By now we all know that the world is in the midst of a global outbreak of an acute respiratory disease caused by the SARS-CoV-2 virus. Most of us believe we have a bare-bones sense of the outbreak’s parameters, although no thanks to the deluge of misinformation circulating on the internet, in social media, and even among mainstream news sources. What is not widely understood, even by so-called experts making daily pronouncements and projections, are the nuances of infectious disease transmission. While exposure is widespread, only a subset of exposed people will become infected; only a subset of those will become pathogenic cases, that is develop signs and symptoms of the disease named COVID-19; and only a subset of those cases will be virulent enough to require medical care. Most will recover. A much smaller percentage, primarily the elderly or those with other chronic or acute diseases, have a substantially higher case-fatality, but still only a minority of those are at risk of severe illness or death.

A troubling development in the face of such uncertainty, not unique to the current outbreak, is that the lacuna of accurate information has bred fear and loathing and even violence directed toward those presumed to have harmed the aggrieved. So often, when we consider the history of infectious disease outbreaks, the truly aggrieved are the innocent victims of such attacks, and typically they are religious minorities. The most famous example is the widespread genocide unleashed against Jews in almost every country in Europe during the plague pandemic of the fourteenth century. Other outbreaks, epidemics, and pandemics of infectious disease have led to violent episodes targeting respective religious, racial, and ethnic minorities, for no reason other than a deep-seated need to strike out at anything and anyone misperceived to be the cause of the crisis.

These are bleak chapters in the history of religion. But this is a predictable response to the desperate feeling that such unpredictable events prove that God has forsaken us, lifted his veil of protection over us, and abandoned us to the forces of the natural world. Rather than face the public health challenge rationally in an effort to find a solution, many folks seek to lash out and demonize the Other. In the present crisis, the Other is primarily the Asian-American community. In previous social and political crises in the United States, it was Muslims, and before that Mexican immigrants or gays or African Americans or Roman Catholics. Today, this din is fed by innumerable unsourced news stories, clickbait websites, conspiracy blogs, pseudo-experts speaking with undeserved authority, and government officials seeking to make political hay. The Chinese government may be complicit in some disastrously misguided decision-making, especially early on, but it goes without saying that this in no way speaks to any complicity on the part of people of Asian origin. This kind of response may be expected in a way, given human nature, but it is never acceptable.
Examples of hatred, persecution, and violence during the current outbreak abound throughout the world. Stupidity, as well, which perusal of the nightly news reveals to be a steady constant: for example, bars staying open in defiance of stay-at-home orders which they deem “unconstitutional,” or churches staying open so as not to “give Satan the victory.” But such foolishness, too, is not unique to the present situation. It is reminiscent of instances, right after 9/11, when Sikh Americans were attacked in the street for being Muslims. Some people are so stupid that they cannot even get their bigotry right. Sadly, so much of the ignorance and aggression regarding the current outbreak and about the control of infectious diseases in general—think the antivaxx movement—originates in the pulpit, in the noxious messages put out by pastors seeking to inflame their respective congregations, or perhaps for some messianic glory.

But it does not have to be this way. There is another way that faith-based institutions and people of faith can respond. Religion and religions can be sources of ennoblement and other-regard, calling us to treat all beings with dignity and respect and respond to their needs and their suffering. In a recent interview, I noted that the present public health challenge is “a social-justice teaching moment for us as a society,” perhaps one we’ll look back on later with some gratitude. The great faith traditions all implore their believers to prioritize care for those in dire need above one’s own immediate concerns, as a matter of moral righteousness and civic duty, as in the verse in Deuteronomy (16:20) that instructs us with the words, “Justice, justice shall you pursue.”

There are people in our midst—coworkers, neighbors, friends, members of our congregations and communities—who need our help but may be too paralyzed with fear or confusion to ask for help. The most vulnerable among them may be older, living alone, out of work, and at risk of running out of financial resources. They may also be anxious or depressed, which by itself can have downstream effects on one’s immune response. It is up to each of us to seek them out and assure them of our continued presence. We can do this through offering tangible assistance, and also through providing emotional support, (virtual) fellowship, and prayer. We need to do all of the above.

When the postmortems are written, will this outbreak be viewed as a case study in religious hatred, persecution, violence, and general stupidity, or as an exemplar of faith-based cooperation and communal solidarity? I suspect there will be plenty of evidence for both positions, but in the meantime we can all pray that the latter prevails.

About the Author

Jeff Levin

Jeff Levin holds a distinguished chair at Baylor University, where he is University Professor of Epidemiology and Population Health, professor of medical humanities, and director of the Program on Religion and Population Health. His latest book is Religion and Medicine: A History of the Encounter Between Humanity’s Two Greatest Institutions (Oxford, 2020).
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