



The Methodist Church of Southern Africa

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URGENT DIRECTIVE TO THE MEMBERS OF THE CAPE OF GOOD HOPE SYNOD

Dear Colleagues, Leaders, Organization Heads and Members of the Cape of Good Hope Synod,

May the Peace of the Lord Jesus Christ be with you all.

Medical historian, Dr Howard Markel, in his paper, *Contemplating Pandemics: The Role of Historical Inquiry in Developing Pandemic Mitigation Strategies for the 21st Century* writes, "The history of epidemics is littered with tales demonstrating the importance of bold, decisive leadership and the costs of ineffective or incompetent crisis management." (*Institute of Medicine. 2007. Ethical and Legal Considerations in Mitigating Pandemic Disease: Workshop Summary. Washington, DC: The National Academies Press. <https://doi.org/10.17226/11917>*)

In the past two weeks, following reports of a resurgence of Coronavirus (Covid-19) in South Africa, an official announcement from Health Minister, Dr Zweli Mkhize on 9 December 2020, confirmed that South Africa has officially entered into a "second wave." From the official statistics, it is reported that the Western Cape is one of the key drivers of the increased numbers. Given this changing situation, and my last correspondence to the Synod, our Synod Management Team and I, on Saturday 12 December, once again sought counsel from the experts on our Synod Covid Team. We undertook to listen very carefully to the interpretation of various official reports, and in particular, the projected impact on the lives of the people and communities within and beyond the boundaries of the Synod which we lead.

A. UPDATED SITUATION IN THE WESTERN CAPE

Some of the critical factors that were included in the discussion were the following:

1. The present resurgence is increasing more rapidly than in the "first wave" with an alarming 409% increase in infections in the Cape Metro in the past 7 days alone. Previously the doubling time was measured in weeks, while now it is measured in days.
2. More tests are being conducted than when the "first wave" ended, with the proportion of tests coming back positive increasing to an average of 18%, and some areas as high as 40%. (This is considerably higher than the acceptable rate of between 4 and 8%.) While the Health systems are increasing their capacity to deal with Covid cases, there is increasing pressure on all available systems, and healthcare workers are under enormous strain.
3. The number of second time infections is increasing rapidly, with more severe symptoms and longer recovery time.

A Christ-healed Africa for the Healing of Nations

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4. In the early part of the pandemic, people were “protected” by the lockdown regulations, with less movement and fewer social interactions. This is understandably a thing of the past, with the inevitable increase in interaction between people and communities. Coupled to this is a loss of fear of the virus, and the onset of “Covid fatigue” with an increasingly complacent attitude towards the basic health and safety protocols needed to lessen the spread of the virus between people.
5. As a desirable Christmas destination, the Western Cape always experiences an influx of family and visitors, while many of the local residents stream to other provinces, notably the Eastern Cape, which also has one of the highest infection rates at present. Of concern is the crossing of provincial boundaries within the next 7 days, and the return of people in January when the virus will almost certainly have spread more rapidly between families and communities.

B. CONSIDERATION OF OUR SYNOD’S COVID AWARENESS PROTOCOLS AND EFFECTIVITY

As a Leadership Team, we noted the incredible way in which Circuits, Societies, Leadership Teams and Covid Officers have diligently and respectfully implemented the recommended protocols prepared by our Synod Covid Team, in order to assist churches to resume “in person” gatherings in a way that ensures the safety of all our people, and especially the most vulnerable among us. We noted too that a number of Societies have chosen not to resume in-person worship at this time. In all cases, ministry, service, pastoral care and worship have never ceased, but have continued through many creative and imaginative means, as we have embraced a new way of being Church. Our theological basis has been our Wesleyan Rule of Life, in *“doing no harm, doing good, and staying in love with Jesus.”*

We remain confident that churches in the Cape of Good Hope Synod have not been “super spreader” events. However, despite all the necessary precautions having been taken up to now, the documented increase in community infections and the present environment in which the “second wave” of the pandemic has overtaken us, particularly within the provincial boundaries in which we operate, inevitably many more pre-symptomatic and asymptomatic people are attending worship services. While we are sure that in following the recommended protocols there will be very little spread of infections in our churches, the implication is that there will be more instances where notification, contact tracing, self-isolation, and closure for the required period of time will be necessary as a result of discovering that someone who was infected had been present in a worship service

C. RESOLUTION ON THE CLOSURE OF CHURCHES FOR “IN PERSON” WORSHIP SERVICES

After prayer and discernment, and considered reflection on all the above-mentioned factors, I, together with the Synod Management Team, have come to the conclusion that the risk and associated anxiety are at present too high to continue to keep our churches open for worship services at this time.

I therefore call on all our Churches in the Cape of Good Hope Synod:

1. To discontinue all “in person” worship services for a 6-week period from Sun 20 December 2020 until and including Sun 24 January 2021. This includes Carol, Christmas, Watchnight and Covenant Services.

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2. To engage in alternative ways of leading these “special” services as well as the “regular” Sunday Services, including using virtual platforms such as Facebook, WhatsApp, Voice Notes, recordings, etc., “drive by” opportunities for shared Holy Communion, and other creative ways of offering ministry to our people.
3. To continue ministry in the same way as when we offered “Essential Services” particularly in our practical missional outreach of care and service. We **do not** encourage discontinuing these ministries, as the plight of the most vulnerable will, almost certainly, grow worse in the coming weeks. These ministries should, however, be conducted with the strictest of protocols in place. All Church offices must ensure that these protocols are followed in all interactions with people involved in practical administration, financial matters, and ministry.
4. To continue to conduct funerals or pre-booked weddings, but that there be greater vigilance in terms of the required protocols. It is most disconcerting to note that funerals, in particular, have been identified as one of greatest “super-spreader events”, given the deep emotional and psychological factors that are at play with close human interactions often taking place spontaneously in such moments. While this is a deeply spiritual moment, we cannot afford to drop our guard during such services. Although Government Regulations allow larger numbers in terms of capacity both for indoor and outdoor funeral services, we recommend that Churches carefully consider encouraging smaller numbers, and ensure that the protocols of no singing, catering, or gathering of people for pre-or after-conversations are strictly adhered to. Remember that what happens whilst people are inside the service is as important as what happens when they gather and disperse.
5. To ensure that no “large gathering” in any form takes place at all during this period, including such events or services such as Thanksgiving, Circuit Covenant Services, Circuit Rededication Services for members of Organizations, etc. Where needed, in conversation with myself alternative means will be found to conduct the Inductions of new ministers in Circuits.

A meeting will be called with the Synod Management, Synod Covid Crisis Team, Superintendent’s, and all Circuit Covid Officers early in January, in order to evaluate and review the situation, and to seek the best way forward.

All ministers, preachers, and leaders, in particular, are called on to support this decision, offer responsible leadership and model both in their private and public lives the simple ways in which the spread of the virus can be curtailed, that is, wearing of masks over mouth and nose at all times, frequently washing or sanitizing hands and maintaining safe distancing of 1.5 metres.

CONCLUSION

I understand that this drastic step may bring great sadness to many who were looking forward to the “normal” experiences of Advent, Christmas, and New Year. No doubt many of us will experience deep grief at the loss of such significant moments in fellowship with others, and many may have already made significant preparations in their churches. However, as one who was appointed to offer spiritual, pastoral, and administrative leadership in this Synod, and taking into account that I have responsibility for over

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45 000 Methodists who claim membership in our Synod, I assure you that this decision was not taken lightly, and only after prayerful discernment. I believe courageous and decisive leadership is called for at this time and that this decision, which may not be desirable for all, is the most responsible and loving way of following Christ, who called us to love God above all and to give expression to that in loving one another in practical, self-giving ways. What we do in this “Kairos moment” will have lasting impact beyond ourselves, and I pray that Christ, whose coming we celebrate as the “Light of the world”, will strengthen us as we seek His presence and hope in the darkness of this present time. I call on you to trust me in making this decision and commit yourself with me to renewed and fervent prayer that Christ might heal our land, our nation and all our people.

Your servant in Christ Jesus



Rev Yvette Moses
SYNOD BISHOP

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