmission and “the hotel bar will be the biggest risk.”

He expects the wave of the current variant now building to peak about the time we plan to meet, so extensive mitigation would be necessary to limit infections to only 10-12% of attendees. In addition, we need to be prepared for public health authorities to make some mitigation decisions for us in the form of city or state requirements.

He says our ability to achieve a “90% solution” will be dependent on:

- Masking in all indoor settings unless a speaker is addressing an assembly
 - KN95, N95 or the equivalent; or standard surgical procedure masks required. No cloth masks.
- Masking in outdoor settings where people will be clustered together closely
- Daily (every morning) rapid testing for a four-day meeting; every other day rapid testing for an eight-day meeting
 - Rapid testing is not perfectly reliable, but it will catch the people who are highly contagious and help limit their ability to spread the virus.
 - People should also use a rapid test before they travel to Baltimore.
- Sitting 6' apart
 - Front-to-back distance is more important than side-to-side distance, although both should be maximized.

- Not allowing singing in any setting, even when masked
- Allowing fluids, especially water, to be consumed during legislative sessions, but not to allow eating.

He also recommends that we familiarize ourselves with the specific air filtration measures in place in both the convention center and the Hilton, where legislative committee meetings are scheduled to be held.

Planning a scaled-down General Convention

Dr. Coldren said that a meeting of no more than four days would be far preferable to a meeting of eight days. Because the average time from exposure to contagion with the current variant is two days, a four-day meeting allows us to limit the potential for exponential growth in infections, which he called “a nightmare,” by allowing for no more than two cycles of contagion during the meeting.

Dr. Coldren also advised limiting attendance at the meeting to only people who are required to perform essential governance functions. We can further limit the likelihood for infection by “podding” the House of Bishops and the House of Deputies, limiting in-person interaction between the two groups by streaming worship into both houses, etc.

He recommends a “layered defense” against the virus among meeting attendees, comparing the use of multiple precautions to the way traffic injuries and deaths are best prevented through a mix of seatbelts, airbags and speed limits. In addition to the mitigation measures outlined in the bullet points above, he recommends that people who are rooming with someone who tests positive also be required to quarantine.

Providing support to those who become ill

Dr. Coldren recommends that we contact Johns Hopkins and the University of Maryland to contract with a doctor or team within their system to provide medical support to people who test positive at General Convention. We need to ensure that we have doctor(s) who are licensed to practice in Maryland and runners to pick up and deliver antiviral prescriptions and other treatments to people quarantining in hotel rooms.

Some people may need to stay in Baltimore for an extended period after testing positive, and we will need to plan to accommodate them:

- Fully vaccinated people can travel home by air on domestic flights five days after testing positive as long as they wear a mask.
- People from other countries will need to abide by international travel regulations in their destination country, which may require a negative test result. It can take some people who test positive for COVID-19 many days or several weeks to test negative, and so we need to plan to accommodate international deputies who cannot return home for some time.

“Every infection poses a risk for long COVID,” Dr. Coldren said. Every person will have to decide on their own tolerance for risking an infection that could result in long COVID, and it is important that General Convention leaders “create an environment in which it is safe to say that you don’t feel safe.”

Considering postponement

Dr. Coldren said that “if you could postpone to 2024, clearly that would be the best medical advice.” Postponing for two years would “buy a lot of time to develop more effective treatments, more immunity, and more vaccines.”

The median length of time for a pandemic to become endemic is 2.5 years, but because COVID is more virulent than the flu or other past pandemic viruses, he does not expect the virus to become endemic in 2023. However, he does expect that as time goes on, the virus will continue to become more infectious and less pathogenic. This is a typical progression: “viruses that kill their hosts don’t tend to survive very well.”