

A Conversation:
What Do Science and Data Say about the Near Term Future of Singing?
Webinar Outline

Submitted by Katherine Kinsey, Artistic Dir., York County Choral Society

Panel Participants:

- Catherine Dehoney, Pres/CEO, Chorus America
- Tim Sharp, Ex. Dir./American Choral Directors Association (ACDA)
- Marty Monson, CEO, Barbershop Harmony Society
- Allen Henderson, Ex. Dir., National Association of Teachers of Singing (NATS)
- Dr. Lucinda Halstead, ENT; MUSC; President-elect/Performing Arts Medical Association (PAMA)
- Mollie Quinlan-Hayes (ArtsReady; Director, South Arts)
- Tom Claeson (Project Dir., Performing Arts Readiness)
- Dr. Donald Milton (Leading researcher on interrelated areas of infectious bioaerosols, *et al*; Prof. of Environmental Health, second appointment/School of Medicine, Univ. of Maryland)

Organizational Contacts:

- www.chorusamerica.org
- <http://www.acda.org>
- <http://nats.org>
- www.artsmed.org
- www.performingartsreadiness.org
- www.artsmed.org

The webinar is located online: [www.youtube.com\officialnats](http://www.youtube.com/officialnats)

The following is a presentation of the talking points from this webinar. Parenthetical questions in italics are posed by this writer.

Dr. Donald Milton

What does medical science tell us about the aerosolization of COVID-19?

- Size of aerosol (air born) droplets vary in size
- Even the very smallest droplet (“1 micron”) can contain hundreds of viruses
- Droplets carrying viruses infect us through surfaces, rubbing eyes, touching the face
- They are transmitted through talking (especially loudly), coughing, **singing**
- Once exposed to sunlight/UV rays, they become damaged (this is proven)
- Once in the air, a virus will survive up to 30 min.
- Immense **air ventilation** is needed to redirect particles; air ducts also need to be sanitized often (*How do we control this?*)
- Circulation and **changing of air streams** assist in decreasing the concentration of the particles to a half-life of 7 min. In order to do this, there would need to be **five air changes** in a room. Ceiling fans are some assistance with this. (*Again, we are not in a position to control this...*)

- High ceilings (over 7 ft) containing UV lights (these can be damaging to eyes) with constant/clean ventilation systems are best utilized for classroom and rehearsal rooms. (***This is a futuristic consideration by Dr. Milton not a current one.***)

Dr. Lucinda Halstead

- Choirs would need an *immense* amount of room to remain safe when rehearsing and performing. (***This would be a phase 2 or 3 scenario. Also, what about audiences?***).
- A *NY Times* Interactive 3D Stimulation slide (provided by Dr. Halstead) indicated that the safest distance was **16 ft.**
- Keys to Reopening
 - Widespread testing
 - Contact Screening
 - Possible use of Rapid Diagnostic Tests
 - Vaccine (she cites as being 18 – 24 months away)
 - New Drugs (she cites: 6 – 12 months away)
 - Social Distancing is needed until drugs/a vaccine are available
 - Social Distancing should be employed in addition to wearing masks and gloves
- Risk will never be down to 0%.
- If gathering in groups, the following must be considered:
 - Temperature screening should be taken at entry for each singer recorded by a “neutral” person
 - Temperatures must read below 99.4 degrees F (all age groups dealt with equality)
 - Checks could include pulse oximetry which registers the amount of oxygen in the blood (and is an indicator of fever, etc.)
 - Personal privacy would be an issue (“Singer A” passed in the check-in process; “Singer B” did not...)
 - There would need to be a 100% acceptance of these stipulations by the group members
 - Asymptomatic people are highly contagious...**masks are not realistic for long periods of time by laymen**; they are hot and **deter deep breathing. (Only N95 masks work and not realistic for us.)**
- **Dr. Halstead stated, “No safe way to rehearse in small groups, except outside and if the wind is not at your back!”**
- All members of the ensemble also would have to test 24 hrs prior to rehearsal, all must pass, and there would **still be a low percentage risk** of passing the virus.
- We will know when it is safe to return when there is a **vaccine with 95% cure rate.**
- **Professional Guidelines** (such as in sports medicine for team sports) are currently **not in place for churches and community organizations.**

Tim Sharp

America’s leading professional choral organization for all age groups and types of ensembles!

- He and his wife are recently recovering from COVID-19 with his wife being much more affected.
- He asked Dr. Milton if previous victims were less susceptible to being infected again and were less likely to spread the virus due to developed anti-bodies. Dr. Milton replied, “No” to both.

Catherine Dehoney

This organization is a valuable resource for us and membership should be considered!

Primarily discussed a study of **audience behaviors regarding municipal venue attendance**. The study was conducted by **Colleen Dilenschneider in her article *Know Your Bone***. (C. Dilenschneider is Chief Market Engagement Officers for IMPACTS Research and Development: colleendilen.com).

- Study: **When would the public feel comfortable resuming their “normal” behaviors with regard to attending public events/performances?**
- Findings showed that enclosed performances such as **theaters, concerts, etc., were very low** on her **scale to be considered for attendance with outdoor events being the highest** rated events for consideration.
 - Without operational and strategic changes to prioritize safety:
 - ✓ 1 – 4 people would feel safe attending exhibit-based institutions (museums, historic sites).
 - ✓ 1 – 7 people would feel safe attending performance-based institutions.
- Factors that we can control (according to C. Dehoney):
 - Crowd control (***This means less revenue for us.***)
 - Availability of Hand Sanitizer (***again an expense; issues with where to place and use***)
 - Avoiding long lines of people (***How and who controls this? Will our venue administration allow..?***)
 - Limited attendance (***This is our biggest concern!***)
 - Onsite health monitoring (***Who does this? How controlled on site? Would some attendees be turned away and do we refund tickets if pre-purchased?***)
 - Knowing the facility cleaning procedures (***Again, we would have to work closely with our venue administration and possibly pay for additional sanitizing.***)

Tom Clareson and Mollie Quinlan-Hayes

Performing Arts Readiness and ArtsReady are organizations that would be worthy resources for us!

These are some of the topics that T. Clareson and M. Quinlan-Hayes cited as readiness considerations:

- Plan while “down!”
- What can we do to stay ready and move forward during this time?
- Grant funding available for qualifying organizations up to \$7250 (Performing Arts Readiness; T. Clareson said few organizations had applied)
- Become completely familiar with Federal/State Health regulations
- Disaster Continuity Plan
- Insurance Liability
- Lawyer on Board of Directors
- Site Agreements/Contracts
- Patron considerations
- Out-of-State solo performers (from hot spots)
- Critical Functions: All participants; programs, tickets, facilities
- Fundraising..how affected?
- Considering Use of Merchandise for some revenue

- Training Drills
- Implement transparency with community and members while not functioning
- Encourage “See something, say something” philosophy; communicate to a neutral person when back together if something seems off
- Budget for masks/tests
- **Work collaboratively with other organizations in the same situation**
- **Don’t make big commitments right now**
- **“Seek clarity not certainty”**

Conclusion: Tim Sharp

- We are all entering a period of discovery
- This is a marathon; not a sprint.
- **Professional organizations will put their heads together and create more webinars on what we can do now as well as how we can keep in touch with audiences and use technology to our advantage.**
- **Consider posting choir history or previous concert recordings on websites to keep folks interested in our organizations**
- **Ultimately: Concentrate on what *can* we do and not on what *can’t* we do!**