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The Lutheran Church in Liberia's Contention with Two Recent Viruses

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I came that they may have life and have it more abundantly (John 10:10)

Since its establishment in 1860, the Lutheran Church has seen itself as a partner of the Liberian Government. No matter what government is in power the Lutheran Church takes seriously its role in two major areas: education and providing healthcare. In institutional language, for 160 years the Lutheran Church in Liberia has had as its mission statement that we are about Proclamation, Education, and Healing. This is core to our self-understanding and has helped us be able to move quickly in recent situations where quick action by the church was necessary.

Through education, the Church helps in the development of the future leaders of the country. Scripture tells us “God’s people perish for the lack of knowledge”. Education is an important component of the abundant life that Jesus claims to have been his mission to give all people.

A healthy life is no exception. What is an abundant life without health? The Lutheran Church in Liberia is heavily invested in healthcare today as it has always been. Besides operating two major strategically located hospitals in the country, providing healthcare to a substantial part of the population, the Lutheran Church runs two nursing schools both of which, for the past three years, have come first or second in the national certification exams offered by the state. In addition, as part of that commitment to the abundant life, this church once offered an airplane ministry to grant medical personnel access to the remotest parts of the country. Although the airplane ministry ceased in the 1980s mainly due to the civil crisis, the determination to reach all peoples with this healing ministry is still a priority.

This is evident in the number of programs the church runs that focus on the pursuit of health from various angles: the HIV/AIDS program, the Trauma Healing and Reconciliation Program, the Malaria Project, and other programs that provide or educate about healthcare.

These two emphases, namely, education and health do not negate the fact that the Lutheran Church in Liberia sees the proclamation of the Gospel of Jesus Christ as its primary calling; rather those two emphases are a vital part of how we proclaim Jesus. Preaching the Gospel without attending to the needs of the people of God would make our preaching misleading and baseless.

This is the reason why the Lutheran Church in Liberia built the first nursing school in the Republic of Liberia. It is why we continue to invest substantially in the training of men and women for the healing ministry. As indicated above, the nursing schools run by the Lutheran Church in Liberia are among the best in the entire country. The men and women trained at these institutions are equipped to serve the entire nation whether in private or government health facilities.

The advent of Ebola in 2014 and now the spread of the COVID-19 virus have posed some of the greatest challenges to this aspect of our mission. These two viruses threatened our determination to help make the abundant life attainable by all.

Ebola entered Liberia in March of 2014, two years into my bishopric. It came at a time when we were excited about the prospect of chairing our first Biennial Convention. Meeting all of the leaders of the church in one place and relating to them in my capacity as their leader was an experience I looked forward to with all of my being! We had done almost all the preliminary activities except for the Executive Council meeting and the Partners in Mission meeting. These are two prerequisites to the hosting of the Biennial Convention.

The news of Ebola entering the country came in the form of speculations. People were dying in an abnormal way. Death is a natural phenomenon of life, of course, but it is more so in Liberia than it is in many places I know of in the world. Death news is common. There is hardly a week that goes by without receiving death news of some kind. Such news is usually not necessarily about one you may know personally; it is often about the friend or relative of someone you know.

But the rate and manner of death in early 2014 was alarming! It became a concern first, of the Ministry of Health and second, a concern of the church. The Ministry of Health through the World Health Organization (WHO) identified the pattern as Ebola-related and mandated handwashing and advised the population to refrain from handshaking and handling of dead bodies.

Although constant handwashing was not enthusiastically embraced by the population, it was more tolerated than the other two restrictions, to refrain from handshaking and the handling of corpses.

The washing of the dead body of a family member in preparation for burial is a deeply engrained traditional practice in the Liberian culture. This act is considered the last act of love the family can show toward the deceased. It is an abomination among some

tribes to neglect this act. Unknown to us that this was the principal means by which the Ebola virus was spreading from person to person; the practice of corpse washing continued. Entire families were being wiped out as a result.

Refraining from handshaking, the third restriction of the Ministry of Health was another practice that was very slowly accepted. The traditional handshake is a sign of welcome and acceptance in the Liberian culture. Although it is not as binding culturally as corpse washing is, it is very highly valued across the nation. It is a sign of peace and it seals agreements; it is a vital part of the way we are people together.

Worse of all, the Ministry of Health was slow in identifying the virus. By the time the Ministry established a link between what was happening in Liberia with that which was taking place in the Democratic Republic of Congo, people had developed their own theories on the cause of the mass deaths. The most dominant theory was the speculation that wicked residents were purposefully poisoning wells just for the fun of seeing people suffer and die. Such a rumor took root. When the Ministry of Health came up with its findings, therefore, people did not believe it or accept it. Besides, the Ministry's version was not half as mysterious and sensational as that of the poisoning theory.

The wide-spread speculation led to the fencing of wells, the main source of drinking water for a large part of the population. This happened in a matter of weeks all across the country. But that did not curb the death! People continued to die in huge numbers, mostly adults and professional caregivers like doctors and nurses. The victims, you understand, were people responsible for providing care for the sick, the dying and the dead.

Although most of the victims were the elderly, young people died as well mostly due to the further decline in healthcare services.

The Lutheran Church in Liberia, like most other churches in the country, began to see these developments as obstacles to the mission of the church of Christ. Again, we see health as a principal component of the abundant life that Jesus spoke of in John 10:10. We saw Ebola as an agent that came to rob God's people of that abundant life.

We reached this conclusion from the fact that besides the death of those who died from the direct impact of the disease, it negatively impacted the healthcare delivery system of the country. It did so by killing healthcare workers and forcing health

institutions to close their doors thereby increasing the death rate among people suffering from curable diseases, even diseases other than Ebola!

In its partnership role with government, the Lutheran Church in Liberia made the decision early on to cooperate with the Government first by raising awareness and by providing assistance in areas where we were able to do so and where the government fell short. In keeping with the advice of the worldwide medical community, we immediately postponed all activities, including the Biennial Convention and launched a massive awareness campaign across the country and with the help of our partners did four important things: 1) we endorsed the government's theory as opposed to the speculations and by that, we gave credibility to the government; 2) we put into practice the government's mandates and where necessary, we stepped in to legitimize the medical practices necessary, beginning with the people of the Lutheran Church in Liberia; 3) we provided incentives for healthcare workers serving in our health institutions, and 4) we gave the government a helping hand at their health facilities across the country.

The church's first challenge was redirecting the thoughts of people from believing the unsupported speculation to accepting the position of the government and the medical experts. In order for the government's plans to work, the people had to accept the government's position on the cause of the illness and death which would lead to the people following the Government's mandate and cooperating with the Government. Through the help of partners like the Evangelical Lutheran Church in America and the Evangelical Lutheran Church in Bavaria, the Lutheran Church in Liberia provided motorcycles to our rural pastors to enable them to travel across the nation without much hindrance, presenting the case for the government's claim and providing badly needed awareness, information, and other essential materials to help fight the virus as well as helping them to stay in contact with their congregations during this difficult time.

We equipped our places of worship with buckets and we encouraged worshipers to wash their hands with chlorinated water before entering the sanctuaries as the government mandated. We refrained from shaking hands and touching in any way. Communion was done with individual glasses and the communion bread was handed out with tongs or spoons.

One of the biggest challenges we faced was keeping the health workers on the job and preventing the closure of our health institutions. The focus of our health ministry is on the rural population. Our health institutions are, therefore, rural-based. Under normal

circumstances, this arrangement poses some problems. First, it is difficult to find trained people who are willing to serve in these rural institutions. Second, when they agree to serve, quite a number of them are eager to leave and serve in other places which offer them better opportunities. The main reason is that the communities in which our institutions are located offer little or no opportunities except for the low paying jobs we offer them.

The church had to deal with this problem of keeping our employees at these health facilities as Ebola consumed the entire nation. In order to encourage the workers to stay and help keep our institutions operational, we needed to take two major steps: 1) provide personal protective equipment (PPEs) for the workers and 2) provide them incentives.

After the death of eleven of the most dedicated health workers at one of our health facilities early in the Ebola season in a short space of time, we became acutely aware of the danger the virus posed for especially health workers. If we were to keep these workers in our facilities to continue to attend to the regular cases, we had to protect them!

But it was not enough to protect them; we had to keep them in those remote areas in which they worked. With the help of our partners, we secured some food items and offered each employee a certain amount of money in order to help them sustain their families. In our context, often these workers are the main financial support for the families.

Health facilities were another concern of ours. The Liberian health system was already seriously challenged in normal times. Most of the health facilities in the country, including government facilities were short on supplies. The Ebola situation stretched the system to its limit. The Lutheran Church in Liberia, having a partnership with organizations like the Global Health Ministry, ACT Alliance, and through its membership with the ACT Forum was able to intervene in several ways to help bolster the effort of Government. Through our partnership with these organizations we delivered health supplies, caught up on salary payment at one of our medical institutions and we constructed an isolation unit for Ebola cases, a unit that is still being used today to separate complicated cases from the regular patient population.

This is because just as we did not see health care as the sole responsibility of the Government, we considered the fight against Ebola to be our fight also. That mindset influenced our actions. We concerned ourselves with quarantined communities, health

facilities, and the communities in which the County Health Teams were finding the most challenges.

We traveled to many parts of the country delivering health supplies to clinics and other health institutions as needed.

The development of opposing theories to that of the health authorities was not the only obstacle that the Ministry of Health had to contend with. There was a belief in some communities that the health teams themselves were transmitting the virus from one community to another. This conviction placed the health teams and the county authorities at odds with such communities.

How those communities developed such theory is worth mentioning. When a community was identified as one possibly infected with Ebola, the County Health Team took specimens of the victims to the testing centers which were located hours away. Many times, the team did not return with the result to confirm or deny for days or weeks. And at the same time, people were getting sick and dying. This raised suspicion among the residents. Some of these communities protested violently. They would refuse to welcome the health team and even chase them with sticks out of their villages. In one instance the residents of one badly affected community demanded that the only condition under which they would allow the county authorities or the health team to meet with them was if these authorities came along with the Bishop of the Lutheran Church in Liberia – it was a primarily Lutheran community. We had to drop everything and travel hundreds of miles to intervene. My presence made all the difference. This is an example of the kind of trust that developed between the people and the church.

As in the case of Ebola, the Corona Virus entered Liberia at a very critical time in the life of the Lutheran Church in Liberia. The first case of the Corona Virus was confirmed in March 2020, just eight weeks before the hosting of the 160th Anniversary of the Church. Again, all was set for a great celebration including planning for the Partners in Mission meeting and the Executive Council meeting. Again, we initially postponed all activities. This time, however, the ferocity and unpredictability of the disease forced us to cancel these activities.

Not only did we cancel those activities, by government mandate, but we also ceased gatherings for worship and gatherings of all forms and of any kind; the entire church shut down.

The Corona Virus has also led to the closure of all schools both public and private for months, the suspension of worship services for all religious groups, the abolition of gatherings of any kind, and even a State of Emergency declared by the President all make this Corona Virus situation worse.

One difference between the two situations is that unlike in the case of Ebola, the Ministry of Health was quick to identify the situation. The quick action of the Ministry in identifying the virus helped mainly in discouraging the development of theories that would have contravened that of the Ministry's. The fact that the disease had already ravaged many other parts of the world helped the Ministry quickly in identifying the virus. Otherwise, things would have been worse. The population was quick to set up hand-washing posts throughout the country and people washed their hands before entering public spaces or attending meetings. People were willing to submit to having the temperatures checked and we have done everything we did to prevent the spread of Ebola.

Unfortunately, the ammunition we had as a church and a nation with which to fight Ebola is non-existent today. Our partners, who stood with us before, have their own fight on their hands!

The Lutheran Church in Liberia has once more launched a self-help campaign to raise funds to help provide for the needs of our healthcare workers. Although limited in quantity, we have gathered several hundred bags of rice and other food items to be used as incentives for these workers who are putting their lives on the line for their fellow human beings, as well as for the widows and children of several of our pastors who have died in the last few years.

The rate of death to Corona Virus continues to climb daily. But we are not deterred; we continue to find new ways to do ministry. We try to live in safe, healthy, and caring ways with each other and the world.

There are practical and spiritual ways we are trying to live out our commitments to Christ and to the world in these days of living with the Corona Virus in our midst. We share them with you and invite you to modify them for your context and ministry.

We listen to what health experts in our context say are the best ways to stay safe and healthy—and then do them. As Lutherans, we do not go against them in the Name of Jesus.

Since keeping a distance from other people is a way to stop the disease, we try to find ways other than gathering in groups and in the church sanctuary to be church together (Social Media platforms with video capabilities, regular telephone calls, email, or texts by congregation leaders and pastors to members of the congregation.)

We do not make exceptions to the policies of social distancing and staying at home for “special” people.

We are doing everything in our power to help people who have limited or no income since they are the hardest hit economically.

We keep in mind the key points of the mission of our church. In the Lutheran Church in Liberia, we run every new idea for how we need to respond through the three lenses of Preaching, Teaching, and Healing. The question we ask is how does this fulfill the mission of the Lutheran Church in Liberia and the mission of Jesus Christ among us.

While being physically apart, we find it necessary to keep in touch regularly with as many of our people as possible. The Bishop of the Lutheran Church in Liberia is in regular touch by radio, phone, and social media platforms with the pastors and people of the church (things we did not have to do before). Pastors and Church Council leaders in parishes are calling members to check-in and to pray over the telephone with them. Some places where the internet is available and used, people have established parish groups to stay in touch.

In closing, there are many more ways to be church during this time, but you need to determine that for your context. However, here’s a statement taken from a letter by Martin Luther, written during the plague in the early 1500s. It is a timely reminder of how our faith and our theology has in the past and can now form our practice:

“I shall ask God mercifully to protect us. Then I shall fumigate, help purify the air, administer medicine and take it. I shall avoid places and persons where my presence is not needed in order not to become contaminated and thus perchance inflict and pollute others and so cause their death as a result of my negligence. If God should wish to take me, he will surely find me and I have done what he has expected of me and so I am not responsible for either my own death or the death of others. If my neighbor needs me however, I shall not avoid place or person but will go freely as stated above. See this is such a God-fearing faith because it is neither brash nor foolhardy and does not tempt God.” (In a letter to Rev. Dr. John

Hess, found in Luther's Works, Volume 43 p. 132, as "Whether one may flee from a Deadly Plague").