

What About Viruses? A Christian Reflection on Covid-19

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One of the common push-backs against the claim that there is no such thing as a *natural* disaster is the case of viruses. As the world finds itself now reeling from the spread of the SARS-CoV-2 coronavirus and the consequent disease of Covid-19, four months on from it becoming being recognised as a crisis here in the UK, we offer a Christian reflection on the issue of viruses, from scientific, theological and pastoral perspectives.

In December 2019, it became clear that a new virus called SARS-CoV-2 that attacks the lungs had jumped from animals into an unprepared and vulnerable human population. Within weeks, the virus had spread around the world, infecting many and disproportionately killing older people, those with other underlying medical conditions and those in Black, Asian and Minority ethnic communities. Drastic measures of closing borders, social distancing and isolation were put in place by many governments in a desperate attempt to stem its spread. We, the authors, have family members who have caught Covid-19, others who have underlying health problems, are elderly, or are working in the front line of the caring and National Health Services. So, as we write, we share in the anxieties and fears created by this aggressive virus.

However, as committed Christians, amid the current confusion and sometimes inconsistent government advice, we also wish to build upon the extraordinary evidence of neighbourliness that has arisen during the period of 'lockdown'. There is an evident need to demonstrate compassion and offering, wherever we can, practical assistance to our "neighbours" in that expanded sense of the term that Jesus illustrated so graphically and powerfully in the Parable of the Good Samaritan (Luke 10:29–37). We believe that both Christian theology and pastoral care as well as medical science have useful contributions to offer those caught up in a viral pandemic.

What are viruses?

Viruses are not living organisms. They cannot reproduce by themselves. Viruses are simply tiny packages of genetic material (DNA or RNA) which infect cells within a host. They then use the host cell's molecular processes parasitically to manufacture many more copies of themselves. Then they infect still more cells. Without transmission to another organism, viral infections die out. That is why isolation and social distancing are effective measures that can slow down or stop the spread of the Covid-19 virus. Although Covid-19 is pathogenic to humans, there are many other viruses that are beneficial, and indeed essential to life, including those that destroy some harmful bacteria that don't respond to antibiotics.¹ Most of the problems arise when viruses jump from one species to another that is not adapted to them.

At the time of writing, there is no tested and licensed anti-viral drug for Covid-19. If a patient is to survive the infection, he or she has to develop immunity within themselves to render the virus ineffective. The majority of patients do succeed in that, but for the sickest minority, the best care that medical facilities can provide is to keep them alive sufficiently long to give them a chance to develop immunity themselves. Covid-19 often attacks the respiratory system, which is why giving oxygen through a mask, or in more severe cases by supplementing lung function with a ventilator, helps to keep oxygen at the right level within a patient's blood.

In the longer term, the way to beat the fatal consequences of a virus such as Covid-19 is through widespread vaccination. A vaccine works by injecting an inactive form of the specific virus, or part of it, which doesn't cause the disease, but allows the body to generate immunity to it. A spectacular success story of global vaccination is against the smallpox virus. Smallpox has been present in the human population since at least the third century BC, and has been found in Egyptian mummies. Those who contracted it had a 30% chance of dying. In the twentieth century, smallpox killed up to 300 million people. But by 1977, it had been totally eradicated from the world, as a result of global vaccination and aggressive tracing of the final cases.²

One characteristic of viruses is their ability to mutate rapidly, which may make it difficult to create a vaccine with long-term effectiveness. Influenza, or the common flu, is one such example. In 1918, no flu vaccine was available for what became known as the 'Spanish flu' and an estimated 50–100 million people died.³ Even with modern medical understanding, flu still kills many people: in England and Wales alone in the 2014–15 winter, there were an additional 16,415 deaths from flu.⁴

Some of the most virulent and dangerous viruses are those that have crossed from animals to humans: the lack of previous exposure in the human population often renders such viruses explosively dangerous. Recent examples include Ebola, avian influenza, MERS, AIDS and SARS. So whose fault is the spread of a virus like Covid-19? There is no doubt that it is spread from person to person. This may frequently be inadvertent. However, in cases where people consciously flouted government stipulations of social distancing or lockdown, then those who did so may carry some responsibility for the death of others. What about crossover from the animal to the human population in the first place? All the cases mentioned above came from people eating wild animals, including fruit bats and chimpanzees. So on neither count is the outbreak and spread of Covid-19 a 'natural disaster'. It could have been avoided. We have helped bring this about by forcing wild animals into closer proximity to humans, by consumption of bushmeat and by animal trafficking – often in defiance of local laws. In some Chinese markets, different live animal species were kept in close proximity, thus enabling the virus to move across species. The Covid-19 RNA is 96% identical to a coronavirus found in bats, and it is likely that it may have been transmitted to humans via eating, or exposure to another animal, possibly a pangolin.

Human reactions to viral diseases

As Covid-19 is demonstrating, virulent diseases can provoke a variety of reactions psychologically, culturally, and religiously.

Fear

Fear is a frequent and instinctive response to a novel life-threatening disease like Covid-19. There are many examples of reactions to disease in the Bible. In the Book of Job, for example, the "friends" insist that Job must have sinned to have become so desperately sick. There are similar reactions in some of our religious communities today. Why were the "friends" so insistent? Partly, because that was the orthodox cultural perspective on sickness and loss at the time. However, behind that orthodoxy was the lurking fear that if someone as good as Job could experience such traumatic loss and disease, then that could happen to anyone – and that was terrifying. In 2 Kings 20, we read about King Hezekiah's fear when he was told that he would become sick and definitely die. His first, not last, resort was to turn his face to the wall, and then to pray, a response we could all copy.

Panic

In Acts 27, we read of terrified sailors in blind panic threatening to secretly abandon their ship during a fierce storm, leaving the Apostle Paul and other passengers to die if the ship was overwhelmed. Paul's response of prayer, confidence in God, and practical action saved the lives of all concerned. When our lives and livelihoods are threatened by disease from an unseen virus, for which there is no known cure, fear may easily lead to panic over what actions are possible for preserving health and life. Early reactions to the Covid-19 pandemic exhibited examples of this, such as panic-buying and stockpiling of goods, actions that left supermarket shelves empty and certain sections of society unable to access even basic commodities.

Corruption and social inequity

Sadly, the Covid-19 threat has exposed various forms of corruption that all too commonly can accompany the celebrated altruism at times of pandemic. It seems as if scammers regard a pandemic as open season for preying on the vulnerable in society. As we are witnessing all too starkly, this pandemic, though affecting everyone, is also exposing the social and economic inequities that certain ethnic groups and low-income countries generally are exposed to under the dominant forms of global capitalism, which make them even more vulnerable to the virus. Covid-19 requires all of us to re-think the socio-economic systems and structures that high-income countries have lived under in the post-war era

Blame and denial

When societies find it convenient to lay the blame for a viral disease on something, or someone else, there is a corresponding urge to also deny responsibility. One of the lasting socio-political and economic legacies that our responses to pandemics threaten to leave is the breakdown of social cohesion due to allegations that race, ethnicity or nationality are responsible for the pandemic. An early allegation during the Covid-19 pandemic was the labelling of it as the 'Chinese virus', because the city of Wuhan, in China, was where it first erupted. This led to Chinese citizens being insulted or assaulted once the disease spread to other countries. On the other hand, because the authorities in Wuhan, and perhaps within the Chinese national party too, initially covered up the problem, addressing the spread of the virus was delayed, which allowed a pandemic to develop. Uttered words without facts, or silence in the face of facts, have a habit of spreading blame and denial. As do unsupported conspiracy theories.

Other forms of denial, which are distinctly religious, come from biblically illiterate theologies that either deny the existence of disease, or which guarantee protection for those who are deemed to have sufficient faith. Whilst we fully recognise the reality of direct divine healing, we can see no Christian theological basis for guarantees of immunity, for denial of clinically recognised diseases, or for distrust of healing through medicine.

Passivity

Some fears are personal: some fear facing up to the reality of the disease, others fear that there is little or nothing one can do to change the reality because the disease is so rampant. The first fear leads people to deny the reality of the seriousness of the disease, and refusals to abide by mitigation measures, such as social distancing, isolation, quarantine, and shielding. The second type involves facing up to the reality of the disease but becoming paralysed by the enormity of it all. Seeing little point in implementing mitigation measures, there is submission with an inert passivity to "the will of God". There are parallels here to responses to climate change, which is arguably a far greater long-term threat than Covid-19. The threats posed by pandemics have long been recognised, but little was done in most countries to

prepare for them: in the same way the dangers of climate change have been extensively documented for many years, not least by the Intergovernmental Panel on Climate Change, but there is little evidence of a serious international response to the threats posed by climate change.

Altruism and compassion

As has been the case in most catastrophic disasters, so with the Covid-19 pandemic, there have been many acts of altruism. Amongst populations around the world, altruistic compassion has been one of the most positive and encouraging responses that has emerged from the crisis. Whether taking proactive care of the elderly and vulnerable in communities, risking infection to deliver vital supplies and food, or coming out of retirement to care for the sick, many people have responded to the evident needs with a selfless desire to alleviate the suffering of those around them.

Theology and science

In our modern, highly interconnected world, pandemics are one of the most frightening dangers facing humanity. They can travel at the speed of a jet airliner, yet viruses cannot be seen. Our best protection against a new virus such as Covid-19 remains the very basic and long-understood method of isolating infected people from others. If we don't know who is infected, then we simply have to keep everyone apart as far as possible: this has become known as 'social distancing' and self-isolation. A striking example of self-sacrifice in the face of a pandemic is the case of the villagers of Eyam in northern England when bubonic plague (the 'Black Death') reached it from London in late summer 1665. Though they didn't know the cause of the plague and had no treatment or cure for it, the entire village of 800 people decided to isolate themselves to prevent its onward transmission in the area. As a result of this self-sacrifice, initiated by Church leaders, one third of the population died, including the vicar's wife. But the surrounding area was spared the plague.

Christians have long seen care for the sick and the dying as a primary duty. Monasteries and hospices have provided succour and care since the early centuries of the church.⁵ Medical missions have often been, and remain the focus of the overseas work of many Christian bodies and aid agencies.

Science, technology and medicine developed their positions of strength today through an understanding of the orderliness of nature, which was fostered by the Protestant Reformation and the Enlightenment in the sixteenth and seventeenth centuries. The majority of the founders of the Royal Society of London, whose origin in 1660 marks the time at which science as we know it became organised, were Christians who wanted to use their scientific studies for the good of humankind.⁶ Strong messages from faith leaders of the importance of collaboration between science and faith are a powerful source of education and changed behaviour that can help address the spread of disease. For instance, in tackling the recent Ebola epidemics in west and central Africa, it eventually required scientists to persuade local communities that some of their religious practices in dealing with bodies had to change in order to suppress this terrible disease which was killing so many.

A striking aspect of the Covid-19 pandemic is the speed and extent with which scientific understanding is being shared. Over 100 laboratories around the world are working and collaborating on developing vaccines, anti-viral drugs, tests for the presence of the virus and antibody tests: these developments are what ultimately will break the power of a virus and allow normal life to recommence.

From a Christian perspective, it is a result of God's goodness to us that he has created a fruitful, comprehensible world in which we can use our understanding of scientific and medical processes for the good of humankind. That knowledge allows us to put precautions in place to limit the damage, reduce the vulnerability and increase the resilience of people at risk, and to mitigate or change our behaviours so as to reduce the likelihood of future pandemics.

Christians see the reality of the brokenness of this world, but also the truth of God's sovereignty over it and of his ultimate plans for a new creation. This suggests that we should work for better scientific and medical understanding of pandemics; that we should enable communities to build resilience against them; and that we should strive to remove the unjust disparities in wealth and resources that mean it is often the poor, the sick and the elderly who are most vulnerable and who suffer most. The sense of lament to which we may be driven by seeing the impact of disasters such as the Covid-19 pandemic is a right and proper response of Christians: while spurring us on to continue working and struggling to bring justice and reconciliation in this world, we should long for the return of Christ and the inauguration of the new creation (Rom 8:18–22).

Pastoral responses

In terms of a Christian pastoral response to the pandemic, Philippians 2:1–9 captures the attitudes Christians ought to develop toward each other and toward their neighbours. From an attitude of selfless deference, as modelled by the Godhead in the incarnation (Phil. 2:6–9), the Apostle Paul provides many practical hints regarding responding to a pandemic.

A practice of selflessly serving the interests of others. Such service, both in the church and wider communities represents a more powerful demonstration of Christian faith than an appeal to a philosophical theodicy. Jesus said that it will be by their fruits that Christians shall be known, rather than by apologetic arguments (Matt. 7:16, 20). In the third century, Bishop Cyprian, in the midst of a plague epidemic which struck across the Roman empire, urged Christians to care for the living while remaining among them. Similarly, Martin Luther in the sixteenth century remained in Wittenberg, to care for the sick and dying, rather than fleeing. Because of self-denying actions by Christians in the face of such epidemics, history shows that there was often subsequent widespread growth in the churches. In the context of a pandemic, it is also the case that self-denying actions such as social distancing may also serve the best interests of others.

Pastoral support and care can be provided for health-workers and their families. Often health-workers are wrestling with the tensions of going to work. They are helping the sick and dying, with accompanying risks to their own health, while their own families may wish they could stay at home. Balancing these commitments and loyalties can be a huge emotional and spiritual strain on health-workers and their families, and Church communities need to ensure that they are diligent and effective in helping to support the needs of those on the frontlines both during and after this pandemic.

Encouraging conversations about death and dying. People should be doing this anyway, since death is the most certain outcome of life for everyone. However, talking about one's death in modern times has become a taboo subject. Therefore, the crisis of a pandemic can make the point of such conversations more urgent and more relevant. In the case of pandemics, where the disease is rampant, where carers, medical staff and patients may die, where medical resources may become overwhelmed, then such focused conversations are necessary. In fact, one hospital chaplain told us, "People need to start thinking about their

possible death: do they want to go to hospital? Do they want a ventilator?” Such conversations may not be easy, but Christians need never be fearful and hopeless, as the Apostle’s earlier words make clear, “For to me to live is Christ, and to die is gain” (Phil. 1:21).

Discussions about death should surely be among the most common conversations within the Christian community, because, as the Apostle Paul says later in his letter to the Philippians, “our citizenship is in heaven, and from it we await a Saviour, the Lord Jesus Christ, who will transform our lowly body to be like his glorious body” (Phil. 3:20–21). Bishop Cyprian made the same point in a famous sermon which is still preserved: ‘if you truly believe [in God], why do you, who are destined to be with Christ and secure in the promise of the Lord, not rejoice that you are called to Christ and be glad that you are free from the devil?’⁷

Robust theological and pastoral care for the sick, dying and the bereaved. This should be the kind of sensitive, discerning care that is helpful, where, in the words of one Christian scholar, “words we would not utter to ease another’s grief we ought not to speak to satisfy our own sense of piety.”⁸ This is of particular importance when many patients die alone, with relatives unable to visit because of concerns about spreading the virus. It will also not only be the remit of church leaders and professional clergy to offer such care, but the scale of this pandemic means that every Christian must be ready to listen intently to those who are in the midst of suffering and to offer the comfort of Christ, and the promise of hope in the new creation where they can.

Re-evaluating life’s values and purpose. Covid-19 has turned our worlds upside down in many ways. Disasters such as this pandemic may also encourage people to re-evaluate what is important in life, which sometimes turns them to reliance on God: to examine themselves as to what, in the light this disease shines upon us, is worthwhile in our life, and what is actually worthless (2 Cor. 5:10). As C. S. Lewis wrote: “God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains: it is His megaphone to rouse a deaf world.”⁹

Although Covid-19 is a disease that has forced separation and isolation from others, ironically it has made us appreciate the value of community relationships, of reaching out to friends and neighbours, of realising the theological truth that ‘the reason for my life is yours,’ whoever you are (Phil. 2:4; Luke 10:20–37). It is a common testimony among survivors that in the wake of shared disasters such as Covid-19 they found a sense of belonging, of growing together and of sharing and coping with deep emotions and experiences that were absent in normal life.¹⁰

As Christians, we need not to fear the struggles with life that are so apparent in the midst of a pandemic or to let them become the chief focus of our stories. The end to which Christians look forward is that which is promised by God when Jesus returns; that is, the promise of a new heaven and a new earth, where righteousness dwells. In that new creation there will be no more sickness or death, and thus “neither shall there be mourning, nor crying, nor pain any more, for the former things [will] have passed away.” (2 Pet. 3:13; Rev. 21:44). This is the heart of the gospel, the Good News of Jesus Christ.

A preferential option for the poor, the weak and the neglected. The Covid-19 virus is no respecter of persons, affecting Royalty, Prime Ministers, white-collar, factory and shop workers alike: but access to appropriate treatment is another matter. On a global scale, those who can afford it are able to obtain superior and speedier access to healthcare than those who are poor. The majority of the latter live in more cramped conditions where water, sanitation, hygiene and medical infrastructure is broken, and where social distancing is well-nigh

impossible, thus facilitating the lethal spread of the disease. The elderly are also more vulnerable and are often isolated. These inequities in our world implicate every one of us.

Of course, a big challenge to the Church will be what to do once the world begins to return to “normal”. It would surely be a huge missed opportunity if our Christian perspectives and practices were not to adapt and change in the wake of such a truly worldwide event. The current raised visibility of the vulnerable amongst us and the refocus of our media gaze from vacuous celebrity to those who actually keep our societies going is an opportunity for all of us to reassess the culture we have helped to create. In many places, the natural environment has become a cleaner, healthier environment. The Church, as followers of Christ, should be at the forefront of making sure that conversations are steered towards justice and mercy for the whole of God’s creation.

A man who shouted across the car park to one of us, as he came out of a doctor’s surgery at the time of the Covid-19 crisis, couldn’t have stated it better: “We surely need God to help us now, don’t we?” What an opportunity this is for Christians to be God’s servants for a ‘new normal.’

Roger Abbott and Robert White are editors of a book due to be published in August 2020 which covers this and other disasters, entitled *What Good is God? Disasters, Faith and Resilience*. Oxford: Monarch, 2020.

¹ Marilyn J. Roossinck (2015) Move over, bacteria! viruses make their mark as mutualistic microbial symbionts, *Journal of Virology*, **89**, 6532–6535, doi:10.1128/JVI.02974-14.

² Donald A. Henderson, (30 December 2011), "The eradication of smallpox – An overview of the past, present, and future," *Vaccine*. 29: D8. doi:10.1016/j.vaccine.2011.06.080. PMID 22188929.

³ Laura Spinney, (2017), *Pale Rider: The Spanish flu of 1918 and how it changed the world*, (London: Jonathan Cape), 352pp.

⁴ Public Health England (2015) *Surveillance of influenza and other respiratory viruses in the United Kingdom winter 2014 to 2015*, www.gov.uk/phe

⁵ Amanda Porterfield (2009) *Healing in the History of Christianity*, (Oxford University Press), 230pp.

⁶ Peter Harrison, ‘The Bible and the emergence of modern science’, *Science & Christian Belief*, 2006, vol. 18, pp. 115–132. Also R. S. White, ‘Take Ten: Scientists and their Religious Beliefs’, in *Wisdom, Science and the Scriptures* (eds. S. Finnamore & J. Weaver), Oxford: Regents Park College, 2012, pp. 157–179.

⁷ Cyprian, De Mortalitate, available in modern English translation from <http://www.ntslibrary.com/PDF%20Books/MORTALITY%20by%20St%20Cyprian.pdf> (accessed 8 June 2020)

⁸ David B. Hart (2011) *The doors of the sea: where was God in the tsunami?* (Grand Rapids: Eerdmans) p. 99.

⁹ C. S. Lewis, *The Problem of Pain*, 74.

¹⁰ Rebecca Solnit (2009) *A Paradise Built in Hell*, (London: Penguin Books).