



Cura Personalis, Cura communitas: Loving our neighbor in Covid-19 times

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The months of November and December have given chilling notice that the pandemic is far from over. Worldwide the global case rates continued steadily upward, with daily new cases exceeding 700,000 for the first time, total confirmed cases surpassing 75 million, and deaths exceeding 1.6 million.¹ After pushing back or being spared by the April-May COVID-19 onslaught France, Italy, Germany, Russia, the United Kingdom, and other countries experienced record daily highs for new cases and a steady increase in the cumulative death toll. In the U.S., nearly every state experienced new daily highs for confirmed cases.² By mid-December deaths were occurring at the rate of more than 75,000 per month. Nationwide nearly 17 million cases and more than 300,000 deaths had been reported. Parts of Latin America, North Africa, and the Middle East were also seeing new surges. With the exception of new outbreaks in India, Kenya, South Africa, Australia and a few other countries, Asia and sub-Saharan Africa maintained a relatively low incidence of COVID-19.

Pandemic misinformation, fatigue, denial, and resistance – along with cooler weather – have created a perfect storm for regional and national surges.³ Pandemic fatigue occurred among the many who understood the reality of COVID-19 but were tiring of the efforts needed to keep themselves and their loved ones safe.^{4,5} Pandemic denial continued among those convinced reports of a pandemic were untrue and that masking, distancing, and other

preventive measures were an unnecessary infringement on their liberty. Finally, resistance against stringent restrictions resulted in sometimes violent protests.⁶

In stark contrast, the last weeks of 2020 also brought the most encouraging – some would say miraculous – news since the pandemic began: In rapid succession the world learned that the Pfizer and Moderna vaccines both had achieved over 90% efficacy in preventing COVID-19 illness, the Oxford/Astra-Zeneca vaccine had achieved at least 70% efficacy, and several other vaccines were showing promising results. Combined production capacity of at least three billion doses added further cause for optimism.⁷

What should be the Christian response in the face of an out-of-control pandemic in large parts of the world, continuing vulnerabilities in other parts of the world, and the potential to immunize the world with safe, effective vaccines? As always, we turn to Jesus, who taught with carefully crafted words and inspiring deeds. Since its earliest days the church has responded to pandemics through Jesus' Great Commandment to, "love your neighbor as yourself." He made clear the practical meaning of these words through his miracles, two-thirds of which were healings. The apostle Paul, building upon this, added "The only thing that counts [for Jesus] is faith expressing itself through love." (Galatians 5:6)

Drawing on the New Testament's framework of action motivated by faith, the Catholic Jesuit



concept of *cura personalis*, “care of the whole person,” emphasizes dedication to the physical, psychological, and spiritual well-being of the individual.^{8,9} One of the most visible ways the early church exemplified this spirit was through its response to pandemics. In 260 A.D. during the height of the Cyprian Plague, the Bishop Dionysius of Corinth in his Easter Sunday message noted that,

Most of our brother Christians showed unbounded love and loyalty, never sparing themselves, and thinking only of one another. Heedless of danger, they took charge of the sick, attending to their every need and ministering to them in Christ, and with them departed this life serenely happy.¹⁰

In response to the deadliest pandemic in one hundred years, the Christian medical community around the world has responded to the current pandemic with same *cura personalis*, providing care for the sickest and most vulnerable, even at the cost of their own lives.

Jesus’ admonition to His followers referred not only to acts of love toward individuals but also to loving our neighbors collectively through acts of *cura communitas* – what one might call dedication to the “care of the whole community”. Martin Luther reflects this obligation in this 1527 letter, *Whether One May Flee from a Deadly Plague*. He writes that not only health providers, but pastors, mayors, and others in public service, “must remain steadfast before the peril of death.”¹¹ The Christian Medical Commission leadership in the 1978 Alma Ata declaration and primary health care and Health for All movement that followed¹² are examples of the spirit of *cura communitas* in action. In their dialogue on a Christian response to the current pandemic¹³ noted British theologian NT Wright, author of *God and the Pandemic*¹⁴ and U.S. National Institutes of Health Director, Dr. Francis Collins, author of *The Language of God*¹⁵ reflect the spirit of *cura communitas*.

What should *cura communitas* look like in the time of COVID-19? First, it requires knowing, applying, and publicly encouraging masking, distancing, and other safe living practices that have enabled entire communities and countries to bend their pandemic curve of new cases. Science that increases well-being and saves lives is one of God’s greatest gifts to humanity. Yet religious leaders have been some of the most influential opponents to proven pandemic control measures.¹⁶ Religious services, weddings, and funerals around the globe have been associated with COVID-19 outbreaks, with tens to thousands of resulting infections and some deaths.^{17,18} The most notable, which occurred in the early days of the pandemic, was the February 9 service at the Shincheonji Church of Jesus service in South Korea that ultimately was associated with 5006 COVID-19 cases and numerous deaths.¹⁹

Speaking as both a scientist and devout Christian, Francis Collins advises,

The church, in this time of confusion, ought to be a beacon, a light on the hill, an entity that believes in truth. This is a great moment for the church to say, no matter how well intentioned someone’s opinions may be, if they’re not based upon fact, the church should not endorse them.²⁰

Drawing from decades of experience in health, development and natural disasters, religious communities across the faith spectrum have actively worked to mobilize, educate, and support community responses.^{21,22} Christian Connections for International Health, with more than 120 organizational members from five continents, compiled COVID-19 resources for faith-based organizations²³ including country work from Nigeria²⁴ to Nicaragua.²⁵

Second, with the prospect of large-scale availability SARS-CoV-2 vaccines, *cura communitas* commits us to support global and national commitments to action that ensures both equity of access to vaccines and widespread acceptance of vaccination. Coordinated by the

WHO, GAVI, and CEPI, COVAX has brought together more than 180 countries with the goal of providing at least 2 billion doses of proven COVID-19 vaccines to immunize the most vulnerable 20 per cent of people in 91 low and middle-income countries, mostly in Africa, Asia and Latin America.²⁶ At the same time, inadequate funding and actions by high income countries competing for vaccine access threaten to delay access to the rest of the world.²⁷ It is incumbent on all of us to join religious leaders in supporting to access to pandemic vaccines for the most vulnerable.^{28,29}

Vaccine availability must be followed by vaccine confidence and vaccination acceptance. Building on the persistent vaccine-autism myth³⁰, a steady campaign of misinformation, and isolated examples of genuine vaccine safety issues, vaccine skeptics have mounted an aggressive campaign against SARS-CoV-2 vaccines. Some communities decline vaccination for “religious reasons”, even though no major faith tradition opposes vaccination.³¹ In a June, 2020 global survey, the percent of respondents saying they would take a COVID-19 vaccine if “proven safe and effective and is available” varied from more than 80% in Brazil, China, South Africa and South Korea to less than 60% in France, Poland, and Russia.³² A late November survey in the U.S. found that just over 60% of whites and Latinos would be vaccinated when given the opportunity, but just 42% of black Americans, who have been hardest-hit by the pandemic, would trust the vaccine.³³

Personal healthcare providers and pastors remain highly trusted sources of information and advice.^{33,34} This makes it incumbent on the faith-based global health community to empathetically explore reasons for vaccine hesitation, to become fully informed on the safety and efficacy of new vaccines,³⁵ and to champion vaccine acceptance – especially for the most vulnerable individuals and communities.³⁶ Drawing on the historical roots of this distrust, Dr. Rueben Warren of Tuskegee University describes steps clinicians, researchers,

and others must take to earn and rebuild trustworthiness among black Americans.³⁷ A recent multi-faith exploration on bridging religious divides and mobilizing religious support concluded,

Theologians, scientists, and public health specialists need to join with political and community leaders in a thoughtful conversation that builds the needed trust and respect in carefully vetted vaccines.²⁸

Finally, in the spirit of *cura communitas*, even as we fight to end COVID-19 we must learn from it and take all necessary action to make the world safer from future pandemics. Through God’s grace humanity has created a world with far more comforts and opportunities to flourish than our forebears enjoyed. With these benefits has come greater complexity, inter-connectedness, and vulnerability. Without vigorous preventive action we face innumerable future pandemics from an accelerating web of risk factors: urbanization, healthcare inequities, lifestyle diseases, international travel, encroachment on animal habitats, and more.³⁸

As COVID-19 has vividly reminded us, the human and economic cost of complacent inaction is far, far greater than the cost of prevention.^{39,40} Scientists, public health officials, behavioral scientists, and economists know what is needed.⁴¹ It remains with leaders at all levels, committed professionals and engaged citizens to press forward.

How will the Christian global health community be remembered? Surely it will be remembered for loving our neighbor through the selfless *cura personalis* response of Christian health workers, hospitals, and caregivers. We must strive also to be remembered for loving our neighbor through a spirit of *cura communitas* that helped to contain the spread of the virus, ended the pandemic through worldwide immunization, and after the crisis worked even more vigorously to make the world safer from future devastating pandemics.

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