

THE LOTU FACTOR

Toolkit for Faith Leaders

Faith, COVID-19 and Tongan
Wellbeing in Aotearoa New Zealand

Practical guidance to support
healthy, resilient, and caring
Tongan communities in
Aotearoa New Zealand



ENGAGE WITH EVIDENCE



CARE FOR PEOPLE



PROMOTE WELLBEING



WALK TOGETHER

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A Toolkit for Faith Leaders During Public Health Emergencies

Based on the findings of
The Lotu Factor Project

Strengthening Churches, Protecting Communities, and
Leading with Wisdom

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About This Toolkit

Faith has always stood at the centre of Tongan life. It shapes how people understand themselves, their families, their communities, and their relationship with God. It influences how suffering is interpreted, how hope is sustained, and how decisions are made during times of uncertainty. When COVID-19 reached Aotearoa New Zealand, it did not enter a religious vacuum. It entered communities whose lives were already deeply shaped by *lotu*.

The pandemic demonstrated both the extraordinary strengths and the significant responsibilities of the Church. Congregations became centres of prayer, worship, pastoral care, food distribution, emotional support, and community resilience. Ministers comforted grieving families, adapted worship to digital platforms, collaborated with health professionals, and helped many congregations navigate fear and uncertainty.

Yet the pandemic also revealed challenges. Some churches struggled to interpret rapidly changing health information. Misinformation circulated through social media and church networks. Questions about vaccination, mandates, freedom, conscience, and biblical interpretation sometimes divided families and congregations. Many people continued to carry emotional and relational wounds long after restrictions ended.

The *Lotu Factor Project* sought to understand these experiences from the perspectives of 155 Tongans living throughout Aotearoa New Zealand. Rather than asking whether religion was beneficial or harmful, the study examined how faith became protective under some circumstances and harmful under others. The findings showed that the decisive issue was not the presence of faith itself but the way faith was interpreted, communicated, embodied, and exercised through relationships, leadership, institutions, and digital networks.

This toolkit is one practical response to those findings. It is intended to equip ministers, pastors, church elders, youth leaders, women's fellowships, and lay leaders to respond wisely and faithfully during future public health emergencies. It does not ask churches to replace theology with medicine or medicine with theology. Rather, it seeks to

strengthen the partnership between faith and health so that both may serve the flourishing of God's people.

The Church has always been called to proclaim truth, embody compassion, protect the vulnerable, and nurture hope. Those responsibilities become even more important during times of crisis. This resource is offered to support that calling.

Purpose of the Toolkit

This toolkit seeks to help faith leaders:



Rather than prescribing a single response to every situation, the toolkit offers principles, practical guidance, biblical reflection, case studies, and decision-making frameworks grounded in the findings of the *Lotu Factor* project.

Who is this Toolkit For?

Designed for faith and church leaders, and useful for the organisations that work alongside them.

FAITH & CHURCH LEADERS	COMMUNITY & HEALTH PARTNERS
PRIMARY AUDIENCE	ALSO USEFUL FOR
Ordained Ministers Priests Lay preachers	Pacific health agencies Pacific health providers Emergency management organisations

Youth leaders Women's and men's fellowship leaders Chaplains Theological educators Pacific church councils	Community organisations seeking to strengthen partnership with churches
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The toolkit is centred on faith leadership while also supporting stronger partnerships between churches, health services and communities.

How to Use This Toolkit

The toolkit can be used in several ways:

- **PERSONAL STUDY**

Work through one chapter at a time and use the reflection questions to consider your own leadership.

- **LEADERSHIP TRAINING**

Use chapters as part of clergy formation and continuing ministerial education.

- **CHURCH COUNCIL WORKSHOPS**

Discuss selected chapters while developing emergency preparedness plans.

- **BIBLE STUDY GROUPS**

Use the theological reflections for congregational study and discussion.

- **HEALTH PARTNERSHIPS**

Use the toolkit together to strengthen collaboration between health professionals and church leaders.

Quick Start Guide

Use this guide to find where to begin. You do not need to read the toolkit from start to finish. Simply identify your immediate need, then go directly to the recommended chapter and tool.

IF YOU NEED TO...	START WITH...	GO STRAIGHT TO...
Understand why faith matters to wellbeing	CHAPTER 1 - Faith as a Determinant of Wellbeing	Five Dimensions of Wellbeing • Wellbeing Action Priorities
Assess whether faith is building resilience or increasing risk	CHAPTER 2 - The Lotu Factor Framework	Three Pathways of Faith • Ministry Audit
Strengthen leadership during uncertainty	CHAPTER 3 - Faithful Leadership in Times of Crisis	Practical Leadership Framework • Leadership Self-Assessment
Recognise unhealthy or harmful expressions of religiosity	CHAPTER 4 - Lotu-Noa	Warning Signs • Church Self-Assessment
Respond to misinformation or improve church communication	CHAPTER 5 - Communicating Truth in a Time of Misinformation	STOP Framework • Digital Communication Checklist • Communication Self-Assessment
Build stronger relationships with health providers and community partners	CHAPTER 6 - Faith and Public Health Partnerships	Partnership Principles • Partnership Checklist • Church Partnership Audit
Run a leadership workshop or group discussion	Choose the chapter most relevant to your topic	Chapter overview • Case study • Ministry Reflection • Chapter Tool
Find a practical worksheet, checklist, audit or template quickly	Practical Tools Index	Select the tool you need and return to the relevant chapter for further guidance

Tip: For workshops, choose one chapter only. Use the chapter overview to introduce the topic, the case study to prompt discussion, the chapter tool to assess current practice, and the practical actions to agree on next steps.

Central Insight

CENTRAL INSIGHT

The central finding of the Lotu Factor project may be summarised in one sentence:

Faith is not automatically protective or automatically harmful.

Its impact depends upon how it is interpreted, communicated, embodied and exercised through leadership, relationships, institutions and communities.

This insight challenges two common assumptions.

ASSUMPTION 1 – RELIGION IS ALWAYS BENEFICIAL

Religion can offer hope, meaning, and community. While this was often true, the research also found circumstances in which religious authority, misinformation, or closed interpretation contributed to fear, exclusion, or distrust.

ASSUMPTION 2 – RELIGION IS OPPOSED TO SCIENCE OR PUBLIC HEALTH

The evidence did not support this conclusion either. Many participants described prayer and medical care as complementary rather than competing sources of healing. Churches frequently partnered effectively with health professionals, promoted vaccination, and provided practical support throughout the pandemic.

The challenge, therefore, is not choosing between faith and science. The challenge is exercising faithful leadership that remains truthful, humble, accountable, and committed to the wellbeing of all.

THE CHALLENGE

The challenge is not choosing between **faith and science**.

The challenge is exercising **faithful leadership** that remains truthful, humble, accountable and committed to the wellbeing of all.

Guiding Principles

The remainder of this toolkit is organised around five guiding principles that emerged from the research.

1	PROTECT LIFE Every decision should be evaluated by asking: Does this protect the wellbeing of people? Human life is a gift from God and must remain central to pastoral leadership.
2	TELL THE TRUTH Faithful leadership requires honesty, transparency, and careful attention to evidence. Truthfulness is both a theological and ethical responsibility.
3	LEAD WITH HUMILITY Good leaders recognise the limits of their expertise. Humility strengthens rather than weakens pastoral authority.
4	PRESERVE RELATIONSHIPS Disagreement is inevitable during crises. Division is not. Churches should seek to maintain the vā - the relational space that binds communities together - even when members hold different convictions.
5	WORK TOGETHER The strongest responses to public health emergencies emerge when churches, health professionals, community organisations, and government agencies work as genuine partners rather than isolated institutions.

Reflection

Before beginning the next chapter, consider the following questions individually or with your leadership team:

REFLECTION

LOOKING BACK

- How did our church respond during the COVID-19 pandemic?
- What did we do well?
- Where did we struggle?
- What lessons have we learned?

LOOKING AHEAD

- How can we better prepare for future public health emergencies while remaining faithful to the Gospel and attentive to the wellbeing of our communities?

PART I — UNDERSTANDING THE LOTU FACTOR

Chapter 1: Faith as a Determinant of Wellbeing

Why Faith Matters for Public Health Leadership

"The spiritual, physical and mental are all connected. You cannot say one is well if the others are not."

— Participant, *The Lotu Factor Project*

In this chapter: You will explore why faith matters for wellbeing, how *lotu* shapes health decisions, and what this means for practical public health leadership in the church.

Beyond a Biomedical Understanding of Health

Modern health systems often describe wellbeing in terms of physical, mental, and social health. While these dimensions are important, the *Lotu Factor* project found that many Tongan participants understood wellbeing much more holistically. Spiritual wellbeing was not an optional extra added to physical health. Rather, spirituality was woven into every aspect of life. Relationships with God, family, church, and community were inseparable from understandings of health and healing.

One participant expressed this holistic understanding simply:

"The spiritual, physical and mental are all connected. You cannot say one is well if the others are not."

This perspective challenges approaches that treat religion as peripheral to health. For many Tongans, prayer, worship, Scripture, and church participation shape how illness is interpreted, how treatment decisions are made, and how hope is sustained.

REFLECTION

Consider your own congregation.

When members speak about "being well," do they primarily refer to physical health, or do they also speak about spiritual peace, family relationships, belonging, and emotional wellbeing?

What Is Lotu?

The report uses the Tongan term *lotu* rather than simply "religion" because *lotu* carries a much broader meaning. It encompasses faith, prayer, worship, church participation, relationship with God, pastoral leadership, family life, moral responsibility, identity, and communal belonging. It is an embodied and relational reality that shapes everyday life rather than a private belief held only on Sundays.

For faith leaders, this means that ministry cannot be confined to preaching or sacramental duties. Every aspect of church life, including leadership, communication, pastoral care, education, and relationships, contributes to the wellbeing of the congregation.

The Five Dimensions of Wellbeing

The Lotu Factor research shows that wellbeing is holistic. Spiritual, physical, mental and emotional, relational, and communal wellbeing are interconnected, with each dimension influencing and supporting the others.

The Five Dimensions of Wellbeing



SPIRITUAL WELLBEING

WHAT THE RESEARCH TELLS US

Participants consistently described spiritual wellbeing as a living relationship with God nurtured through prayer, worship, Scripture, and participation in the life of the church. Faith gave meaning to suffering, strengthened hope during uncertainty, and helped many people endure isolation and grief.

Prayer was experienced as a source of **peace, hope and discernment** rather than merely a religious obligation.

PASTORAL IMPLICATIONS

Faith leaders should:

- cultivate prayer that encourages hope rather than fear;
- teach Scripture responsibly, avoiding sensational or speculative interpretations;

- help people discern faithfully while remaining open to trustworthy information;
- create spaces where people can bring anxiety and uncertainty before God.

PHYSICAL WELLBEING

Participants did not generally view medicine and faith as competing alternatives. Many understood medical treatment as one of the ways through which God provides healing and protection. Nevertheless, some participants expressed concern that excessive reliance on spiritual explanations could discourage people from seeking appropriate medical care.

PASTORAL PRACTICE

Faith leaders should affirm that:

- praying for healing and seeking medical treatment are complementary practices;
- caring for the body is an act of faithful stewardship;
- consulting qualified health professionals reflects wisdom rather than weak faith.

CASE STUDY 1.1

A church member asks you to pray for healing but refuses to visit a doctor because they believe prayer alone is sufficient.

MINISTRY REFLECTION

- How would you respond pastorally?
- How might you affirm their faith while encouraging appropriate medical care?
- Which biblical passages could support both prayer and responsible action?

MENTAL AND EMOTIONAL WELLBEING

COVID-19 generated fear, loneliness, grief, anxiety, and emotional exhaustion. The study found that prayer, worship, pastoral care, and digital fellowship often strengthened resilience. At the same time, faith did not eliminate emotional distress.

Strong Christians could still experience anxiety, depression, or grief.

Pastors should therefore avoid language that suggests emotional struggle reflects inadequate faith.

PRACTICAL GUIDANCE

When someone experiences emotional distress:

- listen before advising;
- acknowledge their feelings;
- pray with them;
- avoid simplistic spiritual explanations;
- encourage professional support where appropriate.

RELATIONAL WELLBEING

Participants repeatedly described wellbeing in relational rather than individual terms. Decisions were made with reference to *kāinga*, church, and community. Relationships became both sources of resilience and sources of tension during the pandemic. Differences over vaccination and mandates sometimes disrupted families and congregations.

The research therefore highlights the importance of protecting the *vā*—the relational space that connects people.

MINISTRY REFLECTION

Before making a difficult decision, ask:

- Will this strengthen relationships?
- Have different voices been heard?

- How will vulnerable members experience this decision?
- If disagreement arises, how will we preserve fellowship?

COMMUNAL WELLBEING

Participants understood health not simply as individual flourishing but as the wellbeing of the whole community. Protecting older people, children, and vulnerable members was frequently described as a Christian responsibility. Churches were therefore viewed not merely as places of worship but as centres of care, belonging, and practical support.

During the pandemic many congregations:

- distributed food;
- maintained contact with isolated families;
- organised online worship;
- provided financial assistance;
- supported funerals and bereavement;
- maintained prayer networks.

These ministries demonstrate that the Church contributes directly to community wellbeing.

Churches as Wellbeing Infrastructure

One of the report's most significant findings is that churches are not simply communication channels for government messages. They are institutions of spiritual care, cultural continuity, identity, leadership, and belonging. Effective partnerships recognise churches as genuine collaborators rather than instruments for delivering predetermined health messages.

REFLECTION

Faith Leaders are not merely messengers. They are interpreters, bridgebuilders, advocates, and trusted companions.

GOOD PRACTICE

Healthy churches:

- build relationships with local health providers before crises occur;
- invite qualified health professionals into church conversations;
- encourage informed discussion;
- distinguish pastoral care from clinical advice;
- remain transparent about what they know and what they do not know.

What Does This Mean for Faith Leaders?

The research demonstrates that pastors influence much more than spiritual beliefs. Their leadership shapes trust, decision-making, resilience, and community relationships. This influence should be exercised with humility and accountability.

Faith leaders are called to:

- proclaim hope without denying reality;
- encourage faith without discouraging medical care;
- protect relationships amid disagreement;
- create safe spaces for honest questions;
- collaborate with those whose expertise complements their own.

Leadership during a public health emergency is therefore both a pastoral and a public responsibility.

Reflection & Discussion

Chapter tool: Use this tool individually or with your leadership team to assess how your congregation currently supports holistic wellbeing and to identify one or two priorities for action.

Using a scale of **1 (rarely)** to **5 (consistently)**, rate each statement individually or with your leadership team.

REFLECT ON YOUR CHURCH	RATING
------------------------	--------

Our church creates safe opportunities to discuss health and wellbeing.	
We encourage both prayer and appropriate medical care.	
Members feel safe asking difficult questions.	
We actively identify and care for vulnerable people.	
We maintain trusted relationships with local health professionals.	
We protect relationships when disagreements arise.	
We communicate clearly and responsibly during times of uncertainty.	

WHAT DOES THIS TELL US: Review your ratings, choose the areas that need the most attention, and agree on practical actions your church can take in the next month.

Action Steps

Over the next month

- ☐ Review your Ministry Reflection ratings with your leadership team.
- ☐ Identify the two areas of wellbeing that need the most attention.
- ☐ Choose three practical actions your church can take to strengthen spiritual, physical, emotional, relational, or communal wellbeing.
- ☐ Invite a local Pacific health professional or community partner to support one of these actions.
- ☐ Agree who will lead each action and when progress will be reviewed.

Chapter 2: The Lotu Factor Framework

Understanding How Faith Shapes Wellbeing During Public Health Emergencies

"The central question is not whether faith is good or bad for health. The central question is how faith is interpreted, communicated, embodied, and exercised."

— Adapted from The Lotu Factor Project

IN THIS CHAPTER:

You will use the Lotu Factor Framework to assess whether faith practices are strengthening resilience, supporting healthy resistance, or increasing risk in your ministry context.

The Central Question

During the pandemic, public debate often portrayed faith in simplistic terms. Some commentators viewed churches as obstacles to public health, while others assumed that faith automatically produced resilience and community wellbeing.

The experiences of participants told a more complex story.

Faith inspired many people to care for neighbours, accept vaccination, comfort the grieving and endure uncertainty with hope. Others drew upon faith to question government policies, seek greater transparency or express legitimate concerns about mandates. Still others encountered religious messages that increased fear, discouraged questioning or encouraged distrust of health professionals.

These experiences reveal that faith is neither inherently protective nor inherently harmful. Its effects depend on the way it is practised and interpreted.

What Is the Lotu Factor?

The Lotu Factor refers to the way faith is interpreted, communicated, embodied and exercised within particular relational, cultural, institutional and digital contexts.

It is not simply belief. It includes

Biblical Interpretation;	Community Belonging;
Pastoral Leadership;	Communication Practices;
Church Culture;	Social Media;
Relationships Of Trust;	Institutional Accountability.
Family Expectations;	Community Belonging;

Every one of these influences how people make decisions during times of crisis.

A HELPFUL PICTURE

Imagine faith as a river. The river itself is neither dangerous nor safe; everything depends on its banks, its direction, and how it is navigated. When guided well, it brings life.

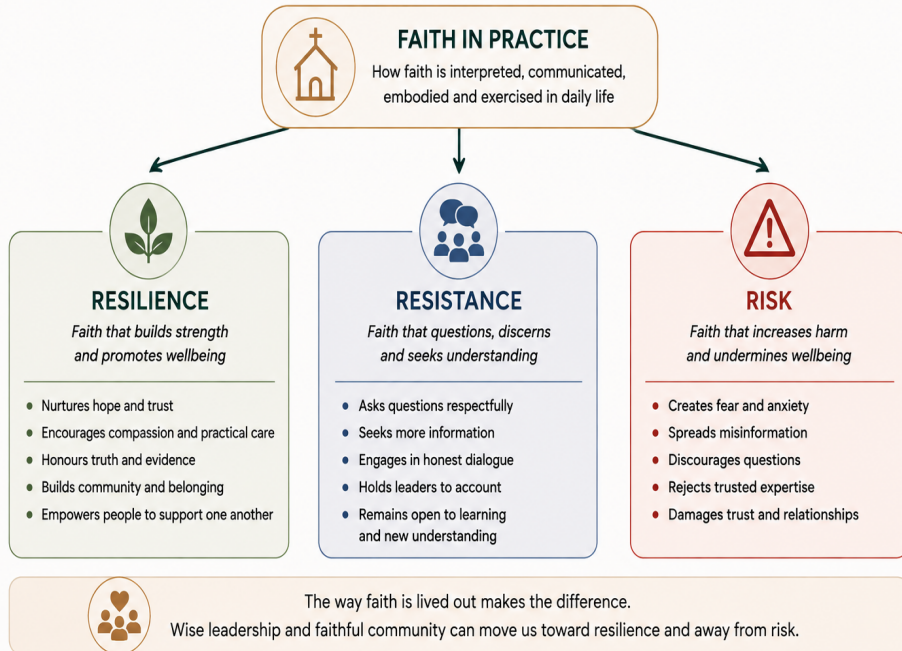
When neglected or misdirected, it can overflow and cause harm. Faith functions in much the same way.

Three Possible Outcomes

The Lotu Factor research found that faith can influence wellbeing in different ways. Depending on how faith is interpreted, communicated and practised, it may contribute to resilience, resistance or risk. These are not fixed categories; people and congregations may experience more than one pathway and may move between them over time.

Three Pathways of Faith in Practice

Faith can influence wellbeing in different ways. These three pathways are not fixed categories. A congregation may experience more than one at the same time, and an individual may move between them over time.



RESILIENCE

Faith became a source of resilience when it nurtured hope, compassion, responsibility and trustworthy relationships.

Participants described prayer as calming fear, Scripture as helping people interpret suffering, and churches as providing emotional and practical support. Families prayed together, digital worship-maintained connection, pastors visited isolated members, and food parcels reached struggling households. In these situations, faith strengthened wellbeing because it fostered life-giving relationships and encouraged practical care.

CHARACTERISTICS OF RESILIENT FAITH

Resilient faith is evident when faith leaders and congregations:

- make room for uncertainty rather than claiming to have every answer;
- encourage questions and dialogue rather than silencing concerns;
- combine prayer with responsible action, including seeking appropriate professional advice;
- care for vulnerable people through practical as well as spiritual support;
- remain open to learning as circumstances and information change;
- protect relationships and unity when people hold different views.

CASE STUDY 2.1

Following a lockdown announcement, a congregation immediately begins contacting elderly members, organising grocery deliveries, providing daily online prayer meetings and inviting a Pacific doctor to answer members' questions.

This church is demonstrating resilient faith.

REFLECTION

How does your congregation respond when uncertainty increases?
Does fear increase, or does care increase?

RESISTANCE

Faith that questions, discerns and seeks understanding

The research found that resistance should not automatically be viewed negatively. Many participants questioned public health measures because they wanted more information, were concerned about safety, felt that mandates limited meaningful choice, or were worried about employment,

family obligations, and the speed with which vaccines had been developed. These concerns did not necessarily arise from ignorance. They often reflected deeply held moral, relational, or theological questions.

HEALTHY RESISTANCE

Healthy resistance asks important questions, seeks understanding, remains open to evidence, listens respectfully, and allows disagreement. It can strengthen democracy, improve public policy, and deepen community trust.

BIBLICAL REFLECTION

Throughout Scripture, faithful people questioned authority.

Consider these examples:

- **The prophets** challenged kings.
- **Job** questioned suffering.
- **The Psalms** include lament.
- **Thomas** questioned the resurrection before believing.

Faith has always made room for honest questions.

RISK

Faith that increases harm and undermines wellbeing

Faith became a source of risk when religious authority was used in ways that discouraged evidence, suppressed questions or created fear.

Participants described situations where:

- misinformation was presented as divine truth;
- disagreement was interpreted as lack of faith;
- personal opinions were treated as unquestionable revelation;
- social media amplified fear;
- pastoral authority extended beyond theological expertise.

These situations did not arise because faith itself was dangerous. Rather, they reflected failures of leadership, accountability and responsible interpretation.

WARNING SIGNS TO WATCH FOR

Faith may be moving toward risk when leaders:

- claim certainty where uncertainty remains;
- discourage independent thinking;
- reject all professional expertise;
- isolate members from alternative information;
- shame people who ask questions;
- confuse loyalty with faithfulness;
- create fear instead of hope.

REFLECTION

When people leave your sermons, do they feel:

Hopeful or frightened

Informed or guilty

Equipped or confused

The emotional impact of a sermon often reveals as much as its theological content

The Seven Factors That Shape Outcomes

The framework identifies seven interacting influences. These determine whether faith becomes resilient, resistant or risky.

LEADERSHIP

Everything begins with leadership. Leaders establish the tone of the congregation.

Healthy leaders:

- admit uncertainty;
- seek advice;
- encourage dialogue;
- remain accountable.

INTERPRETATION

Scripture always requires interpretation. The study found that biblical texts themselves did not automatically produce one response. Rather, communities interpreted Scripture differently according to context, leadership, and experience.

Responsible interpretation asks:

- What does the text mean?
- What was its original context?
- How should it be applied today?
- Does my interpretation promote love, truth and justice?

TRUST

Trust develops over years. It cannot be manufactured during a crisis. Churches that consistently demonstrate honesty, compassion, and transparency become trusted communities.

Trust is one of the Church's greatest gifts.

RELATIONAL AUTHORITY

Many participants trusted ministers because of long-standing pastoral relationships rather than professional expertise. This trust is precious and should never be exploited.

INSTITUTIONAL PRACTICE

Church policies matter. Transparent decision-making, clear communication, shared leadership, financial accountability, and pastoral consistency all strengthen community confidence.

STRUCTURAL PRESSURES

The research reminds us that people rarely make decisions in isolation. Employment, family, housing, immigration, and income all influence choices.

Faith leaders should therefore avoid judging decisions without understanding people's circumstances.

DIGITAL INFORMATION

Today's congregation receives theology and health commentary from many sources, including Facebook, TikTok, YouTube, WhatsApp, podcasts, online prophets, and international ministries. Faith leaders must therefore teach digital discernment alongside biblical literacy.

The Faith Leader's Responsibility

The Lotu Factor Framework ultimately asks one question of every leader:

A QUESTION FOR EVERY FAITH LEADER

Does my ministry move people toward life?

Every sermon, Facebook post, pastoral visit, public statement, and decision either strengthens trust or weakens it; either encourages hope or increases fear; either protects relationships or damages them. Leadership therefore has profound public consequences.

Ministry Audit

Chapter tool: Use this tool individually or with your leadership team to assess how your leadership practices are shaping trust, resilience, accountability, and openness to correction.

Using a scale of Always, Sometimes, and Rarely, reflect honestly on each statement individually or with your leadership team.

Statement	Always	Sometimes	Rarely
I verify information before sharing it.			
I distinguish theology from medical expertise.			
I encourage respectful dialogue.			
I admit when I do not know.			
I seek advice from qualified professionals.			
I communicate with humility.			
My leadership strengthens trust.			

Next steps: Review the audit results, identify the practices that need strengthening, and agree on specific steps your church should take before the next public health emergency.

Action Steps

Use the audit discussion to choose one or two priority areas. The aim is not to score leaders but to identify where leadership practice can become more truthful, humble, accountable, and life-giving.

The research suggests that churches are most resilient when they intentionally cultivate:

- ☐ theological humility;
- ☐ accountable leadership;
- ☐ biblical literacy;
- ☐ health literacy;

- ☐ respectful dialogue;
- ☐ transparent governance;
- ☐ partnerships with health professionals;
- ☐ strong pastoral relationships;
- ☐ digital wisdom;
- ☐ cultures of compassion rather than fear.

PART II - PUTTING THE FRAMEWORK INTO PRACTICE

Applying the Lotu Factor to leadership, communication, care,
partnership, teaching, conflict, and preparedness.

Chapter 3: Faithful Leadership in Times of Crisis

Exercising Pastoral Authority with Wisdom, Humility, and Integrity

"Whoever wishes to become great among you must be your servant."

(Mark 10:43)

In this chapter: You will examine how faith leaders can exercise pastoral authority with humility, accountability, and integrity during times of uncertainty.

Leadership as Stewardship, Not Possession

In many Pacific churches, ministers are held in high regard. Their leadership extends beyond preaching and worship into family life, cultural ceremonies, education, conflict resolution, and community wellbeing. This respect can be a powerful source of stability during times of crisis. Yet it also carries the risk that pastoral authority may be misunderstood as unlimited authority.

The New Testament offers a different vision. Christian leadership is not ownership but stewardship. Leaders are entrusted with the care of God's people; they do not possess them.

Jesus redefined greatness by identifying leadership with service:

"Whoever wishes to become great among you must be your servant"
(Mark 10:43).

The image is not of a ruler issuing commands from above but of a shepherd walking among the flock, attentive to the needs of each person.

MINISTRY REFLECTION

Ask yourself:

- Do members feel free to disagree respectfully with me?
- Do I encourage questions?
- Do people experience my leadership as empowering or controlling?
- How do I respond when someone challenges my opinion?

The Trust Placed in Faith Leaders

One of the strongest themes emerging from the *Lotu Factor* research is the extraordinary level of trust that many participants placed in their church leaders. For some, the minister's guidance carried as much weight as advice from medical professionals. Others described making important decisions only after discussing them with trusted pastors or church elders.

This trust can be a significant public health asset.

When faith leaders communicate responsibly, they can:

- reduce fear;
- increase confidence;
- strengthen community cooperation;
- encourage informed decision-making;
- support vulnerable families.

However, the same trust can unintentionally magnify misinformation if leaders communicate personal opinions as established fact or speak beyond their expertise.

PRACTICAL INSIGHT

The ethical question is not whether faith leaders should exercise influence, but **how that influence is exercised**.

Humility: The Mark of Mature Leadership

During the pandemic, information changed rapidly. Scientific knowledge evolved as new evidence emerged. Public health advice was revised in response to changing circumstances. In such contexts, humility became an essential leadership virtue.

Humility does not mean uncertainty about the Gospel. Rather, it means recognising the limits of one's knowledge in areas outside one's expertise. It allows a leader to say:

- "I do not know."
- "Let us learn together."
- "I need to seek further advice."
- "The evidence may change."

Such statements do not weaken pastoral authority. They strengthen credibility because they demonstrate honesty and integrity.

BIBILICAL REFLECTION

The apostle Paul writes:

"Now we see in a mirror, dimly..."

(1 Corinthians 13:12).

Christian wisdom has always acknowledged that human knowledge is partial. Humility is therefore not a concession to weakness but a recognition of our dependence on God and our need for one another.

Leadership and Discernment

Discernment differs from certainty.

Certainty often closes conversation.

Discernment keeps listening.

Then

DISCERNMENT ASKS:

- What is God saying?
- What does Scripture teach?
- What do we know?
- What do we not yet know?
- Who else should we consult?
- How might this decision affect the most vulnerable?

The *Lotu Factor* study suggests that healthy churches created space for communal discernment rather than expecting one leader to possess all the answers. Discernment was strengthened when ministers, church councils, health professionals, and community members listened to one another respectfully.

Authority and Expertise

Faith leaders and health professionals bring different, complementary forms of expertise during a public health emergency

Faith leaders	Health professionals
Theological and pastoral expertise	Clinical and health expertise
Interpret Scripture	Evaluate health evidence
Provide spiritual care	Diagnose and treat illness
Nurture communities of faith	Provide professional health care

These forms of expertise are complementary rather than competitive.

Problems arise when either group claims competence outside its field without appropriate knowledge or accountability.

PRACTICAL PRINCIPLE

A faithful pastor should never feel compelled to answer every medical question.

Try saying:

"This is an important question. Let us ask someone who has the appropriate expertise while we continue to reflect together on its spiritual and ethical dimensions."

Such collaboration strengthens both pastoral care and public confidence.

CASE STUDY 3.1

THE SITUATION

A member of your congregation asks whether a new vaccine is safe after seeing conflicting messages online. Several members expect you to give a definitive answer during Sunday's sermon.

UNHELPFUL RESPONSE

"I have researched this myself, and everyone should simply do what I say."

This places excessive confidence in personal judgement and risks confusing pastoral authority with medical expertise.

FAITHFUL RESPONSE

"This is an important question that deserves careful consideration. Our role as Christians is to seek truth with humility. I encourage you to consult qualified health professionals, and next week we will invite a Pacific clinician to answer your questions while we reflect together on our responsibility to care for ourselves and our neighbours."

Why this works: It preserves trust, encourages informed decision-making and models collaborative leadership.

Communicating During Uncertainty

People often seek certainty during crises. Yet responsible leadership recognises that uncertainty is sometimes unavoidable.

When information is incomplete:

- communicate what is known;
- acknowledge what remains uncertain;
- explain why recommendations may change;
- avoid speculation;
- correct mistakes openly when new information emerges.

Honest communication builds long-term trust far more effectively than false confidence.

Ethical Responsibilities of Faith Leaders

Pastoral leadership carries ethical responsibilities that become especially important during public health emergencies.

FAITH LEADERS SHOULD:

- protect the dignity of every person;
- avoid language that shames or excludes;
- respect confidentiality;
- communicate truthfully;
- recognise conflicts of interest;
- exercise authority transparently;
- prioritise the wellbeing of the vulnerable.

Leadership is never morally neutral. Every decision shapes the culture of the congregation.

Preserving Unity Without Demanding Uniformity

COVID-19 demonstrated that faithful Christians could arrive at different conclusions about vaccination, mandates, masks, and public health measures.

The role of pastoral leadership is not necessarily to eliminate disagreement but to ensure that disagreement does not destroy fellowship.

Healthy congregations distinguish between:

DISAGREEMENT - not hostility;

CONVICTION - not condemnation;

DIALOGUE - not division.

The Christian calling is to preserve communion even when consensus cannot be achieved.

Practical Leadership Framework

①	IS IT TRUE? Have I verified this information through trustworthy sources?
②	IS IT LOVING? Will my words build people up rather than increase fear or hostility?
③	IS IT HUMBLE? Am I acknowledging the limits of my own expertise?
④	IS IT RESPONSIBLE? Could my advice unintentionally place someone at risk?
⑤	IS IT CONSISTENT WITH THE GOSPEL? Does it reflect the character of Christ—truth, compassion, justice and hope?

PAUSE BEFORE SPEAKING

If the answer to any of these questions is "**No**" or "**I am not sure**," pause before speaking publicly.

Leadership Self-Assessment

CHAPTER TOOL:

Use this tool individually or with your leadership team to reflect on how pastoral authority is exercised during uncertainty and where leadership practice may need strengthening.

Reflect honestly on your ministry.

Statement	Always	Often	Sometimes	Rarely
I encourage respectful questions.				
I acknowledge when I do not know something.				
I collaborate with qualified professionals.				
I communicate carefully during uncertainty.				
I distinguish theology from medical advice.				
I invite diverse perspectives into decision-making.				
My leadership strengthens trust within the congregation.				

Next steps: Review your responses, identify one leadership practice to strengthen, and agree how you will communicate with greater humility, clarity, and accountability during future emergencies.

Action Steps

Over the next six months:

- ☐ Establish relationships with local Pacific health providers before another crisis occurs.
- ☐ Develop a church communication policy for emergencies.
- ☐ Create a small advisory group that includes healthcare professionals within your congregation.
- ☐ Encourage regular theological reflection on leadership, humility, and public responsibility.
- ☐ Review how your church uses social media to ensure information shared is accurate, respectful, and pastoral.

Chapter 4: Lotu-Noa

Recognising and Responding to Harmful Forms of Religiosity

"True faith gives life. Distorted faith can unintentionally diminish life. The calling of the Church is not simply to defend religion, but to discern whether our faith is bearing the fruits of God's kingdom."

— Adapted from The Lotu Factor Project

IN THIS CHAPTER:

You will learn how to recognise patterns of *Lotu-Noa* and respond in ways that protect faith, relationships, truth, and community wellbeing.

What Is Lotu-Noa?

Within the *Lotu Factor* project, *Lotu-Noa* does **not** refer to religion itself. Neither does it refer to passionate faith, conservative theology, or strong religious commitment. Participants consistently distinguished authentic Christian faith from forms of religiosity that had become disconnected from humility, accountability, truthfulness, and care for others.

Lotu-Noa describes those distorted expressions of religion in which faith loses its life-giving purpose and instead becomes characterised by rigidity, fear, manipulation, exclusion, or an unwillingness to engage responsibly with evidence and the wellbeing of others.

In theological terms, *Lotu-Noa* represents religion that has become disconnected from the Gospel's central commitments to love, justice, mercy, truth, and human flourishing.

WORKING DEFINITION

Lotu-Noa is a distorted form of religiosity in which religious belief, authority, or practice becomes detached from humility, accountability, truthful discernment, and concern for human wellbeing, thereby increasing the potential for personal or communal harm.

This definition should not be used to label or condemn people. It is intended as a diagnostic tool for churches to examine their own practices.

Healthy Faith and Lotu-Noa

The difference between healthy faith and *Lotu-Noa* is often subtle. Both may use the same Bible, attend worship, pray regularly, and profess deep commitment to Christ. The difference lies not in outward appearance but in the way, faith is interpreted, embodied, and exercised.

Healthy Faith	Lotu-Noa
Encourages questions	Discourages questions
Leads with humility	Claims absolute certainty
Builds trust	Relies on fear
Welcomes accountability	Rejects correction
Works with others	Isolates itself

Values truth	Selectively accepts information
Protects relationships	Creates unnecessary division
Serves the vulnerable	Prioritises ideology over people

Healthy faith always remains open to learning because it trusts that all truth belongs to God. *Lotu-Noa*, by contrast, becomes defensive or fearful when established assumptions are questioned.

How Does Lotu-Noa Develop?

The research suggests that harmful religiosity rarely emerges suddenly. It usually develops gradually through a combination of factors.

FEAR

Periods of uncertainty often increase the desire for simple explanations. Fear can make communities more vulnerable to messages that promise certainty or identify clear enemies.

ISOLATION

When churches rely exclusively on internal sources of information and cease engaging with broader communities, opportunities for correction diminish.

UNCHECKED AUTHORITY

Where pastoral authority cannot be questioned respectfully, personal opinion may gradually acquire the status of unquestionable truth.

MISINFORMATION

Repeated exposure to inaccurate information, particularly through social media, can reinforce false narratives that become difficult to challenge.

SPIRITUAL PRIDE

PRACTICAL INSIGHT

None of these factors automatically produces *Lotu-Noa*. Together, however, they can create conditions in which distorted forms of religiosity flourish.

Warning Signs for Church Leaders

The Lotu Factor project identified patterns that should prompt careful pastoral reflection.

WARNING SIGN 1: CERTAINTY REPLACES DISCERNMENT

Healthy faith recognises mystery.

Lotu-Noa: claims certainty where uncertainty remains.

WARNING SIGN 2: QUESTIONS BECOME THREATS

Healthy churches welcome respectful dialogue.

Lotu-Noa: treats honest questions as disloyalty or unbelief.

WARNING SIGN 3: AUTHORITY CANNOT BE CHALLENGED

Healthy leadership remains accountable.

Lotu-Noa: places leaders beyond correction.

WARNING SIGN 4: FEAR BECOMES THE PRIMARY MOTIVATOR

Healthy faith calls people through hope and love.

Lotu-Noa: increasingly relies on fear, shame, or condemnation.

WARNING SIGN 5: RELATIONSHIPS DETERIORATE

When disagreements consistently fracture families and congregations rather than leading to deeper understanding, churches should ask what dynamics are contributing to those divisions.

WARNING SIGN 6: SELECTIVE USE OF SCRIPTURE

Scripture becomes distorted when isolated verses are removed from their literary, historical, theological, and communal contexts to support predetermined conclusions.

RESPONSIBLE INTERPRETATION ALWAYS ASKS:

- What did this text mean in its original context?
- How has the wider Christian tradition understood it?
- How does this interpretation reflect the character of Christ?
- Does it promote love, justice, mercy, and truth?

Why Biblical Literacy Matters

One of the most important findings emerging from the *Lotu Factor* project is that Scripture does not produce one automatic response in every reader. The same biblical passage may comfort one person, challenge another, or even increase fear when interpreted within different theological or communal contexts. Interpretation is always mediated by leadership, tradition, culture, lived experience, and the wider life of the church.

For this reason, biblical literacy involves more than memorising verses. It includes learning how Scripture has been interpreted throughout Christian history, recognising literary genres, attending to historical context, and reading individual passages in light of the broader witness of the Gospel.

Faith leaders therefore have a responsibility to model careful, responsible interpretation that resists simplistic proof-texting and encourages thoughtful engagement with the whole counsel of Scripture.

Responding Pastorally

When unhealthy patterns begin to emerge, condemnation rarely brings transformation.

Instead, churches should respond through:

LISTENING

Understand why people hold particular beliefs. Fear often lies beneath strongly held convictions.

TEACHING

Provide patient theological education rather than public embarrassment.

DIALOGUE

Create safe opportunities for respectful discussion.

PARTNERSHIP

Invite trusted health professionals and theologians to participate together.

PRAYER

Pray not only for correct beliefs but also for wisdom, humility, compassion, and discernment.

CASE STUDY 4.1 THE SITUATION

A respected church leader shares online messages claiming that Christians who receive vaccination demonstrate a lack of faith. Several younger members become anxious and confused, while others stop attending worship because they feel judged.

IMMEDIATE RESPONSE

Do not publicly shame the leader.

Instead:

- meet privately;
- listen carefully;
- discuss the evidence respectfully;
- reflect together on the responsibilities of pastoral authority;
- encourage correction if inaccurate information has been shared.

The objective is restoration, not humiliation.

Cultivating Mature Faith

The best defence against *Lotu-Noa* is not suspicion but discipleship.

Healthy churches intentionally cultivate:

Mature faith cultivates...	This means...
Theological humility	We recognise that our understanding is partial and remain open to learning.
Biblical literacy	We interpret Scripture carefully and responsibly.
Critical thinking	We test claims before accepting or sharing them.
Pastoral accountability	Leaders welcome correction and shared discernment.
Compassionate leadership	We respond to fear and confusion with patience and care.
Respect for professional expertise	We value the knowledge of health professionals and other specialists.
Communal discernment	We make wise decisions together rather than relying on one voice alone.
Deep trust in God's faithfulness	We are not driven by fear because our hope is grounded in God.

Such communities are less vulnerable to fear because they are grounded in mature faith rather than certainty alone.

Church Self-Assessment

CHAPTER TOOL:

Use this tool individually or with your leadership team to identify where healthy faith is strong, where signs of Lotu-Noa may be emerging, and what needs further attention.

Use individually or discuss together as a leadership team.

Question	Yes	Sometimes	No
Do people feel safe asking difficult theological questions?			
Are leaders accountable to others?			
Do we verify information before sharing it publicly?			
Do our sermons encourage hope rather than fear?			
Do we regularly collaborate with trusted professionals?			
Are disagreements handled respectfully?			
Does our ministry strengthen the wellbeing of the whole community?			

Review the responses together, paying particular attention to any areas marked “Sometimes” or “No.” These responses point to practices that may need strengthening.

Next steps: Agree on two or three practical actions that will strengthen humility, accountability, truthful discernment, and care for others.

Action Steps

During the coming year, every church should consider:

- ☐ Offering an annual workshop on biblical interpretation and discernment.

- ☐ Developing a policy for sharing health information through church communication channels.
- ☐ Establishing relationships with trusted Pacific health practitioners.
- ☐ Creating spaces where members can ask difficult questions without fear of judgement.
- ☐ Reviewing preaching and teaching to ensure that messages consistently reflect the Gospel's call to truth, hope, compassion, and justice.

Chapter 5: Communicating Truth in a Time of Misinformation

A Pastoral Guide to Truthful, Hopeful, and Responsible Communication

"Therefore, each of you must put off falsehood and speak truthfully to your neighbour, for we are all members of one body."

(Ephesians 4:25)

IN THIS CHAPTER:

You will develop practical skills for communicating truthfully, responding to misinformation, and strengthening digital discernment in your church community.

Truth as a Christian Calling

The Christian commitment to truth begins not with information but with the character of God.

Throughout Scripture, truth is understood as faithfulness, reliability, integrity, and trustworthiness. Jesus declares:

"I am the way, and the truth, and the life." (John 14:6)

Truth therefore involves more than factual accuracy. It reflects the character of Christ. Christian communication should be marked by honesty, humility, compassion, and responsibility.

When churches communicate carelessly, exaggerate claims, or repeat unverified stories, they weaken the credibility of both their witness and their pastoral leadership.

Truthful communication is therefore an act of discipleship.

REFLECTION

Before sharing information, ask:

Does this communication reflect the character of Christ?

Do not ask only whether it is interesting or urgent; ask whether it is **truthful, loving, and responsible**.

Understanding the Information Environment

During COVID-19, information reached church members through multiple channels simultaneously.

Many participants described receiving messages from:

CHURCH

Pastors • Denominational leaders

FAMILY & COMMUNITY

Family members overseas • WhatsApp groups

SOCIAL MEDIA

Facebook • YouTube

MEDIA

Pacific media • Mainstream news

OFFICIAL & PROFESSIONAL

Health professionals • Government agencies

These sources did not always agree. Participants often found themselves trying to reconcile competing narratives while making decisions that affected their families and livelihoods.

For many, trust in the messenger became just as important as the message itself.

Understanding Different Types of False Information

Not all inaccurate information is the same, and different types require different pastoral responses.

MISINFORMATION

False or inaccurate information shared by people who genuinely believe it to be true.

A church member may forward an incorrect message about vaccine ingredients because they believe they are protecting others.

Their intention is good. The information is inaccurate.

DISINFORMATION

False information deliberately created or distributed to deceive.

An edited video falsely claiming that a public health official admitted vaccines were harmful.

The intention is manipulation.

MALINFORMATION

Information that may contain elements of truth but is presented out of context in ways that mislead.

Quoting a medical study while omitting its limitations or conclusions.

UNCERTAINTY

Sometimes information is incomplete because knowledge is still developing.

This is not misinformation. It is part of the normal process of scientific learning.

Responsible leaders distinguish uncertainty from deception.

MINISTRY REFLECTION

When new information emerges, do you immediately share it?

Or do you first ask:

Who produced this?

How do they know?

Has it been independently verified?

Could this unintentionally harm someone?

Why Misinformation Spreads So Easily

The *Lotu Factor* project suggests that misinformation often spreads because it connects with existing fears, hopes, identities, and trusted relationships rather than because people lack intelligence. Participants described relying heavily on trusted family members, respected ministers, and familiar social networks when evaluating information.

Research from communication and behavioural sciences identifies several factors that make misinformation especially persuasive:

FEAR

When people feel threatened, they naturally seek certainty. Simple explanations become attractive.

TRUST

People often trust familiar voices more than unfamiliar institutions.

REPETITION

Repeated claims begin to feel familiar. Familiarity is sometimes mistaken for truth.

COMMUNITY IDENTITY

Messages shared within trusted communities are often accepted with less scrutiny.

CONFIRMATION BIAS

People naturally notice information that confirms existing beliefs while overlooking information that challenges them.

PRACTICAL INSIGHT

Faith leaders should never assume that people believe misinformation because they are foolish.

Most people share inaccurate information because they are trying to protect those they love.

Pastoral responses should therefore begin with compassion rather than ridicule.

The Responsibility of Faith Leaders

The research highlights the enormous influence pastors have within many Pacific communities. That influence extends beyond theology into practical decision-making, especially during periods of uncertainty.

This influence carries responsibilities.

Before sharing information publicly, every faith leader should ask:

Ask	Discernment question
Is it accurate?	Can I verify this independently?

Is it necessary?	Does sharing this help my congregation?
Is it timely?	Could waiting for further evidence lead to a more responsible response?
Is it pastoral?	Will this communication strengthen hope, wisdom, and trust?
Is it within my expertise?	Am I speaking as a pastor, or am I presenting myself as a medical authority?

The STOP Framework

Before forwarding or sharing a message, pause.

STOP	Pause and ask
S — Source	Who produced this information? Can they be identified?
T — Truth	Has this claim been verified? Can it be confirmed by multiple reliable sources?
O — Others	How could sharing this affect other people? Could it increase unnecessary fear?
P — Pray	Have I reflected prayerfully before communicating? Does this reflect Christian love and responsibility?

CASE STUDY 5.1

SITUATION: A member sends you a WhatsApp message claiming that a new virus has been deliberately released and urges you to warn the congregation immediately.

Unhelpful Response

Forward the message immediately "just in case."

Better Response

Reply:

"Thank you for sending this. Before sharing it more widely, I would like to verify the information through reliable public health sources. We all have a responsibility to communicate carefully, especially during times of uncertainty."

This response models discernment rather than impulsiveness.

Communicating Uncertainty Honestly

One of the greatest leadership challenges during COVID-19 was explaining changing advice.

Some leaders worry that acknowledging uncertainty would weaken confidence. In reality, the opposite is often true.

People generally trust leaders who honestly explain:

- what is known;
- what remains uncertain;
- why recommendations may change.

Transparency builds long-term credibility.

False certainty eventually undermines trust.

PRACTICAL LANGUAGE

Instead of saying:

"This will definitely happen."

Try saying:

"Based on what we know today, this appears to be the best available advice. If new evidence emerges, we will continue learning together."

Why this works:

This communicates confidence without pretending certainty.

Responding to Conspiracy Narratives

Faith leaders will almost certainly encounter conspiracy theories during future emergencies.

Responding well requires wisdom.

 **Avoid Mockery**

Ridicule rarely changes minds.

It often strengthens defensive reactions.

 **listen First**

Ask: "What concerns you most?"

People often need to feel heard before they are willing to reconsider information.

 **Distinguish Questions From Claims**

Questions deserve respect. Unsupported claims require careful examination.

 **Encourage Shared Discernment**

Rather than arguing, invite people to examine evidence together.

 **Protect Relationships**

Correct ideas without humiliating people.

Pastoral care always seeks restoration.

Social Media as Ministry

Digital communication is now part of pastoral ministry.

Church social media should therefore reflect the same standards as preaching.

Every post should be:

- truthful;
- respectful;
- compassionate;
- appropriately sourced;
- consistent with Christian witness.

The speed of social media must never replace the discipline of discernment.

Digital Communication Checklist

Before posting:

- ☐ Have I verified this information?
- ☐ Does this encourage hope rather than panic?
- ☐ Could this unintentionally harm vulnerable people?
- ☐ Does this reflect the Gospel?
- ☐ Would I be comfortable discussing this publicly?

If any answer is "No," reconsider posting.

Building a Culture of Discernment

The strongest defence against misinformation is not censorship.

It is mature discipleship.

Churches should teach members:

- how to ask good questions;
- how to evaluate sources;
- how to recognise emotional manipulation;
- how to distinguish evidence from speculation;
- how to hold conviction with humility.

Discernment is a spiritual discipline as much as an intellectual skill.

CHURCH COMMUNICATION POLICY

Every congregation should develop a simple communication policy that includes:

- designated spokespersons during emergencies;
- procedures for verifying information;
- guidelines for church social media;
- protocols for correcting errors promptly;
- regular collaboration with trusted health professionals.

Preparation before a crisis reduces confusion during one.

Communication Self-Assessment

CHAPTER TOOL:

Use this tool individually or with your leadership team to review how carefully, truthfully, and pastorally you communicate during uncertainty.

Use individually or discuss together as a leadership team.

Statement	Always	Often	Sometimes	Rarely
I verify information before sharing it.				
I explain uncertainty honestly.				
I avoid sensational language.				

I distinguish opinion from evidence.				
I encourage respectful dialogue.				
I correct mistakes publicly when necessary.				
My communication strengthens trust.				

Action Steps

Over the next three months, develop or review your church communication policy,

- ☐ identify trusted sources of health information,
- ☐ agree who can speak publicly on behalf of the church,
- ☐ and practise using the STOP framework before sharing information online.

Chapter 6: Faith and Public Health Partnerships

Working Together for the Wellbeing of Communities

"Carry each other's burdens, and in this way, you will fulfil the law of Christ."

(Galatians 6:2)

IN THIS CHAPTER:

You will explore how churches, health professionals, community organisations, and public agencies can work together before, during, and after public health emergencies.

Why Partnerships Matter

Public health emergencies affect every dimension of community life.

They influence:

- physical health;
- mental wellbeing;
- spiritual wellbeing;
- family relationships;
- employment;
- education;
- cultural practices;
- grief and bereavement;
- social cohesion.

No single institution possesses all the knowledge, relationships, or resources necessary to address these challenges comprehensively.

The *Lotu Factor* research demonstrates that churches often became first responders in their communities. Ministers visited families, distributed food, organised online worship, supported isolated members, interpreted public health announcements, and comforted those experiencing grief or uncertainty. At the same time, healthcare professionals provided diagnosis, treatment, vaccination, health education, and clinical support. These complementary roles strengthened community resilience when they worked together.

REFLECTION

Think of someone who supported you during a difficult period.

What made their presence meaningful?

Often it was not because they had all the answers.

It was because they stayed.

Think about your congregation.

During COVID-19:

Who were your closest health partners?

What worked well?

Where were relationships weak or absent?

What could be strengthened before another emergency?

Partnership Rather Than Competition

The research rejects the false choice between faith and science.

Participants frequently described prayer and medical care as complementary rather than competing sources of support. Many viewed healthcare professionals as instruments through whom God works to promote healing, while prayer, worship, and pastoral care provided meaning, hope, and emotional strength.

Healthy partnerships recognise different but complementary forms of expertise.

Churches	Health Professionals
Spiritual care	Clinical care
Pastoral counselling	Diagnosis and treatment
Worship and prayer	Public health advice
Community relationships	Medical expertise
Moral reflection	Epidemiology
Cultural understanding	Disease prevention
Long-term pastoral presence	Health system resources

Neither replaces the other.

Together they provide more comprehensive care.

CASE STUDY 6.1

A congregation has no existing relationship with local health providers when a new infectious disease emerges. Different messages begin circulating on social media. Members become confused. Some

seek advice from overseas internet personalities rather than local clinicians. The minister feels isolated.

BIBILICAL REFLECTION

Throughout the New Testament, healing is both spiritual and practical.

Jesus healed bodies, restored relationships, forgave sins, challenged exclusion, and welcomed those on the margins. His ministry was never limited to one dimension of human wellbeing.

Likewise, the early Church combined prayer with practical care:

"There was not a needy person among them." (Acts 4:34)

Christian ministry has always embraced both compassion and practical action.

Principles for Effective Partnership

The *Lotu Factor* findings suggest several principles that should guide collaboration between churches and health agencies.

Principle 1: Mutual Respect

Churches should respect the professional expertise of healthcare workers.

Health agencies should respect the cultural, spiritual, and relational knowledge of churches.

Neither should treat the other merely as a tool.

Principle 2: Shared Purpose

Both seek the wellbeing of people.

Although their methods differ, their ultimate concern is the flourishing of communities.

Keeping this shared purpose central helps prevent unnecessary conflict.

Principle 3: Humility

Effective partnership begins by recognising the limits of one's own expertise.

Faith leaders should not pretend to practise medicine.

Healthcare professionals should not dismiss the importance of spirituality in people's lives.

Humility creates space for collaboration.

Principle 4: Trust

Trust cannot be created overnight.

Relationships developed before emergencies become invaluable during crises.

Regular interaction between ministers and local health providers strengthens confidence on both sides.

Principle 5: Cultural Safety

Health communication should respect language, culture, faith traditions, and community leadership.

The *Lotu Factor* project highlights that health information becomes more meaningful when communicated within trusted cultural and spiritual relationships.

Building Partnerships Before the Next Crisis

One of the strongest recommendations arising from the research is that partnerships should be established long before emergencies occur.

Churches can begin now by:

- identifying local Pacific health providers;
- meeting with public health representatives;
- inviting clinicians to speak at church education evenings;
- developing shared emergency contact lists;
- learning about local health services;
- participating in community emergency planning.

Relationships built in ordinary times become invaluable during extraordinary times.

CASE STUDY 6.1

THE SITUATION

A congregation has no existing relationship with local health providers when a new infectious disease emerges. Different messages begin circulating on social media. Members become confused. Some seek advice from overseas internet personalities rather than local clinicians. The minister feels isolated.

ALTERNATIVE SCENARIO

Several years earlier, the church had established relationships with Pacific doctors, nurses, and public health practitioners.

When the outbreak begins:

health professionals attend a church information evening;

questions are answered respectfully;

information is translated into Tongan;

the minister provides theological reflection;

clinicians explain medical evidence.

KEY TAKEAWAY

Trust grows because leadership is shared rather than competing.

The Church as a Community Partner

Churches contribute assets that are often overlooked by public health planning.

These include:

Relationships

Congregations know their members personally.

They recognise those who may become isolated.

Volunteers

Church members often mobilise rapidly to deliver food, transport, practical support, and pastoral care.

Communication Networks

Church announcements, fellowship groups, youth ministries, and digital platforms enable information to reach families quickly.

Cultural Knowledge

Churches understand local customs, language, family structures, and cultural values.

Spiritual Care

Prayer, worship, pastoral visits, funerals, and counselling help people navigate grief and uncertainty.

These are not secondary contributions.

They are essential components of community resilience.

The Health Sector as a Community Partner

Likewise, health agencies contribute resources churches cannot provide.

These include:

- clinical expertise;
- laboratory testing;
- vaccination programmes;
- disease surveillance;
- infection prevention;
- emergency planning;
- specialist treatment;
- mental health services.

Churches should celebrate these gifts rather than viewing them with suspicion.

The New Testament consistently affirms the diversity of gifts within the body of Christ.

No single ministry possesses every gift.

Communication Between Partners

Good partnerships require regular communication.

Churches and health agencies should meet periodically even when there is no immediate crisis.

Topics might include:

- emerging community concerns;
- health promotion activities;
- mental health initiatives;
- emergency preparedness;
- youth wellbeing;
- elder care;
- disaster planning.

These conversations strengthen mutual understanding.

Memorandum of Understanding (MOU)

Many denominations may benefit from developing formal agreements with local health organisations.

Such agreements might include:

- designated contact persons;
- communication procedures;
- information-sharing protocols;
- emergency coordination arrangements;
- cultural consultation processes;
- mutual education programmes.

Formal agreements reduce confusion during emergencies.

Partnership Checklist

Has your church:

☐ identified local Pacific health providers?

- ☐ established relationships with public health officials?
- ☐ invited clinicians to church events?
- ☐ developed emergency communication procedures?
- ☐ identified vulnerable members?
- ☐ trained volunteers?
- ☐ created multilingual communication resources?

If not, these actions can begin immediately.

From Crisis Response to Community Wellbeing

Partnerships should not end when emergencies finish.

Churches and health agencies can continue working together on:

- healthy ageing;
- diabetes prevention;
- kidney disease awareness;
- organ donation;
- mental health;
- domestic violence prevention;
- youth wellbeing;
- nutrition;
- physical activity;
- bereavement support.

The *Lotu Factor* project reminds us that health is an ongoing communal responsibility rather than merely an emergency response.

Church Partnership Audit

Question	Yes	In Progress	No
Do we know our local health providers?			
Have we met with public health representatives?			
Do clinicians feel welcome in our church?			
Do we have emergency communication plans?			
Have we identified vulnerable members?			
Do we review these partnerships annually?			

Action Steps

Within the next twelve months:

- ☐ Arrange a meeting with local Pacific health providers.
- ☐ Invite a healthcare professional to address your congregation.
- ☐ Develop a church emergency response plan with health partners.
- ☐ Establish a Health and Wellbeing Committee within the church.
- ☐ Review your partnership annually and update contact information.

Chapter 7: Pastoral Care During Public Health Emergencies

Accompanying People Through Fear, Grief, Trauma, and Hope

"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble."

(2 Corinthians 1:3–4)

In this chapter:

You will explore how faith leaders can provide compassionate, trauma-informed, culturally grounded pastoral care during public health emergencies while recognising when professional support is needed.

Understanding Pastoral Care

Pastoral care is more than solving problems.

It is the ministry of faithful presence.

It involves walking with people through uncertainty rather than attempting to remove every difficulty.

Jesus consistently demonstrated this form of ministry.

He listened before speaking.

He asked questions.

He touched those whom others avoided.

He restored dignity before offering instruction.

He remained present with people in suffering rather than treating them as problems to be solved.

The ministry of presence remains one of the Church's greatest gifts.

REFLECTION

Think of someone who supported you during a difficult period.

What made their presence meaningful?

Often it was not because they had all the answers.

It was because they stayed.

Understanding Emotional Responses

The *Lotu Factor* research found that participants experienced a wide range of emotional responses during COVID-19. These included:

- fear of illness;
- fear for elderly relatives;
- anxiety about employment;
- uncertainty about the future;
- loneliness during lockdowns;
- grief following bereavement;
- frustration over restrictions;
- guilt associated with family disagreements;
- exhaustion from prolonged uncertainty.

These responses were normal human reactions to extraordinary circumstances.

Faith does not eliminate emotional distress.

Strong Christians may still experience anxiety.

Faithful ministers may still experience exhaustion.

Recognising this truth reduces unnecessary shame.

A Theology of Presence

One of the greatest temptations in pastoral ministry is believing that every problem requires an immediate answer.

Scripture suggests otherwise.

Throughout the Gospels, Jesus frequently offered His presence before providing explanation.

He wept with Martha and Mary before raising Lazarus.

He walked alongside the disciples on the road to Emmaus before revealing Himself.

He remained with those who suffered.

Presence itself became ministry.

The Church is called to do likewise.

Practical Insight

People rarely remember every word spoken during crisis.

They almost always remember who stayed with them.

Recognising Emotional Distress

Faith leaders are not expected to diagnose mental illness.

However, they should recognise signs indicating that someone may require additional support.

These may include:

Emotional signs	Behavioural signs	Spiritual signs
persistent sadness	avoiding others	feeling abandoned by God

overwhelming anxiety	significant changes in sleep	overwhelming guilt
hopelessness	increased conflict	inability to pray
panic	neglect of responsibilities	despair
withdrawal	excessive alcohol or substance use	loss of meaning

These experiences should never be dismissed as simply "a lack of faith."

CASE STUDY 7.1

THE SITUATION

A faithful church member who has always attended worship suddenly stops responding to calls.

When you eventually visit, they say:

"I know God has abandoned me."

UNHELPFUL RESPONSE

"If you had more faith, you wouldn't feel this way."

PASTORAL RESPONSE

"I'm grateful you trusted me enough to tell me that. Many faithful people have experienced seasons of deep darkness. Let's sit together. Tell me what has been happening."

KEY TAKEAWAY

The first response increases shame. The second creates safety.

Trauma-Informed Ministry

Public health emergencies can create trauma.

Trauma affects:

- memory;
- concentration;
- relationships;
- emotional regulation;
- spiritual life.

Trauma-informed ministry begins by recognising that people may respond differently to stress.

People respond to trauma in different ways. Some become quiet or withdrawn. Others may become angry, restless, or intensely active. These responses are not signs of weak faith; they are often survival responses.

Five Principles of Trauma-Informed Ministry

Five Principles of Trauma-Informed Ministry

Safety

Create environments where people feel physically, emotionally, spiritually, and culturally safe.

Trust

Communicate honestly.

Avoid promises that cannot be kept.

Choice

Where possible, allow people meaningful choices.

Trauma often involves loss of control.

Collaboration

Work with families, clinicians, and community organisations.

Empowerment

Help people rediscover their strengths rather than focusing only on their problems.

Trauma-informed ministry seeks not only to care for people in distress but also to restore dignity, agency, and hope.

Ministry During Bereavement

One of the most painful experiences during COVID-19 involved grieving under public health restrictions. Many families were unable to gather traditionally. Funerals were limited. Loved ones died overseas. Communities mourned in unfamiliar ways.

The *Lotu Factor* research highlights the profound pastoral significance of accompanying families through these disruptions with compassion and cultural sensitivity.

Practical Guidelines

When supporting bereaved families:

- Listen before speaking.
- Allow silence.
- Avoid theological clichés.
- Encourage family storytelling.
- Respect cultural mourning practices where possible.
- Support practical needs.
- Continue pastoral contact long after the funeral.
- Grief rarely ends with the funeral service.

Supporting Children and Young People

Children experience crises differently.

They often communicate through behaviour rather than words.

Churches should:

- explain events honestly using age-appropriate language;
- maintain routines where possible;
- provide opportunities for questions;
- reassure children that adults are working together to keep them safe;
- involve families in prayer and worship.

Young people should also be invited into conversations rather than treated merely as recipients of adult decisions.

Caring for Ministers

One of the clearest lessons from the pandemic is that pastors also require pastoral care.

Ministers experienced:

- increased workload;
- continual decision-making;
- conflict within congregations;
- emotional fatigue;
- personal grief;
- concern for their own families.

Healthy ministry requires healthy ministers.

Self-care is faithfulness

Self-care is not selfishness.

Jesus regularly withdrew to pray, rested, sought solitude, and shared burdens with trusted companions.

Faith leaders should likewise:

- maintain prayer and worship;
- seek supervision or mentoring;
- establish healthy boundaries;
- rest intentionally;
- receive pastoral care themselves.

REFLECTION

Ask yourself:

Who pastors the pastor?

Who notices when I am struggling?

Who gives me permission to rest?

If you cannot answer these questions, now is the time to build those relationships.

When to Refer

Pastoral care complements professional care.

It does not replace it.

Refer someone for professional support when you observe:

- suicidal thoughts;
- severe depression;
- prolonged inability to function;

- psychosis;
- domestic violence;
- significant substance misuse;
- abuse;
- complex trauma.

Continue pastoral accompaniment even after referral.

Referral is not abandonment.

It is responsible care.

A Pastoral Referral Model

Once pastoral needs exceed the limits of a faith leader's role or expertise, referral becomes an important part of responsible care. The following model provides a simple framework for responding appropriately.

Recognise	Respond	Refer	Remain
Notice signs of distress.	Listen with compassion.	Connect with appropriate professionals.	Continue pastoral support

Church Preparedness Checklist

Does your church have:

- ☐ a pastoral care team?
- ☐ relationships with counsellors?
- ☐ relationships with Pacific mental health providers?

- ☐ procedures for responding to crisis?
- ☐ follow-up plans after bereavement?
- ☐ support systems for ministers?

Reflection & Discussion

As a leadership team, discuss:

1. Who became isolated during the last public health emergency?
2. How effectively did we accompany grieving families?
3. Do we know our local mental health services?
4. Who supports our ministers and pastoral caregivers?
5. What changes should we make before another crisis occurs?

Develop a six-month action plan that strengthens pastoral care, establishes referral relationships, and ensures that no member of your congregation is left unsupported during future emergencies.

Chapter 8: Preaching and Teaching During Public Health Emergencies

Proclaiming Truth, Hope, and Wisdom in Times of Crisis

"Preach the word; be prepared in season and out of season; correct, rebuke and encourage—with great patience and careful instruction." (2 Timothy 4:2)

The Pulpit as a Place of Public Trust

For many Pacific Christians, the pulpit remains one of the most trusted places from which truth is proclaimed.

During the pandemic, sermons influenced how people understood:

- God's presence;
- suffering;
- illness;
- vaccination;
- government restrictions;
- responsibility toward neighbours;
- hope for the future.

The *Lotu Factor* research demonstrates that preaching can either strengthen public trust or unintentionally weaken it, depending on how Scripture is interpreted and applied.

The responsibility of preaching is therefore both theological and pastoral.

REFLECTION

Ask yourself:

When people leave my sermons, what do they carry with them?

Hope or fear?

Wisdom or anger?

Compassion or suspicion?

Trust or confusion?

The answer reveals much about the pastoral impact of preaching.

Scripture Does Not Speak Automatically

One of the central findings of the *Lotu Factor* project is that Scripture does not produce one automatic response in every reader.

The same biblical passage may:

- comfort one person;
- challenge another;
- encourage generosity;
- increase fear;
- inspire resilience;
- reinforce suspicion.

Why?

Because Scripture is always interpreted.

Interpretation is shaped by:

- theological tradition;
- pastoral leadership;
- communal experience;
- cultural context;
- personal history;
- present circumstances.

Recognising this does not diminish the authority of Scripture.

It reminds us of the importance of interpreting Scripture responsibly within the life of the Church.

The Purpose of Biblical Preaching

Christian preaching is not primarily about predicting events, nor is it about satisfying curiosity. The New Testament consistently presents preaching as forming faithful disciples. During crises, preaching should help congregations:

- Trust God's presence in times of uncertainty.
- Interpret suffering with wisdom and faith.
- Love their neighbours through practical compassion.
- Discern truth responsibly.
- Resist fear and speculation.
- Persevere in hope.
- Remain faithful to Christ.

These purposes provide an important framework for sermon preparation.

Reading Scripture Responsibly

The *Lotu Factor* research suggests that responsible biblical interpretation becomes especially important during public health emergencies.

BIBLICAL INTERPRETATION FRAMEWORK

Before applying a passage, ask:

HISTORICAL CONTEXT

What did this text mean to its first hearers?

LITERARY CONTEXT

How does this passage function within the wider biblical book?

CANONICAL CONTEXT

How does this passage relate to the broader witness of Scripture?

CHRISTOLOGICAL CONTEXT

How does this interpretation reflect the life and ministry of Jesus?

PASTORAL CONTEXT

How might this message affect people experiencing fear, grief, illness, or uncertainty today?

PRACTICAL EXAMPLE

Suppose a preacher wishes to preach on Psalm 91.

An unhelpful Approach:

"Faithful believers will never become sick."

Such an interpretation creates unrealistic expectations and may leave those who become ill feeling abandoned by God.

A more faithful approach

Psalm 91 proclaims God's enduring presence and protection without denying the reality of suffering experienced throughout Scripture.

The sermon becomes one of hope rather than false certainty.

Preaching Hope Without Offering False Assurance

Hope and certainty are not the same. Hope trusts God's faithfulness; false certainty claims knowledge we do not possess. During COVID-19, some religious messages promised outcomes that no one could guarantee. When those expectations were not fulfilled, trust was damaged.

Biblical hope is different. It proclaims:

- God is present.
- God remains faithful.
- God accompanies His people.

Even when outcomes remain uncertain.

The responsibility of preaching is therefore both theological and pastoral.

BIBLICAL REFLECTION

Ask yourself:

When people leave my sermons, what do they carry with them?

Hope or fear?

Wisdom or anger?

Compassion or suspicion?

Trust or confusion?

The answer reveals much about the pastoral impact of preaching.

Consider Paul's words:

"We are afflicted in every way, but not crushed" (**2 Corinthians 4:8**)

Paul does not deny suffering. He proclaims hope within suffering.

This pattern should shape Christian preaching.

Avoiding Fear-Based Preaching

Fear has always been a powerful motivator. It also has significant pastoral consequences.

Fear-based preaching often:

- simplifies complex issues;
- discourages thoughtful reflection;
- increases anxiety;
- creates unnecessary division;
- undermines trust.

The Gospel consistently calls people through love rather than coercion. As 1 John reminds us:

"Perfect love casts out fear." (1 John 4:18)

This does not mean ignoring danger. It means refusing to manipulate people through fear.

The responsibility of preaching is therefore both theological and pastoral.

REFLECTION

Review your last five sermons.

What themes did you emphasise most often?

God's love?

God's judgement?

Human responsibility?

Fear?

Hope?

Compassion?

What pattern emerges?

Difficult Biblical Texts

Public health emergencies often prompt renewed interest in biblical passages concerning:

- plagues;
- divine judgement;
- healing;
- suffering;
- the end times;

- signs of the times.

These texts deserve careful interpretation.

Faith leaders should avoid:

- sensationalism;
- speculative predictions;
- treating current events as definitive fulfillments of prophecy;
- presenting personal interpretations as unquestionable truth.

The Church has repeatedly learned throughout history that humility is essential when interpreting contemporary events through apocalyptic texts.

Humility is not a weakness in biblical interpretation; it is a sign of faithfulness.

Case Study 8.1

Situation:

A congregation asks:

"Is this pandemic a sign that the end of the world has begun?"

An Unhelpful Response

"Yes. Scripture clearly predicted this exact event."

A Faithful Response

"Christians throughout history have experienced wars, plagues, disasters, and persecution. Rather than encouraging speculation, Jesus repeatedly called His followers to remain faithful, watchful, compassionate, and hopeful."

The second response remains faithful to Scripture without claiming certainty beyond what the text supports.

Teaching Discernment

One of the greatest gifts pastors can offer is not merely answers.

It is discernment.

Healthy preaching equips people to ask:

- What is this text saying?
- How should we interpret it?
- What assumptions am I bringing?
- Does this interpretation reflect Christ?
- How does it encourage love of God and neighbour?

Congregations that learn discernment become more resilient when facing misinformation and uncertainty.

Preaching as Formation

Every sermon forms disciples.

Over time, congregations become shaped by recurring themes.

Ask yourself:

Does my preaching cultivate...	Or does it unintentionally cultivate...
Humility	Fear
Compassion	Suspicion

Wisdom	False certainty
Courage	Hostility
Generosity	Division
Hope	
Critical reflection	
Trust in God	

Formation occurs gradually. Every sermon contributes.

Sermon Preparation Checklist

Area	Reflection Question
Biblical Faithfulness	☐ Have I interpreted this passage responsibly?
Theological Integrity	☐ Does this reflect the character of Christ?
Pastoral Wisdom	☐ How might vulnerable listeners hear this?
Public Responsibility	☐ Could this unintentionally discourage responsible health decisions?
Hope	☐ Does this sermon proclaim hope without pretending certainty?

Next Steps

If any answer raises concern, revise the sermon before preaching.

Church Bible Study Exercise

Read together:

- Psalm 46

- Mark 4:35–41
- John 11
- Romans 8:18–39

Discuss:

1. What do these passages teach about God's presence during suffering?
2. How do they encourage hope without denying pain?
3. How might these texts strengthen people during future public health emergencies?
4. What pastoral responsibilities emerge from these readings?

Practical Commitments for Faith Leaders

As preachers, we commit to:

- interpret Scripture with humility and care;
- distinguish biblical proclamation from personal opinion;
- proclaim hope without sensationalism;
- encourage thoughtful discipleship rather than unquestioning conformity;
- preach in ways that strengthen both faith and the wellbeing of our communities.

Chapter 9: Navigating Conflict, Disagreement, and Polarisation

Preserving Christian Unity in Times of Public Health Crisis

"Make every effort to maintain the unity of the Spirit in the bond of peace."

(Ephesians 4:3)

Conflict Is Normal

Conflict itself is not a sign of failure.

Throughout Scripture, faithful people disagreed.

- Paul and Barnabas separated over ministry strategy (Acts 15).
- The Jerusalem Council debated Gentile inclusion (Acts 15).
- The Corinthian church wrestled with profound disagreements.

The question is therefore not whether disagreement exists.

The question is: How will we respond to disagreement?

Healthy churches transform conflict into opportunities for growth.

Unhealthy churches allow conflict to become personal, destructive, and enduring.

REFLECTION

Think about the last significant disagreement within your church.

Did it ultimately strengthen relationships or weaken them?

What contributed to that outcome?

Why Public Health Emergencies Intensify Conflict

The *Lotu Factor* research indicates that public health emergencies create conditions that naturally increase tension.

People experience:

- uncertainty;
- fear;
- rapidly changing information;
- financial pressure;
- isolation;
- grief;
- fatigue.

These pressures affect emotional resilience. When stress increases, people often become more defensive. Small disagreements become symbolic. People begin to feel that their identity itself is under threat.

Recognising these dynamics allows pastors to respond with greater compassion.

Understanding Polarisation

Polarisation occurs when disagreement becomes identity.

Healthy disagreement	Polarisation
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"I disagree"	I cannot trust people like you."
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When disagreement becomes identity:

- Communities divide into opposing groups.
- Relationships deteriorate.
- Listening stops.
- Fear grows.

The Gospel calls the Church to resist this process.

Christian unity is not built upon identical opinions. It is built upon shared belonging in Christ.

BIBLICAL REFLECTION

Paul reminds the church:

"There is one body and one Spirit... one Lord, one faith, one baptism."

(Ephesians 4:4–5)

Unity does not require uniformity. The Body of Christ has always contained diversity.

Christian unity is built on shared belonging in Christ, not identical opinions.

The Pacific Theology of *Vā*

One of the distinctive contributions Pacific theology offers to conflict transformation is the concept of *vā*.

Vā is more than relationship.

- It refers to the sacred relational space that connects people.
- It is not empty space.
- It is living space.
- It must be nurtured, protected, and restored.

During public health emergencies, disagreements often damage the *vā*.

Faithful leadership therefore asks not only:

"Who is correct?"

But also:

"How can the relationship be preserved?"

This insight aligns closely with the New Testament emphasis on reconciliation.

Christian leadership seeks both truth and restored relationships.

MINISTRY REFLECTION

When conflict emerges, which concern usually receives your attention first?

- Winning the argument
- Protecting relationships

Healthy leadership seeks truth while protecting the vā.

Listening Before Leading

The *Lotu Factor* research consistently demonstrates that people wanted to be heard before they were persuaded. Participants valued leaders who listened respectfully to concerns rather than immediately dismissing them.

Faith leaders should therefore begin difficult conversations with curiosity.

Helpful questions include:

- Help me understand your concerns.
- What experiences have shaped your thinking?
- What are you most worried about?
- What would help you feel heard?

Listening does not imply agreement. It demonstrates respect.

CASE STUDY 9.1

Situation

Two respected elders disagree publicly about vaccination. Members begin choosing sides, and attendance declines.

An Unhelpful Response

The minister publicly condemns one elder during worship.

Humiliation deepens division.

A Better Response

The minister meets privately with each elder. Each person is invited to explain their concerns.

Common commitments are identified:

Love for the congregation.

Desire to protect people.

Commitment to christ.

A facilitated conversation follows.

Agreement remains incomplete. Relationships begin healing.

Why This Matters

Conflict is not resolved by public humiliation or forced agreement. Healthy church leadership creates space for honest conversation, identifies shared commitments, and protects relationships even when disagreements remain.

The Difference Between Conviction and Certainty

Strong conviction is compatible with Christian humility. Absolute certainty often is not.

Conviction says:

"This is my understanding."

Certainty says:

"Only my understanding is possible."

The *Lotu Factor* findings suggest that churches remained healthier when leaders held convictions firmly while remaining open to dialogue and learning.

Restorative Conversations

When conflict occurs, restorative rather than adversarial approaches often produce better outcomes.

Consider four key questions

What happened?

| Allow each person to describe events.

Who has been affected?

| Conflict always has wider consequences.

What do people need?

- Forgiveness?
- Clarification?
- Apology?
- Understanding?

How can trust be rebuilt?

| Restoration requires practical commitments.

| The goal is not to win an argument but to restore relationships.

Practical Framework

Before leading any difficult conversation:

Pray	Listen	Clarify	Reflect	Respond	Review
Seek God's wisdom and guidance.	Listen carefully before speaking.	Ensure concerns are clearly understood.	Consider what has been heard and what is needed.	Respond with grace, truth, and humility.	Review outcomes and identify lessons for the future.

Never reverse this order.

Public Leadership During Conflict

Congregations carefully observe how ministers behave during disagreement.

Leadership should model:

- patience;
- fairness;
- consistency;
- transparency;
- emotional self-control;
- compassion.

The pastor's tone often becomes the congregation's tone.

Healing Divided Congregations

Some churches continue carrying unresolved wounds from COVID-19. Healing requires intentional effort.

Possible approaches include:

Listening Circles

Small facilitated conversations.

Shared Worship

| **Focusing again upon common faith rather than disputed issues.**

Community Meals

| **Eating together restores relationships.**

Public Thanksgiving

| **Acknowledging how God sustained the congregation despite disagreements.**

Liturgies of Reconciliation

- Confession.
- Forgiveness.
- Commitment to renewed relationships.

Reconciliation rarely happens automatically. It requires intentional leadership, humility, and grace.

PRACTICAL EXERCISE

Invite church leaders to complete this sentence privately:

"One thing I learned during the pandemic was..."

Share responses without interruption.

As you listen, notice common themes.

Common experiences.

Common concerns.

Common hopes.

Common lessons.

Many conflicts diminish once people feel genuinely heard.

Church Conflict Audit

Question	Yes	Sometimes	No
Members feel safe expressing different views respectfully.			
Leaders model respectful disagreement.			
Conflict is addressed early.			
Relationships are prioritised.			
Reconciliation is actively encouraged.			
We regularly pray for unity.			

Action Steps

Consider which of the following actions your church can implement within the next six months:

- Develop a church conflict resolution policy.
- Train elders in restorative conversations.
- Introduce annual teaching on Christian reconciliation.
- Hold a congregational listening forum.
- Incorporate prayers for unity into regular worship.

Choose one or two priorities and develop a plan for implementation.

MINISTRY REFLECTION

As a leadership team, discuss:

- What unresolved tensions remain from the COVID-19 pandemic?
- Who may still feel unheard or excluded?
- How can our church intentionally restore damaged relationships?
- What practical steps can we take to strengthen the vā within our congregation?
- How can we prepare now to respond differently during future public health emergencies?

Develop a reconciliation plan that includes listening, prayer, education, and ongoing relationship-building.

Chapter 10: Preparing the Church Before the Next Public Health Emergency

Building Resilient Faith Communities Before Crisis Strikes

"The prudent see danger and take refuge, but the simple keep going and pay the penalty." (Proverbs 22:3)

Preparedness as Faithful Stewardship

Some Christians ask whether planning for future crises demonstrates a lack of faith. The biblical witness suggests the opposite. Faith and preparation belong together.

Preparation acknowledges that:

- human life is vulnerable;
- crises are inevitable;
- wisdom requires foresight;

God's people are called to care responsibly for one another. Preparation is therefore an act of love. It enables churches to respond calmly rather than react impulsively.

REFLECTION

Ask your leadership team:

If another pandemic began tomorrow:

- Would we know who is responsible for what?
- How would we communicate?
- Who would contact vulnerable members?
- Could worship continue?
- How would we support isolated families?

If these questions are difficult to answer, preparation should begin now.

The Church Emergency Response Team

Every congregation should establish a small Emergency Response Team (ERT).

This team should include people with complementary gifts rather than concentrating responsibility in one individual.

Suggested Membership

- Minister or pastor
- Church secretary
- Chairperson or elder
- Health professional (if available)
- Youth representative
- Communications coordinator
- Pastoral care coordinator
- Property or logistics coordinator

The ERT should meet annually to review preparedness and activate only when required.

Responsibilities of the Emergency Response Team

Emergency Response	Responsibility
Leadership	Coordinate the overall church response.
Communication	Ensure accurate and timely information reaches members.
Worship	Adapt worship safely if restrictions are introduced.
Pastoral care	Identify vulnerable members and coordinate support.
Community care	Organise food, transport, and practical assistance where appropriate.
Health partnerships	Maintain communication with local health providers and public health agencies.

Your Congregation

Effective pastoral care begins with knowing who may require additional support during an emergency. Churches should maintain a confidential register identifying members who may need additional assistance.

Examples include:

- older adults;
- people living alone;
- people with chronic illnesses;
- people with disabilities;
- new migrants;
- families experiencing financial hardship;
- people without internet access;

- members with limited English proficiency.

Confidentiality and privacy should always be respected.

Practical Exercise

Develop a confidential pastoral support map.

Identify households that may require additional support during a public health emergency.

Assign pastoral carers to maintain regular contact with specific households.

Clarify who is responsible for follow-up and wellbeing checks.

Remember:

No member of the congregation should become invisible during a crisis.

Emergency Communication

The *Lotu Factor* research highlights the importance of trusted communication during crises. Confusion increased when information was inconsistent or delayed. Churches that communicated clearly and regularly helped reduce anxiety and strengthen confidence.

Every congregation should develop a communication plan.

Communication Channels

Identify the most effective ways of reaching members. Examples include:

- Telephone trees;

- Text messaging;
- Email;
- Facebook;
- Messenger;
- Whatsapp;
- Church website;
- Printed newsletters;
- Home visits where appropriate.
-

Do not rely upon only one platform.

Communication Principles

Every church communication should be:

- Accurate;
- Timely;
- Respectful;
- Culturally appropriate;
- Multilingual where necessary;
- Pastorally sensitive.

Clear, consistent, and compassionate communication builds trust during times of uncertainty.

Digital Ministry Preparedness

COVID-19 transformed digital ministry. Many churches rapidly learned to livestream worship, conduct Bible studies online, and maintain pastoral relationships through digital platforms.

Future preparedness should include:

- livestream capability;
- online Bible studies;
- digital prayer meetings;
- electronic newsletters;
- online giving systems;
- volunteer technical support.

Digital ministry should complement rather than replace embodied community.

Case Study 10.1

Situation

A church loses access to its building during a future outbreak.

What Happened?

Because digital systems had already been developed:

- Worship continues online.
- Bible studies meet virtually.
- Elders contact members weekly.
- Prayer groups remain active.
- Pastoral visits continue safely where permitted.

Why This Matters

Preparation enables continuity. When churches invest in systems, relationships, and resources before a crisis occurs, ministry can continue even when normal patterns of worship and fellowship are disrupted.

Worship During Emergencies

Churches should develop flexible worship plans.

Possible options include:

In-person worship

- Where safe and permitted.

Hybrid worship

- Combining in-person and online participation.

Home worship

- Providing simple liturgies for households.

Small-group worship

- Meeting in neighbourhood groups if appropriate.

Prepared liturgical resources reduce pressure during crises.

Volunteer Preparedness

Volunteers are among the Church's greatest strengths.

Before emergencies arise, churches should identify volunteers willing to assist with:

- food delivery;
- transport;
- telephone support;
- digital assistance;
- shopping;
- translation;
- childcare support where appropriate;
- practical household needs.

Training should occur before emergencies rather than during them.

Financial Preparedness

Public health emergencies often create financial pressure.

Churches should consider:

- Emergency assistance funds;

- Transparent financial policies;
- Contingency budgeting;
- Procedures for assisting vulnerable families;
- Maintaining ministry while income fluctuates.

Good stewardship includes planning for uncertainty circumstances.

Partnering with Wider Community

Partnering with the Wider Community. Prepared churches are connected churches.

Relationships should be established with:

- Pacific health providers;
- local general practices;
- public health agencies;
- emergency management organisations;
- schools;
- community organisations;
- social service providers;
- neighbouring churches.

Preparation strengthens cooperation.

Annual Preparedness Review

Preparedness is not a document placed in a filing cabinet.

It is an ongoing ministry.

Each year the leadership team should review:

- emergency contacts;
- communication systems;
- volunteer lists;
- pastoral support plans;
- digital capability;
- partnerships;
- emergency supplies;
- lessons learned.

Preparedness is a continuous discipline.

Church Pandemic Preparedness Checklist

Area	Checklist
Leadership	☐ Emergency Response Team established ☐ Roles clearly defined ☐ Annual review completed
Communication	☐ Communication plan developed ☐ Multiple communication channels available ☐ Translation arrangements prepared
Pastoral Care	☐ Vulnerable members identified ☐ Pastoral visitors trained ☐ Referral pathways established
Worship	☐ Online worship capability established ☐ Home worship resources prepared ☐ Flexible worship plans developed

Partnerships	☐ Relationships with health providers established ☐ Community organisations identified ☐ Emergency contacts updated
Volunteers	☐ Volunteer register maintained ☐ Training completed ☐ Safety procedures developed

Reflection & Discussion

As a Church Council, discuss:

1. What are our greatest strengths?
2. What are our greatest vulnerabilities?
3. Which three actions should we complete within the next six months?
4. Who will be responsible for each action?
5. By what date will these actions be completed?

What one action would most strengthen our preparedness for the next public health emergency?

Develop a simple implementation plan and review progress regularly.

PART III — PRACTICAL TOOLS FOR ACTION

Operational tools for planning, decision-making, communication,
pastoral response, and recovery.

Chapter 11: Developing a Church Public Health Emergency Response Plan

A Practical Operational Guide for Faith Leaders

"Suppose one of you wants to build a tower. Won't you first sit down and estimate the cost to see if you have enough to complete it?" (Luke 14:28)

Why Every Church Needs a Written Plan

During an emergency, uncertainty increases. People look to leaders for guidance.

Without an agreed plan:

- decisions become inconsistent;
- communication becomes confusing;
- responsibilities overlap;
- important needs may be overlooked.

A written plan provides clarity. It also reduces unnecessary stress because many decisions have already been considered before the crisis begins.

Preparedness planning is not about predicting every possible scenario. It is about ensuring that leaders, ministries, and members know how to respond when unexpected challenges arise.

REFLECTION

Consider your church's current level of preparedness:

1. Does your church have a documented emergency response plan?
2. Are leadership roles and responsibilities clearly defined during a crisis?
3. How would new leaders learn what actions to take during an emergency?

4. What lessons from the COVID-19 pandemic should be built into future planning?

Next Step: Identify one area where your church's preparedness could be strengthened within the next 12 months.

The Purpose of the Response Plan

The church's emergency response plan should seek to:

- protect life and wellbeing;
- maintain Christian worship and fellowship;
- provide pastoral care;
- communicate accurately;
- support vulnerable members;
- cooperate with public health authorities;
- preserve the unity of the congregation.

Every decision made during an emergency should be guided by these shared purposes.

Emergency Response Activation Framework

The *Lotu Factor* findings suggest that churches benefit from a staged rather than reactive response.

Level	Situation	Key Actions
Level 1: Preparedness	No immediate threat.	Review emergency plans; update contact lists; train volunteers; strengthen community partnerships.
Level 2: Heightened Awareness	Potential public health concern identified.	Monitor official advice; brief leaders; prepare alternative worship options; review support needs of vulnerable members.

Level 3: Active Response	Public health emergency declared.	Activate Emergency Response Team; implement communication strategy; adapt worship arrangements; increase pastoral support; coordinate volunteers.
Level 4: Recovery	Restrictions ease and normal activities begin to resume.	Facilitate healing; evaluate the response; give thanks; rebuild relationships; review lessons learned.

Emergency Leadership Structure

During emergencies, responsibilities should be clearly assigned.

Role	Primary Responsibility
Minister	Spiritual leadership and pastoral oversight
Church Chair	Governance and coordination
Secretary	Documentation and records
Communications Coordinator	Congregational communication
Pastoral Care Leader	Vulnerable member support
Volunteer Coordinator	Community assistance
Health Adviser	Liaison with health professionals

These questions provide both theological and ethical guidance when leaders face uncertainty.

Framework Box: This would work well in your standard green "Practical Framework" style box rather than as plain text because it is a reusable discernment tool.

Decision-Making Principles

When difficult decisions arise, leaders can use the following questions to guide discussion and discernment.

PRACTICAL FRAMEWORK

Faith-Based Decision-Making Questions

When difficult decisions arise, leaders can use the following questions to guide discussion and discernment:

Is this decision life-giving?

- Does it protect people?

Is it truthful?

- Does it reflect accurate information?

Is it compassionate?

- Does it consider vulnerable people?

Is it just?

- Does it treat people fairly?

Is it faithful?

- Does it reflect the mission of Christ?

These questions provide theological and ethical guidance during times of uncertainty.

Communication Plan

Component	Considerations
Primary spokesperson	Usually, the minister or designated leader.
Communication schedule	Weekly updates, emergency announcements, and pastoral messages.
Approved communication channels	Email, text, Facebook, Messenger, WhatsApp, website, and telephone.
Translation	Communication should be available in the languages used within the congregation where appropriate.

The *Lotu Factor* project highlights the importance of culturally and linguistically appropriate communication in strengthening trust.

Sample Communication Template

Dear Church Family,

We continue to pray for everyone affected by the current public health situation.

Our leadership team is monitoring official health advice and will continue updating the congregation regularly.

This week:

- Worship arrangements:
- Pastoral support:
- Prayer requests:
- Practical assistance available:

Please contact us if you require support.

May God's peace remain with you.

Worship Continuity

The Response Plan should specify how worship will continue under different circumstances.

Options include:

- normal worship;
- reduced-capacity worship;
- hybrid worship;
- online worship;
- household worship;
- recorded services.

Planning ahead avoids unnecessary confusion.

Pastoral Response Plan

The Church should identify priority groups.

Priority Level	Examples
High Priority	Hospitalised members; bereaved families; elderly people living alone
Medium Priority	Families with young children; unemployed members; people experiencing financial hardship
Ongoing Care	Regular telephone contact; online prayer; home communion where appropriate; practical support

Pastoral care should be coordinated rather than duplicated.

CASE STUDY 11.1

This is a good example of your existing Case Study format.

THE SITUATION

A church has fifty elderly members.

Without a coordinated pastoral care plan, several people receive multiple phone calls while others receive none.

IMMEDIATE RESPONSE

The church develops a coordinated pastoral support system.

Each elder is assigned to one pastoral visitor.

Weekly contact is maintained.

Concerns are reported to the pastoral coordinator.

OUTCOME

No member is overlooked.

Volunteer Coordination

Volunteers should know:

- their responsibilities;
- reporting procedures;
- health and safety expectations;
- confidentiality requirements;
- emergency contacts.

Regular training strengthens confidence.

Working with Health Agencies

Every Response Plan should identify:

- local health providers;
- Pacific health organisations;

- public health contacts;
- mental health services;
- emergency management agencies.

Partnerships established before emergencies become invaluable during crises.

Recovery Planning

Recovery begins before the crisis ends.

Important questions include:

- What have people lost?
- Who remains isolated?
- What relationships require healing?
- What ministries require rebuilding?
- Recovery is both spiritual and practical.

Conducting a Church Debrief

PRACTICAL EXERCISE

Conducting a Church Debrief

Within three months of an emergency, gather church leaders and key ministry representatives to reflect on the church's response.

Consider the following questions:

What worked well?

What challenges emerged?

What surprised us?

What should we improve?

What new strengths did we discover?

Takeaway

Document the lessons learned and use them to update the Church Emergency Response Plan. Every emergency provides an opportunity to strengthen preparedness, leadership, and ministry resilience.

Church Pandemic Response Template

Review Item	Content
1	Emergency Contacts
2	Leadership Responsibilities
3	Communication Procedures
4	Pastoral Care System
5	Volunteer Coordination
6	Health Partnerships
7	Worship Continuity
8	Financial Contingency
9	Recovery Strategy

PRACTICAL INSIGHT

Key Takeaway: A response plan does not need to be lengthy or complex. The most effective plans are clear, accessible, regularly reviewed, and understood by those responsible for implementing them.

Annual Response Plan Review Checklist

- ☐ Leadership contacts updated
- ☐ Emergency Response Team reviewed
- ☐ Communication systems tested
- ☐ Volunteer register updated
- ☐ Pastoral support lists reviewed
- ☐ Health partnerships confirmed
- ☐ Digital ministry tested
- ☐ Lessons incorporated

Ministry Exercise

Ask your Church Council to draft its first Pandemic Response Plan using this chapter.

Over the next three months:

- Complete each section.
- Assign responsibilities.
- Test your communication system.
- Conduct a tabletop emergency exercise.

- Review the plan annually.

Preparedness is not a one-time activity but an ongoing ministry of stewardship.

PART IV — REFLECTION, ACTION & CONTINUING RESOURCES

Turning lessons into sustained ministry practice, congregational action,
and ongoing partnership.

Chapter 12: From Lessons Learned to Lasting Transformation

Building Healthier, Wiser, and More Resilient Faith Communities

"Do not remember the former things or consider the things of old. I am about to do a new thing; now it springs forth, do you not perceive it?"

(Isaiah 43:18–19)

Looking Back with Gratitude

The pandemic disrupted almost every aspect of church life.

Congregations experienced:

- interrupted worship;
- restricted funerals;
- family separation;
- financial uncertainty;
- emotional distress;
- changing public health requirements.

Yet the research also highlights remarkable stories of hope.

- Churches adapted rapidly.
- Ministers learned new ways of leading.
- Congregations embraced digital ministry.
- Families supported one another.
- Volunteers delivered food and practical assistance.
- Prayer remained central.

These are not simply stories of survival. They are testimonies of God's faithfulness expressed through communities of faith.

REFLECTION

As a leadership team, ask:

What are we most thankful for from our experience during the pandemic?

What strengths emerged that we should continue nurturing?

The Lasting Lessons of the *Lotu Factor*

The research offers several enduring lessons for churches.

Faith Matters

Faith is not a peripheral aspect of health. It profoundly shapes beliefs, behaviours, relationships, resilience, and decision-making. Churches therefore remain essential partners in promoting community wellbeing.

Interpretation Matters

Scripture is life-giving. Yet Scripture always requires responsible interpretation.

The Bible itself is not harmful. Harm arises when biblical interpretation becomes disconnected from context, humility, communal discernment, and the life-giving witness of Jesus Christ.

Leadership Matters

Faithful leadership combines:

- theological wisdom;
- pastoral compassion;
- intellectual humility;
- cultural competence;
- collaborative practice.

Leadership during crises is measured not only by decisions made but also by relationships preserved.

Relationships Matter

The research consistently demonstrates that trust is one of the most important resources available during emergencies.

Trust develops over years. It can be weakened quickly.

Churches therefore have an ongoing responsibility to cultivate trustworthy relationships within congregations and with the wider community.

Moving Beyond Crisis Thinking

The greatest mistake churches could make would be to treat the pandemic as an isolated event whose lessons no longer matter.

The challenges explored in this toolkit extend beyond infectious disease.

The same principles apply when responding to:

- natural disasters;
- mental health crises;
- climate-related emergencies;
- economic hardship;
- family violence;
- community trauma;
- misinformation;
- social fragmentation.

A resilient church prepares not merely for the next pandemic but for faithful ministry in an increasingly uncertain world.

A Vision for the Church

The *Lotu Factor* project points toward a vision of the Church as:

A Community of Truth

Where Scripture is interpreted responsibly.

Where misinformation is challenged with humility and wisdom.

A Community of Compassion

Where suffering people are accompanied with dignity.

Where pastoral care is holistic.

A Community of Discernment

Where difficult questions are welcomed.

Where wisdom is cultivated.

Where certainty never replaces humility.

A Community of Partnership

Where churches collaborate with health professionals, researchers, educators, and community organisations.

A Community of Hope

Where hope rests not in denial of suffering but in God's abiding presence through suffering.

The Ministry of Discernment

One of the most important contributions of the *Lotu Factor* project is its emphasis on discernment.

Healthy churches ask:

- Is this teaching faithful to Christ?
- Does it promote life?
- Does it strengthen relationships?
- Does it encourage love of neighbour?
- Does it reflect wisdom as well as conviction?

Discernment is not suspicion. It is faithful attentiveness to God's work in the world.

The Ministry of Wellbeing

The pandemic reminded churches that the Gospel addresses the whole person.

Christian ministry therefore includes concern for:

- physical wellbeing;
- emotional wellbeing;
- spiritual wellbeing;
- family wellbeing;
- cultural wellbeing;
- communal wellbeing.

These dimensions should never be separated. The healing ministry of Jesus consistently embraced the whole of life.

Case Study 12.1

A church completes this toolkit and stores it on a shelf.

Another church uses the toolkit to:

- review leadership practices;
- strengthen pastoral care;
- train volunteers;
- establish health partnerships;
- improve biblical literacy;
- prepare emergency plans;
- evaluate ministry annually.

Five years later, the second congregation has become more resilient not because another pandemic occurred, but because it intentionally practised faithful learning.

Transformation comes through sustained commitment.

A Covenant for Faith Leaders

As leaders within Christ's Church, we commit ourselves:

- to proclaim Scripture responsibly;
- to reject misinformation and fear;
- to nurture discernment rather than blind certainty;
- to care for the whole person;
- to protect the vulnerable;
- to honour scientific knowledge while remaining rooted in faith;
- to cultivate partnerships that promote community wellbeing;
- to preserve the unity of Christ's Body;
- to continue learning with humility;
- to witness faithfully to God's love in every circumstance.

Church Action Plan

Use this plan to identify three practical priorities for the next twelve months. These priorities should draw on the learning, reflections, and assessment tools completed throughout this toolkit.

Priority	Actions	Leader responsible	Completion date
Priority One			
Priority Two			
Priority Three			

After completing the plan: review the priorities with the church council or leadership team, confirm who will lead each action, and agree when progress will be reviewed.

FINAL LEADERSHIP REFLECTION

Gather your Church Council, ministry team, or elders and discuss:

- Which chapter of this toolkit challenged us most?
- Which recommendation can we implement immediately?
- What partnerships should we strengthen?
- How can we improve our preaching, pastoral care, and leadership?
- How will we ensure that the lessons of COVID-19 continue shaping our ministry?
- How can our church become a model of holistic wellbeing within our community?

Write your responses.

Review them annually.

Transformation is a journey, not a single decision.

Companion Resources and Further Use

Use this toolkit alongside the Lotu Factor Project final report, policy briefs, health-worker resources, reflection materials, and other project outputs. The toolkit is designed as a practical companion to the research: when detailed evidence, methods, participant findings, or policy analysis are required, consult the relevant project publication rather than repeating that material here.

Concluding Prayer

God of life, hope, and wisdom,

We thank You for sustaining Your people through seasons of uncertainty and loss. We remember those who suffered, those who grieved, those who served, and those whose faithful witness strengthened our

communities. May the lessons we have learned never be forgotten but become seeds of wisdom for future generations.

Give us courage to proclaim Your Gospel with truth and humility. Grant us discernment to interpret Scripture faithfully, compassion to accompany those who suffer, and wisdom to work alongside all who seek the wellbeing of our communities. Help us to reject fear, nurture hope, strengthen relationships, and honour the sacred dignity of every person created in Your image.

As we look to the future, make our churches places of welcome, healing, justice, and peace. May they become communities where faith deepens resilience, where love overcomes division, and where the abundant life revealed in Jesus Christ is experienced in worship, service, and daily living.

Send us now as Your people, prepared not only for future crises but also for faithful ministry in every season, so that through our lives and our witness, Your Kingdom may be seen more clearly in the world.

Through Jesus Christ, the Great Physician, the Good Shepherd, and the Hope of the World. Amen.

Concluding Statement

The *Lotu Factor Project* reminds us that pandemics test more than immune systems—they test relationships, leadership, theology, and the moral fabric of communities. Yet they also reveal extraordinary capacities for compassion, courage, innovation, and faith.

The enduring challenge is not simply to remember what happened during COVID-19, but to become a different kind of Church because of it: a Church that interprets Scripture wisely, exercises leadership humbly, partners generously, serves compassionately, and proclaims the life-giving Gospel of Jesus Christ with renewed integrity and hope.

If these lessons are embraced, the legacy of the pandemic will not be defined solely by suffering, but by the transformation of faith communities into stronger partners for the health, wellbeing, and flourishing of all.