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CALCULATED RISKS: EXPLORING PLAGUE ETHICS WITH LUTHER AND BARTH

ABSTRACT

This article explores the way churches in the USA navigated risk in the early months of the COVID-19 pandemic. In particular, it examines the theological basis for reactions to restrictions affecting in-person worship services and for participation in the Black Lives Matter protests. The article argues that the ongoing conversation about health and risk in the American church would benefit from additional theological perspectives. Martin Luther's 1527 treatise on plague ethics and Karl Barth's treatment of the "will to health" in Church Dogmatics are discussed with attention to questions of health and risk. With these texts from Luther and Barth in view, the article returns to questions of risk, worship, and protest in the context of the pandemic, outlining six potential fruitful themes for ongoing conversation and discernment.

1. INTRODUCTION

In the course I teach about the intersection of worship and theodicy, we do a close reading of the Visitation of the Sick liturgy from the 1559 edition of the *Book of Common Prayer*. The liturgy assumes that the illness is caused by God for one of two reasons: either it is a test of faith or it is God's punishment. All of this provokes rich conversation in the classroom, and just about everyone has a difficult time imagining approaching a sick parishioner in those terms nowadays. But nothing is more chilling than the sequence of rubrics at the very end of the service. There you find instructions about how to administer the sacrament in extreme



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situations. The final rubric matter-of-factly states that, in plague time, if no elders can be persuaded to come along for fear of infection, the minister goes into the sickroom alone.¹

The vast majority of Christians would surely agree that ministry involves risk, but what degree of risk?

With the advent of COVID-19, the question of risk has arisen in new ways in Christian communities worldwide. In the USA, as the virus spread, a vast majority of churches complied with public health recommendations, dramatically adjusting the way they worshipped and ministered. The theological rationale most often invoked for this compliance was a simple one: observing the public health guidelines is a concrete expression of the command to love your neighbour. Meanwhile, pockets of resistance to suspending in-person worship erupted and persisted, particularly in states/counties where social-distancing measures were not required. While, occasionally, “love your neighbour” was also invoked in these contexts – people need to come to church and be together at this difficult time – the dominant rationale voiced by resisters was the protection of religious liberty. The message to state and local authorities: Do not tread on the church. In these instances, disregard for recommended or required lockdowns or social-distancing measures was framed as Christian courage. Given the reality of political polarisation in the USA, these positions mapped neatly onto existing partisan patterns. For many Christians, the Black Lives Matter protests that broke out in cities and towns across the USA, beginning in late May, were another occasion to weigh the relationship between faith, health, and risk. On what basis do Christians make judgements about acceptable levels of risk in seeking to do what God calls us to do?

This article argues that the ongoing conversation about health and risk in the American church would benefit from some additional theological voices that address similar issues in very different times and places. The reformer Martin Luther wrote explicitly about the ethical questions prompted by the arrival of a plague in his 1527 pamphlet “Whether one may flee from a deadly plague”, and the Swiss theologian Karl Barth explored what he called “the will to health” in the third volume of *Church Dogmatics* (1961).

This article describes the situation facing the church in the USA from the beginning of the outbreak to mid-summer. It then describes Luther’s approach to plague ethics in his 1527 treatise. This is followed by Barth’s discussion of

1 The rubric reads: “In the time of plague, Swette, or such other like contagious tymes of sicknesses or diseases, when none of the Paroshe or neighbours can be gotten to communicate with the sicke in their houses, for feare of the infection, upon speciall request of the diseased, the minister may alonly communicate with hym.” (Cummings 2013:170).

the “will to health”. Finally, the article explores the present questions of risk and the church in the context of the pandemic, and the ways in which Luther and Barth might offer some theological resources for ongoing discernment.

2. FAITH IN THE TIME OF CORONA

The story of the early months of the coronavirus outbreak in the USA is a complex one. The lack of a coherent coordinated national strategy resulted in a wide range of responses across the country, not only at state level, but also in counties, cities, and towns. With the USA surpassing 10,000 cases, President Trump declared the coronavirus pandemic a national emergency on 13 March 2020 and issued national social-distancing guidelines by 16 March.² As Easter approached, the vast majority of churches in the USA swiftly adapted to the situation, launching a variety of alternatives to in-person worship services. Denominational governing bodies and para-church organisations issued their own statements and guidelines, urging compliance with public health recommendations and providing resources for remote or socially distanced worship. In response to governmental measures to limit the spread of the virus, the primary theological rationale for compliance offered by church leaders was overwhelmingly love of your neighbour.

From the beginning, there were also high-profile dissenters. Some immediately framed COVID-19-related restrictions as governmental overreach, arguing that this was another encroachment of religious liberty in the USA. Conspiracy theories circulated that the virus was a hoax. A noted Catholic intellectual opined in March that fears about the coronavirus were overblown and that to comply with the shutdown was to “bow to death’s dominion”, unlike the brave Christians who supposedly simply carried on in the context of the Spanish flu (Reno 2020a). Some viewed the pandemic as a test of faith, declaring that Christians should, of course, continue to gather for worship, trusting in God for protection.³ However, churches that inadvertently or negligently hosted “super spreader” events made headlines. This had a sobering effect, as many other churches contemplated a possible return to face-to-face worship services across the country.

2 The guidelines included avoiding gatherings of more than ten people and limiting travel, but were not mandatory. By 23 March, seven state governors issued “stay-at-home” orders; by 7 April, that number was 42, although by 26 April, some states began re-opening in phases.

3 Pentecostal pastor Rodney Howard-Browne was arrested for ignoring Florida’s emergency order and holding services attended by hundreds of people in March (Mazzei 2020). A pastor in Richmond, Virginia, Bishop Gerald Glenn, continued holding services, preaching “God is larger than this dreaded virus” (Vigdor 2020). And the list goes on.

As states began phased re-openings in late April, some religious leaders chafed at the idea that churches in many lockdown states were not numbered among the “essential” services slated for the earliest phase of re-opening.⁴ Although various public health authorities and state and local government officials explained that a worship service was, by its very nature, more likely to spread the virus than a trip to the grocery store (close proximity to others, a long period in a shared indoor space, singing, physical contact, and so on), many argued that, if places such as liquor stores, restaurants, nail salons, and bars could be open, it was unfair that churches must remain closed.⁵ Some local and state governments opted or were forced to exempt churches from the existing restrictions. Eventually, President Trump added to the confusion by declaring churches “essential” and “open” on 22 May, claiming to override any state or county mandates.

In many places, churches continued to comply with state and county guidelines. Some decided to delay re-opening, even when it was permissible. As churches did return to some in-person events, things had changed dramatically.⁶ Although pockets of resistance to social distancing at church persisted, particularly in conservative-leaning states and counties, the vast majority of churches worked diligently to protect the most vulnerable when they did gather, using current scientific guidelines regarding best practices and requiring or urging the use of cloth face coverings by those attending services. The use of masks, in particular, emerged as a point of controversy in relation to churches, as in the wider society.⁷

4 Pressure on governors to re-open was unrelenting. In fact, the president announced that he wanted the USA re-opened by Easter (Karni & McNeil 2020). The argument was that the economic and social toll of lockdown was worse than the virus itself.

5 This reaction is not without historical precedent. Galishoff (1969:225) writes of the influenza pandemic in New Jersey in 1918: “Clergymen became incensed because, while saloons were allowed to remain open, churches were compelled to close. Finally, on October 19, in response to the protests of the clergy, city authorities agreed to permit meditation and prayer in churches. But this concession failed to mollify the clergymen, some of whom announced their intention to conduct religious services despite the ban”.

6 The number of people at any gathering was reduced, seating arrangements were altered, singing was cancelled, practices that involve physical contact were eliminated or reimagined, and so forth.

7 The CDC recommended the use of cloth face coverings in public on 6 April. Masks became politicised in the US almost as soon as they were recommended, with some conservatives even suggesting that to wear a mask was to dishonor President Trump. The president’s refusal to wear a mask himself reinforced this interpretation. Local mandates regarding face coverings prompted protests in some places, and in some states, churches and other religious institutions were explicitly exempted from mask orders. One Republican state legislator opposed to mask mandates offered this theological rationale in early May: “When we think of the image and likeness of God, and that we’re created in the image of God, when we think of image, do we

As all of this was playing out, the murder of George Floyd on 25 May in Minneapolis, Minnesota, changed the dynamics of the COVID-19 lockdown in the USA. George Floyd, a 46-year-old African-American man, was killed by a White police officer who knelt on his neck for almost nine minutes. Floyd's killing was another in a long series of incidents of police brutality in the USA. Massive protests erupted almost immediately across the country, loosely organised by the Black Lives Matter movement and related groups. Some churches, para-church organisations, and clergy joined the protests, even in places where churches had not re-opened (and, in some instances, were not permitted to re-open) for in-person gatherings.

This fact did not go unnoticed by those already unhappy with the shutdown. Although many, even most of the protesters maintained social distance and wore masks, some did not. Charges of hypocrisy were levelled.⁸ But there was little public theological reflection about why assembling for worship and gathering to protest might call for very different assessments of necessary risk from Christians. Admittedly, this is not surprising, given the fairly limited range of the theological discussion about the virus and its meaning overall. Christian leaders, who defended social-distancing guidelines, primarily (and understandably) appealed to various versions of neighbour-love. Those who rejected them (or did them grudgingly) posited a brave church standing up to arbitrary, excessive, and even demonic repression by state and county officials.

Months into the pandemic, as case numbers ebb and flow by region, churches continue to face decisions that inevitably involve questions of faith and risk. Should we gather in person for worship or not? If gathering in person, what preventative measures should we adopt, and what practices should we modify or suspend? And in relation to ongoing protests in the wake of the murder of George Floyd, if and how should we as congregations and individuals participate in the public, performative dimensions of the Black Lives Matter movement? These decisions will take place with some kind of theological assumptions, whether voiced or tacit. Given the impact of polarisation on congregations in the USA, fresh theological lenses might be of use in disrupting the emerging politicisation of a public health emergency.

think of the chest, or our legs, or our arms? We think of their face. I don't want to cover people's faces. That's the image of God right there. And I want to see it in my brothers and sisters" (Martin 2020).

- 8 In New York city, for example, Mayor Bill de Blasio allowed the protests, while continuing restrictions on other gatherings, including religious ones. A spokesman for the Archdiocese of New York complained that there were different standards in play: "It is clear that, in the eyes of our government officials, the politically preferred viewpoint of anti-racism is favored and allowed, while the unpopular one of religious worship is belittled and denigrated" (Mechmann 2020).

With the intersection of COVID-19 and Christian practices in view, I turn to another time and place where illness and risk were centre stage: Wittenberg, Germany, 1527.

3. LUTHER AND THE DEADLY PLAGUE

The bubonic plague had been circulating in Europe since the mid-14th century. Devastating outbreaks were cyclical events, with long periods of calm punctuated by the crisis of a new epidemic. Luther began writing the pamphlet “Whether one may flee from a deadly plague” just before a fresh wave of bubonic plague – already wreaking havoc in nearby regions – arrived in Wittenberg in 1527.⁹ Luther himself decided to remain in Wittenberg with the sick and dying once the plague arrived, a situation further complicated by his own (unrelated) health troubles (Johnson 2016:387-388). As such, the text was written in two distinct contexts: the first before the epidemic arrived; the second, after.

Luther does not offer a simple answer to the question “Stay or go?” in the treatise. Rather, he lays out the theological and practical factors that might influence such a decision, at times with noticeable epistemic modesty. He frames his thoughts as his opinion “as far as God grants us to understand and perceive”, offering them for consideration, while noting that all Christians need to decide for themselves what they must do at such times (*LW* 43:119).¹⁰

Luther’s restraint, in this instance, is related to the idea he puts forth early in the letter: Christians have differing degrees of faith. The person of strong faith might well be content to stay put, knowing that the plague is God’s well-deserved judgement, trusting that whatever happens is God’s will. Running away, for such a believer, would demonstrate lack of faith in God. But, the vast majority of Christians are weak in faith, Luther continues, and “one simply cannot place the same burden upon everyone” (*LW* 43:120). Is it hyperbole when Luther suggests that a person of strong faith can drink poison and be just fine, while the weak Christian would succumb to its power? Either way, most of the Christians will be too feeble to remain on the basis of faith alone. But, even if flight is permissible for the terrified, it is not *always* permissible, according to Luther.

9 The German title is translated as “Whether one may flee death”, although it is unclear whether it was penned by Luther or the printer of the pamphlet. See Johnson (2016:386). The treatise began as a response to a request from the Silensian reformer Johann Hess, who inquired about the ethics of migrating to safety versus remaining to help others, although Luther would ultimately publish it for a wider audience.

10 In-text citations to Luther’s pamphlet refer to *Luther’s works*, hereafter *LW*.

Those with particular roles and responsibilities in relation to others are required to remain and serve in spite of the risk to themselves. Clergy must remain, in order to minister to the sick and the dying, unless those tasks are covered by other clergy who choose to remain so that others can go. Likewise, public servants must not abandon the community at plague time, unless competent deputies are installed and supervised. Luther also includes some additional relationships in this category: servants and masters, parents and children, orphans and their guardians, neighbours – these must not desert one another, unless appropriate provision has been made for them (*LW* 43:122). If care has been provided for such relevant others, Luther suggests, the choice to remain or go is up to the individual.

The desire to preserve one's life is commanded by God, Luther observes, citing several biblical examples. We are called to avoid "death and disaster", as long as this does not interfere with our obligations to neighbours (broadly understood) (*LW* 43:123). Luther goes to some length to dismantle the counterclaim that a person with strong faith should simply passively accept death, however it comes, as God's punishment. Taken to its logical conclusion, Luther argues, such a person would not put out a house fire, or seek medical attention, or keep warm in winter, or take medicine, or even eat and drink (*LW* 43:124-125). If God wills that death does come, there is nothing we can do to escape it either way. Only if our neighbour needs our service, are we justified in risking our lives to provide it, prayerfully placing ourselves in God's hands.

Luther explores a wide range of ways in which a neighbour might need help, extending well beyond the parameters of plague ethics: rescue from a burning house, from drowning, from a pit, from hunger and thirst. Neighbour-aid always involves risk, Luther argues, and to forsake the neighbour in trouble is to be a murderer in the sight of God (again citing some biblical texts). In terms of the plague, Luther praises the few places where local governments are able to provide hospitals, so that there does not have to be a hospital ward in every home. But he acknowledges that, in many places, Christians must be nurses to the sick "or risk the loss of salvation and the grace of God" (*LW* 43:127).

Once the plague arrived in Wittenberg, the question was no longer *whether* Christians are right to escape the epidemic. The remainder of Luther's treatise is focused on *how* to remain. How to understand what is happening in theological terms and how to persist in neighbour-love in the context of the disaster. Luther explains that, while the epidemic is punishment for human sinfulness, it is also a test of faith in God and a test of love of neighbour. The appropriate response to the plague, now that it is upon them, is obedience to God and courageous service to others, in defiance of the devil. Luther argues at some length that those who minister to the needy for the right (selfless)

reasons are “generally” protected by God (*LW* 43:129). Those who desert the sick neighbour, on the other hand, may well find themselves abandoned by God in this regard, no longer enjoying divine protection.

Even so, Luther distinguishes the risk involved in serving one’s neighbour from reckless bravado in the face of the plague. He again criticises those who “tempt God”, who do not use medicine or avoid situations in which infection is likely; those who “light-heartedly make sport of it and wish to prove how independent they are” (*LW* 43:131). Rather, since God blesses human beings with intelligence and medicine, Christians should make use of the means available to protect themselves as they care for others.¹¹

In sum, Luther understood that faithful decision-making in relation to the plague involved weighing two obligations: the obligation to make use of all available means to protect one’s own life and health, and the obligation to honour one’s responsibilities to others. Luther recognised that there could not be one right answer when it comes to risk, but that differences of spiritual condition, role in relation to others, practical needs, and available resources all rightly impact on discernment in perilous times.

4. BARTH ON THE WILL TO HEALTH

“Whether to flee” was composed in the midst of crisis. I now turn to Karl Barth’s more systematic discussion of health and risk in the context of his treatment of the doctrine of creation in *Church Dogmatics*. Barth’s approach to ethics has long been regarded as something of a puzzle – a dynamic that we cannot explore at any length, in this instance. Suffice it to say that Barth resists the practice of casuistry, that is, the practice of identifying universal moral rules and applying them to situations. Rather, Barth argues that every individual is called to discern God’s commands in particular contexts in living encounter, though not without the conversation and counsel of others (*CD* III.4:17).¹² This ongoing discernment, which Barth can call “practical” or “active” casuistry, offers a helpful lens for interpreting his reflections on the will to health and its implications. The “special ethics” he proposes in his writing on the respect for life are, in his own view, only a kind of “instructional preparation” for the actual hearing of the command, that is, for the Christian’s ongoing encounters with the God who commands through the Word of God (*CD* III.4:18).

11 Luther summarises thus: “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” (*LW* 43:132).

12 In-text citations to Barth’s discussion of the will to health refer to his *Church Dogmatics*, hereafter *CD*.

Barth's theological approach to illness cannot be understood apart from his non-theological account of the existence of evil. God self-elects to be in relationship with that which is not God in Jesus Christ. While evil is the enemy of God, an irrational but assertive nothingness that threatens creation, it only does so to the degree that God allows. The power of nothingness is a negated and futureless power that nonetheless rages in the time that remains to it.

Barth considers illness to function as a sign in two distinct ways. First, sickness is one manifestation of the chaos at the edge of God's creation, the encroachment of an enemy force to which human beings surrender through the impossible possibility of sin. As an instance of the invasion of this alien, disordered force, illness is also a "forerunner and messenger of death as the judgement of God" (*CD III.4:366*). Sickness, in this sense, is evidence of the individual and systemic ways in which human beings invite the powers of nothingness into the world, and as such God's righteous judgement on sinners, from which there is no escape, save through God's mercy in Jesus Christ. But even as judgement, sickness is not willed or created by God, according to Barth. It has existence only in the context of God's "no" to all the ways of death (*CD III.4:367*). Therefore, the human response to sickness, even when understood as a sign of God's judgement, cannot be submission and acceptance, but resistance. Since God has already defeated the realm of death, including sickness, in Jesus Christ, human beings must join God in saying "no" to sickness.¹³ Barth observes that, in his ministry, Jesus resisted sickness by means of miracles of healing, exorcism, and resurrection (*CD III.4:367*). Human beings are called to take up the struggle against illness with faith and prayer, because this is God's own cause, fighting back in spite of our human limitations, doing our best in hope and courage. In sum: Although sickness (like death) is a sign of judgement, it is a "no" that is surrounded by God's "yes" in Jesus Christ. In light of this "yes", human sufferers fight on.

For Barth, there is also a second meaning, a deeper, even hidden, significance of the occurrence of illness. As a human being is threatened by nothingness, trusting in God's mercy and courageously resisting its encroachment, s/he also becomes aware that there is goodness in the numbering of his/her days – his/her power to live as a human being is borrowed from God and will return to God. The fact that God allots a space and time for his/her particular existence, with a beginning and an ending, Barth argues, is "the witness to God's creative goodness, the forerunner and messenger of the eternal life which God has allotted and promised" (*CD III.4:373*). Recognition of this concealed witness does not mean giving in to illness, but it does add patience and even joy to the list of fierce attributes sufferers exhibit.

13 "A little resolution, will and action in face of that realm and therefore against sickness is better than a whole ocean of pretended Christian humility" (*CD III.4:368*).

Christians are called not only to revolt, protest, and rage against the invasion of nothingness in agreement with God, but also to accept the mystery and goodness of life uniquely evident in its limitation, in its shadow, as a dimension in which God's "yes" is concealed.

With this semiotic description of illness in view, we now turn to Barth's more practical consideration thereof in his discussion of the concept "will to health". He defines health as "the capacity, vitality, and freedom to exercise psychological and physical functions" toward the end of existing as a human being (*CD III.4:357*). The will for such health can be present, even when illness or injury is present; the will for the strength to be human is "the health of the sick person" (*CD III.4:357*). God commands this willing, even from those who are ill. We might say that health, for Barth, is obedient agreement with God the creator that human life is good in its fulness as the thing that it is. It is to respond to the gift of life by affirming that the strength and capacity to do the things entailed by human existence are worth pursuing, even when they are hampered by sickness of body or soul (*CD III.4:359*). Each person is responsible to attend to the things involved in getting and staying healthy, not in fear, but in freedom. This involves figuring out what is best through education and experience and in consultation with medical experts.

In this context, Barth explores issues such as hygiene, exercise, and the role of the doctor. His affirmation of the contribution of medicine to human health extends beyond the practice of individual physicians to medical science itself. He argues for the trustworthiness of the knowledge accumulated through research over time, in spite of the inevitable errors and setbacks.

While Barth asserts that the will to health is the responsibility of each person, he also insists that health – the real will to health God commands – cannot remain an individual matter. It is a social, systemic concern. Cleanliness, exercise, or medicine cannot do much if broader living conditions promote sickness. Barth lists wages, standards of living, working hours, time off, and housing as critical to an environment that supports wholeness and health. Toxic, impoverished living conditions impair not only health, but also the will for health, crushing spirits as well as bodies. Responsibility for health in this broader sense particularly falls on those who enjoy the privilege of stability in terms of finances, access to resources, life/work/rest balance, and the freedom to pursue interests. This involves making sure that health and the means to health are available to as many people as possible, something that may entail a radical transformation of the order of a society. The will to health means willing the health of *all* people and acting on that will in practical, material ways. Barth concludes:

When one person is ill, the whole of society is really ill in all its members. In the battle against sickness the final human word cannot be isolation but only fellowship (*CD III.4:363*).

Finally, while the command to protect human life includes protecting one's own, Barth acknowledges that the responsibility for promoting the health and life of others leads to the question of risk. There may be circumstances in which obedience to God's command regarding respect for life requires the readiness to die. Even in such situations, this willingness to sacrifice one's life should not be confused with reckless abandon. Jesus did not throw away his life, and Christians should not either. The question of whether a risk of life and health is necessary in response to God will involve serious and thoughtful discernment (*CD III.4:403*).

In sum, Barth urges human beings to seek health using every means available, and to work for the establishment of social structures that support the health of all. At the intersection of the individual will to health and the will toward the health of others, risk will always be a factor. Decision-making regarding health and risk cannot be codified in advance for Barth, but always involves deep listening for the command of God in a particular situation, in ongoing conversation with others.

5. NAVIGATING COVID-19 WITH LUTHER AND BARTH

Barth's "instructional preparation" regarding health and risk, like Luther's emergency treatise, abounds in potential relevance for the kinds of decisions facing Christian communities in the context of a pandemic. As described earlier, churches in the USA have been grappling with the question of risk in different ways. To be sure, there may be things to give one pause in reading Luther and Barth in relation to the present moment. Luther's occasional "magical" thinking seems unhelpful, especially given the early impulse from some in the USA to equate faith with divine protection from the virus. Perhaps Barth's emphasis on individuals discerning a divine command is too nuanced for a context where clarity about what to do is often in short supply.

But beyond these caveats, Luther and Barth offer substantial theological resources for those navigating risk and faithfulness in the context of the public health crisis in the USA. We will briefly consider six potentially fruitful themes.

5.1 The nature of resistance

While nuanced in different ways, both Luther and Barth interpret sickness as a sign of God's judgement. However, neither imagines this understanding

to lead to human submissiveness in the face of illness. For Luther, although the plague in a broad sense is punishment for human sinfulness, it is simultaneously a test of faith and neighbour-love. As such, it should not be faced with resignation, but with resourcefulness and grit. The devil tempts human beings to give up and give in. Because Barth regards sickness as a sign of death, but death as something defeated by God in Jesus Christ, he also urges human beings to fight back in the face of disease. Jesus resisted the encroachment of death, and so should we, joining God in saying “no” to the power of nothingness.

Some Christians in the USA have indeed exhibited a fighting spirit in the context of the pandemic, but too often that anger has been misdirected. They have demonstrated fierce resistance to government officials, public health agencies, and social-distancing mandates, rather than to the virus and its effects. The conservative Catholic R.R. Reno seemed to be on a fruitful path when he urged Christians to “say no to death’s dominion”. But when you read the fine print, it is not “death’s dominion” that is denounced, but lockdowns (“saving lives at any price”) and later (via Twitter), face masks.¹⁴ Christian resistance, by all means, but resistance to what? Both Luther and Barth know who the enemy is. They describe an ethos of resourceful, tenacious resistance in relation to the reality of illness, one that may well be helpful in the months (and possibly years) of pandemic struggle ahead.

5.2 Medical science as gift

Luther and Barth affirm self-preservation as something commanded by God and reject any reckless disregard for one’s own life and health. With that emphasis comes encouragement to make use of the means available to promote or recover health, and they each name very practical aspects in this category. In the context of the bubonic plague, Luther advocates for the best practices of his time: quarantine of the sick, fumigation, administration and use of medications. While Barth writes more generally, he names the benefits of concrete means to health such as hygiene and exercise. Both regard the fruits of medical science as resources provided by God to be used accordingly.

It is unfortunate that national messaging about COVID-19 was often inconsistent in the USA in the first phase of the pandemic. Conflicting statements about, among others, face masks, potential mitigating medications, and projected death rates caused some to doubt subsequent public health guidelines and findings. In this instance, Barth’s nuanced affirmation of the

¹⁴ In Reno’s view, these are aspects you attend to when you are inappropriately afraid of death. Reno (2020b) later apologised for equating face masks with cowardice in his tweets.

nature of medical expertise can be instructive. Of course, there are mistakes, new discoveries, revised guidelines. Science is like that. But within the limitations of what it can offer, Barth argues that human beings are responsible to make use of the information and care medicine can uniquely provide. Not uncritically, but not suspiciously. As churches continue to make decisions about if and how to gather and minister, the ability to identify and make use of reliable scientific data will be vital, especially when and if a vaccine becomes available.

5.3 The lives of others

When it comes to deciding when risk is warranted, Luther's reasoning is largely focused on relational commitments. Even in dangerous times, responsibilities to others must be honoured. In Luther's situation, this meant remaining in place as the plague drew near and fulfilling one's obligation to specific others, unless someone else was able and willing to step in to discharge it in one's place. Christians in the USA, pastors and non-pastors alike, all have responsibilities to particular others, some related to vocation, some familial, some proximal. As Luther observed in his own context, these webs of relationships and obligations will always entail some degree of risk. In the situation involving a highly contagious disease, they also involve mutual avoidance of unnecessary risk, due to the impact on ever-widening constellations of people. While caring for all others directly is impossible under any circumstance, caring for those for whom we have particular responsibility has implications for the well-being of all others in the context of a pandemic. The occasional "lone ranger" pastors, who insisted on continuing to hold public worship services or eschewing a mask as a demonstration of superior faith, would find no support in Luther's treatise, even though he expressed similar confidence in God's power and protection. For Luther, risk is something you undertake for the sake, and not in spite of the neighbour's well-being.

5.4 Creative substitution

When considering the question of whether or not to open a church for in-person worship, Luther's advice about substitution could also be instructive. Some in the USA have argued that churches must take the risk of gathering in-person for worship, because people need support and human contact, not to mention spiritual nurture, especially during a time of crisis. Certainly, the desire to care for others in this way is also an expression of neighbour-love, and like all neighbour-love, it involves a calculated risk. But Luther might add, unless a substitute can be found. All the creative, home-made, tech-savvy, warm-hearted practices that emerged in the first six months of 2020, differently embodied practices that enabled people to continue in worship and prayer and conversation and study and community, have functioned as substitutes of

sorts for many.¹⁵ Of course, they are only substitutes, but has the church not always improvised in liminal situations? Luther's instinct is that Christians may be called to risk life and health for the sake of others, but only when there is no other way. Of course, it is more complex than that when we do gather people together again – not a choice between safe and unsafe, but a continuum that must be constantly negotiated and assessed.

Not assembling as a congregation, or assembling with social-distancing measures, exacts a psychological toll, of course. But then, so would assembling as usual and then inadvertently spreading the virus, as some congregations have learned. Guilt, regret, shame: those cost something too. Some fear that beloved practices and relationships will be lost forever if we fully embrace the substitutes of COVID-time. But the negotiations involved in crafting a viable substitute may even prompt deeper theological reflection in congregations on the meaning of things such as assembly, passing the peace, hearing the Word, and gathering at the Table, reflection that will enrich and strengthen the practices for the long term.

5.5 Health is systemic

As noted earlier, Barth argues that health is not a matter that can be reduced to individual need. All Christians are called to will health, and this willing involves attention to the health of all. To seek “health” as a Christian means working to ensure that the concrete factors that promote human flourishing – living wages, housing, food, reasonable hours, freedom to be themselves – are available to all people. Although Luther is also concerned about the Christian duty to serve neighbours, he imagines this primarily within the scaffolding of the extant social structures. But Barth insists that the will to health may well involve disrupting the social structures themselves for the sake of the health of all. Systemic transformation may be required where some are excluded from the conditions that promote health.

This is why a different calculation of risk may be warranted for Christians in relation to participation in the Black Lives Matter protests compared to, say, the decision whether to gather for worship in-person versus in some other form. Protests serve particular functions in the context of a democracy. When large and persistent enough, they get the attention of those in power, in some cases resulting in dramatic positive change. There are, of course, many other activities such as voting, deliberation, making financial contributions, contacting public officials, and so on that are also indispensable. These may be more prudent activities for those at higher risk of serious complications from

15 Some denominations/churches have determined that there can be no substitute for in-person administration of the Lord's Supper/Eucharist and have opted to suspend the practice rather than improvise.

COVID-19 or those in close contact with vulnerable others. But none of these things attract widespread media attention in the particular way protest can.

Christians who participated in the protests in the context of a pandemic were taking a risk. Many rightly minimised that risk by social distancing, wearing a face covering, and so on, and some self-quarantined for a time afterwards, simply in case of exposure to the virus. Nonetheless, protests are unpredictable, and it was surely safer at home. Barth, however, might argue that, given all the ways that the health and well-being of African Americans has long been systemically jeopardised in the USA, responding in protest was a faithful expression of the will to health, even in a pandemic.

5.6 Graceful discernment

In different ways, Luther and Barth resist dogmatism when it comes to the ethics of sickness, health, and risk. Luther not only frames his thoughts as simply his opinion, but also (especially while the plague is far off) recognises that one “answer” to how to respond would not fit all people, given the diversity of spiritual states and situations. Those strong in faith should not condemn the decisions of those who are more cautious. In the context of his broader understanding of ethics, Barth urges individuals and communities to seek health and conditions that support health, with the recognition that specific ethical decisions cannot be predetermined but emerge out of deep listening for a command from God in relation to changing situations. Both approach the question of plague ethics with some epistemic modesty.

There will be many decisions about what to do in the coming months and years, even when and if there are clear guidelines from public health officials. Christian communities will have much to discuss. There will be many missteps and the ongoing temptation to judge whoever appears to be “weak”. Given the way in which political polarisation affects the church in the USA, and the politicisation of the pandemic response, theological deliberation within congregations will remain a challenging, but vital practice. The early months of the pandemic demonstrated something we already knew in a dramatic way: Americans cannot work together for the common good. There are many reasons for that, from patterns of media consumption to the behaviour of political leaders. Often, the church has mirrored the dysfunction all around it, divided along partisan lines and echoing the rhetoric of political enclaves. Our practical response to the pandemic and its impact has the potential to be something that could disrupt these long-standing patterns. A fresh acknowledgement of our epistemic fragility coupled with an openness to discussion as we navigate the decisions of the coming days might be a good place to start.

6. CONCLUSION

Although it may take longer than anyone would hope, the COVID-19 crisis will come to an end. But it will leave a changed landscape behind it, in ways we cannot yet imagine. In the meantime, Christian communities in the USA will continue to make decisions about health, risk, and faithfulness. Many have recognised that a will to health involves far more than decisions about if and how to gather in-person on Sunday mornings. Black lives will continue to be threatened. The long-standing inequalities that haunt American society will be increasingly apparent as the pandemic impacts on the economy. Many will lose jobs, homes, and family members. There will be many neighbours to serve and many just causes to shoulder. So far, many churches have navigated lockdowns and restrictions with grace, wisdom, compassion, and ingenuity, even as some bastions of resistance to public health measures remain. Whether the reaction to COVID-19 in the church becomes increasingly polarised will be an important trend to watch.

In the liturgy for the Visitation of the Sick in the 1559 *Book of Common Prayer*, after a sermon of sorts, the minister examines the sick person to discover whether s/he is “in charity with all the world”, prompting the confession of sins and urging the sick person “most earnestly” to “liberality toward the poor” (Cummings 2013:167). It seems like a lot to ask of a sick person, but perhaps that is just the right approach in the valley of the shadow of disease. Even in the penumbra of COVID-19, the church in the USA has things to discover about itself, things to confess and amend and, in the power of the Spirit, fierce work to undertake for the well-being of all.

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