

# **Anglican Church of Southern Africa**

## **ACSA PROVINCIAL COVID-19 ADVISORY TEAM**

### **1. BACKGROUND**

The ACSA Covid-19 Advisory team had a meeting on Tuesday the 8<sup>th</sup> of December 2020 to discuss the current state of the pandemic and what steps may be needed from us as church.

At the time of meeting, two members of the core team were not able to attend as both were dealing with their own COVID infections or the aftermath thereof: Dr Ashley Peterson was at the time in hospital with COVID pneumonia and Mr Craig Stewart was not able to join us as he was dealing with fatigue and trying to recover from his own infection from six weeks prior. Dr Arthur Manning had been infected in July but seems to have made a full recovery.

Present at the meeting were: Dr Pampata Mbekeni; Dr. Arthur Manning, Bishop Raphael Hess, Reverend Janet Trisk, Ms Delene Mark; Mr Rob Rogerson and Ms Rosalie Manning

This meeting took place at the request of members of the medical team in the face of worrying developments in terms of a possible resurgence and an update on developments. The President had the previous week addressed the nation and had declared Nelson Mandela Bay a COVID hotspot and introduced stricter measures for the Metro as well as reminding us all that while we were on Level 1, the virus was not, and we needed to adhere to the regulations and health protocols.

The President also made mention of gatherings that were super spreaders and amongst those mentioned were also funerals and worship gatherings. (A “rage” attended by young people in KZN has resulted in 1000 positive cases in Gauteng alone from the event and the contact tracing has not yet been completed.)

This was particularly important as an increasing number of churches were conducting in-person worship in addition to online services. It had also been noted that in areas where infrastructure was poor, more in person worship was taking place.

On the evening of Wednesday, the 9<sup>th</sup> December 2020, the Minister of Health declared a second wave of COVID-19 infections.

### **2. CURRENT STATUS**

At the time of writing, the daily infection rates were reported as above 6000. The medical members of our team advised that the infection rate was in fact much higher. On Monday the 14<sup>th</sup> of December 2020, the President delivered a further address and introduced harsher restrictions, limiting the numbers attending

indoor gatherings to 100 depending on size of venue, with numbers in smaller venues restricted numbers to 50% of venue capacity while ensuring a social distance of at least 1,5m.

In addition, when the Government Gazette was released with the amendment regulations on December 17, it was decreed that places of worship must close by **21:00 daily**. This means that the times for Christmas and New Year services will have to be reviewed.

“After-tears” events were prohibited, and information from undertakers in certain Metros is that funerals were again limited to a duration of one hour.

Concern was also expressed by the team about the lax observance of health restrictions as observed during on-line services being broadcast. In particular the numbers attending funerals seemed to be above the maximum in some places (from the observable venue size), the wearing of masks was not enforced (with masks not covering both nose and mouth and being taken off when the wearer was speaking), and with observance of social distancing and sanitizing of hands, microphones and other shared spaces not being visible. Singing also took place without masks and personal physical contact was often observed.

This makes further compliance from members of our church difficult as our leaders are not always being good examples.

What we are seeing and experiencing in hotspot areas is the following:

- Infection rates are increasing in parishes;
- This is affecting both lay and clerical workers and there is concern that with the infection rates among clergy, we may have a shortage of clerics to perform services and offer pastoral care and support;
- Increased fear and anxiety amongst members. In some parishes a single service is being held and at some services not more than 50 people are present. Some dioceses have reported that across three services on a Sunday in urban areas, the numbers are still below 100. The opposite is being experienced in rural and township parishes, whose worship facilities often small, having the most worshippers but no protocols being observed;
- Screeners are fearful in some parishes, and where there is a daily recording of new infections, it is noted that many infected congregants are asymptomatic;
- Not enough is known about the different impacts and disease projection in each case or even for a general category of people. We have even in our team seen the vagaries of this. We have also seen an increase in Covid-19 cases progressing into fast-acting illness and death. The long-term impact on the health of persons who have contracted the virus is not known. The incidence of people with no history of heart disease dying of heart attacks months after having contracted the virus is also being noted;
- There is an increased level of anxiety being expressed and experienced in parishes in terms of this new wave. This is because in most members' minds, having negotiated the first wave and seeing limited infections and death rates, the lived reality of the second wave is seeing much higher infection rates and this has now moved much closer to home.

The reported infection rate on the 16<sup>th</sup> of December was reported as 10 008 new infections and 166 new deaths.

### **3. CONSIDERATIONS**

#### ***a. Health Measures***

- I. The expected resurgence was realized and so a spike in infection rates reported. Furthermore, the information is that this version of the virus makes teens in the age group 15-19 more susceptible and increases the risk of the virus being taken home, thereby passing it on to older or more vulnerable members at home.
- II. People who are over 60 and have co-morbidities are still the most vulnerable.
- III. Super spreader events seem to be the source of some of the rapid spread, and measures have been taken to limit or stop these events completely as people do not behave responsibly in terms of protecting their health and that of others.
- IV. The capacity for dealing with the pandemic in some hot spot areas is constrained, resulting in more avoidable deaths.
- V. Hospitals are being faced with a triple challenge as all the routine surgeries postponed during lockdown now have to be performed, the relaxation of the ban on alcohol has resulted in increased road accident trauma and emergency hospital admissions and finally person-on-person violence has increased. All of these factors are layered over the resurgence of infections, resulting in an increase in avoidable deaths which are not reported on as fully as COVID related deaths.
- VI. Health care workers are exhausted, and this exacerbates the difficulty of meeting the necessary standards of care and observance of protocols, which could see an increase in the infection rates of health care workers. This could leave us in a vicious downward spiral of insufficient health care workers being available.
- VII. The vaccine trials continue, and a number of vaccines have been piloted.
- VIII. South Africa will participate in the COVAX program, an initiative announced by the WHO and European Commission. COVAX “pools resources and shares vaccine development risk to ensure equitable access to vaccines when they become available.”
- IX. Our President has also advised that SA is part of the Africa Vaccine Acquisition Task Team that is looking at alternative financing mechanisms to secure additional vaccines for African countries beyond COVAX.
- X. A vaccine is our best and only defence against the virus, and we need to be sending responsible messages to our

members and within faith groups. The comments made by our Chief Justice are not only untrue, worse is the real damage such utterances cause in our fight against the pandemic. This requires a bold statement and strong leadership in terms of leading our people.

- XI. We are only able to afford vaccines sufficient to cover 10% of the population in early 2021. Given this we need to act responsibly to ensure that the second wave is not more severe than the first one.
- XII. We need to participate in advocacy efforts to see that access to the vaccine happens on a just and equitable basis. We need to support education initiatives around the vaccine and call for vaccination as a common good.
  - I. During the first wave, we acted in line with the dictates of the lockdown regulations and closed our churches in order to support the flattening of the curve.
- XIII. We may need to look at closure of our churches anew in our efforts to stop the spread and prevent a more severe wave.

#### ***b. Social Relief***

- I. During the hard lockdown, the church made many efforts to work at addressing food relief, raising awareness on GBV, and to advocate and lobby for social relief and economic stimulus packages.
- II. With the re-opening of economic activities, efforts in terms of food relief have reduced but the need and demand for food security is even greater, given the economic impact of the hard lockdown and the rampant unemployment rate that prevails.
- III. As such we need to redouble our efforts and should consider asking our members to make a donation of food or school shoes or a stationery pack rather than buying presents, as a mark of solidarity and hospitality to honour the birth of the Christ child in a manger.

#### ***c. Financial And Spiritual Impact***

##### ***A. Financial Impact***

- I. The hard lockdown has had a significant impact on us as church and has required that we challenge ourselves in terms of how we reimagine and build back better.
- II. Many dioceses have been hard hit by the closure of places of worship as there was a significant reliance placed on plate collections, family days and other social fund-raising activities to balance the budget. Add to this the fact that many people are either having salary cuts (either in reduction of salary and benefits or hours) or have been

- retrenched, either with or without benefits, when companies have had to be liquidated.
- III. This has seen many parishes, and by extension dioceses, having to make some tough decisions in terms of retrenching workers, retiring clergy or giving notice of intention not to renew licences of clergy.
  - IV. Dioceses have also opted not to increase stipends or allowances of clergy or to pay 13<sup>th</sup> cheques (or a portion of one) to laity, and also not to increase salaries in 2021 in an effort to reduce costs.
  - V. Further cost-saving measures are also being looked at in terms of twinning or clustering of parishes. The details of how this will work are at present being discussed.
  - VI. We need to get a sense of how many parishes are facing similar challenges and what the long-term impact of this will be on us in terms of the way we do church.
  - VII. At Provincial level, efforts have been made to alleviate some of the financial pressure on dioceses by reducing the provincial assessment by 50% until the end of December 2020 and helping dioceses look at cost-cutting measures.
  - VIII. The need for us to have a meaningful conversation about this is increasingly more urgent. A number of parishes are in overdraft, with increasing requests for sale of property to meet operational costs and a number of dioceses are passing deficit budgets, with no clear plan of how the deficit will be dealt with going forward.

### *B. Spiritual Impact*

- IX. For all our members, both clerical and lay, not being able to attend services over Easter was especially hard. Added to this, we have not been able to mourn our dead or grieve for them and we have been left numb by the pain and suffering around us.
- X. Our spirituality is also shaped and formed around bible studies, prayer groups, worship and receiving the sacraments. This all finds expression in our social interactions with each other and this has been severely curtailed or reduced, which for the older and single members of our parishes has resulted in acute loneliness and depression.
- XI. It is not surprising then that when level 1 was announced, our older members were some of the first groups wanting to return to church just so they could physically see someone.
- XII. Live streaming and on-line services worked well in most suburban settings and most of these parishes now provide a blended service. (It is hard for some of us to get our minds around not having a cup of tea while listening to the sermon and changing the channel if the preaching is found to be lacking or the service too long!)

- XIII. Not to have Christmas services in person is therefore a very big ask of all our members and the spiritual impact of this can again not be quantified.
- XIV. In light of the resurgence and the new restrictions on numbers and the call to limit social gatherings or cancel them completely, we need to consider not offering some of our sacraments under certain circumstances, in particular marriages and baptisms as these joyous occasions make it easy to forget maintaining the protocols and hygiene standards. Some on-line viewing of baptisms has seen more than the maximum numbers of attendees and inconsistent observance of rules and hygiene standards.
- XV. How we do church under heightened restrictions on gatherings needs to be measured against the imperative to save lives and protect livelihoods.

#### **4. RECOMMENDATIONS**

Given all the information that has been made available to us and having followed national announcements, the science that is being used and shared, and trends and developments in terms of the virus mutation, the Advisory Team members debated long and hard as to the advice we need to offer.

This is where we landed:

- a. In light of the legal obligation and criminal sanction being introduced against responsible persons for violation of the regulations and standards, we need to ensure that every cleric or minister officiating at a service appreciates that this would be applicable to them. It would not be prudent nor desirable for us as church to offer a defence against such a charge, unless of course it was falsely or maliciously made. As such clergy would be liable in their personal capacity for breaching regulations and would stand alone without church support. This would pose a further challenge to us.
- b. It is therefore in all our best interests to follow strict observance of all regulations and guidelines, including the need for funeral guidelines in terms of no night vigils, no after-tears and for funeral services to be held in the shortest possible time, which based on guidelines provided by undertakers seems still to be an hour. With the increase in death rates, cemeteries and crematoriums are hard pressed to respond to the increasing numbers and so our going over the time allocated for a service has a knock-on effect on other funerals scheduled to take place. Absolutely strict adherence to health protocols must be enforced and we may need to return to our more austere services, in light of the resurgence. This would be the responsible thing to do.

- c. There is also a possibility, untested as yet, that a civil suit could be brought against us from a deceased member's family if, for instance, due to our behavior, and possible negligence, we could be found liable for the death because we did not sufficiently adhere to the regulations and protocols.
- d. As leaders of our people, the recommendation of the task team is to request that in person services be limited to the smaller of 50% or 80 people if size of venue permits.
- e. No singing or hand greetings nor anointing should be allowed.
- f. Suspend performing baptisms, marriages, ordinations and consecrations until possibly March of 2021. The situation is developing and changing rapidly and we need to be swift and agile in our response. The reasons for this recommendation are detailed in point (h) below.
- g. The size of in-person Elective Assemblies also needs to be looked at in terms of these stricter regulations and we may, in order to comply with our Canons, have to consider postponing them or making other arrangements to hold them. This then becomes a factor of additional costs and affordability and may open space for possible legal challenges, if a person objects that they were not afforded the opportunity to exercise their participation in an Elective Assembly safely.
- h. The reason for recommending that these be postponed is the amount of time people are required to gather and spend together in the same space, thereby increasing possible exposure to the virus (viral load exposure) and spreading it to others. The time factor as well as the need for sharing public spaces for comfort and eating, is an increased exposure risk as the number of people attending and the venues in which these meetings are held, do not always make social distancing possible. Venues to meet, size of venue and size of assembly, number of toilets, refreshment spaces and facilities, may not always be managed in terms of the health and safety protocols. This increases risk of contracting the virus as participants have an increased exposure to asymptomatic COVID positive members.
- i. Where it is possible, we should return to on-line services and Diocesan bishops should seriously consider requests from parishes who wish to close for Christmas due to the conditions on the ground, such requests being properly supported and motivated.
- j. This permission may either be a blanket approval or be dealt with on a case-by-case basis.
- k. We are acutely aware of the negative (if not disastrous) impact this will have both on the spiritual welfare and financial welfare of our church. If we however take the bold steps outlined above, we will come out of the second wave earlier and begin to rebuild sooner.

We can rebuild a church and an economy, but we need healthy and able members to do so. Should the necessary steps not be taken to stop the spread, we could well end up with a decimated population with reduced clergy to meet the increased needs and a smaller membership number able to support it. Given the worrying spread to young adults, if the spread is not halted, we could see our young people hard hit by the pandemic, which as a nation, and a church, we can ill afford.

- l. We need to ensure that we share responsible messaging around the efficacy of the vaccine and boldly challenge fake and alarmist views that could serve to hamper the vaccination program and lead to even more avoidable deaths.
- m. We need to have renewed focus on addressing food insecurity and other social needs and also to strengthen our response to this in a more intentional way.
- n. Conversations about our new and needed way of doing church and its sustainability are urgently needed, as we need to relook at what stewardship looks like in this abnormal and different world.
- o. Above all, this year has been difficult and challenging for all of us, and no person has emerged unscathed or unchanged as a result. As an institution of hope, our message of love, peace and joy is needed much more than ever. Just as God said to Moses all those years ago, perhaps God is saying to the Church, what is in your hands to set God's people free.

May the peace love and joy of the Christ child who entered the world in human form enter our hearts in new and life-affirming ways this Christmas and always.

Prepared by: R Manning on behalf of:

**Dr Pampata Mbekeni**  
**Dr Ashley Peterson**  
**Dr Arthur Manning**  
**Ms Delene Mark**  
**Bishop Raphael Hess**  
**Mr Rob Rogerson**  
**Rev Janet Trisk**

18 December 2020