



# TWO YEARS AND COUNTING: COVID-19 THROUGH A RELIGIOUS LENS

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## ABSTRACT

*The COVID-19 experience offers fresh perspectives about religious roles in public health and in broader efforts to promote human well-being. Public health officials have understood and engaged with religious factors during the COVID-19 emergencies with greater awareness of their actual and potential significance than in the past (benefitting notably from prior experience with Ebola, HIV/AIDS, and other epidemics).<sup>1</sup> However, COVID-19 responses reflect significant gaps in knowledge and dialogue among the parties concerned. Without clear strategies and prior knowledge and relationships, inherent threats and opportunities linked to religious-public health interactions can be missed. The COVID-19 experience thus offers insights and lessons for religious engagement in future pandemic preparedness and response. This working paper highlights major themes observed so far at the two-year point of the pandemic.*

*The conclusions and recommendations of this Berkley Center publication are solely those of its author(s) and do not reflect the views of the center, its leadership, or its other scholars.*

# INTRODUCTION

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Considerable knowledge about how diverse religious communities have engaged in relevant ways during the COVID-19 emergency is available.<sup>2</sup> Overall, understandings of religious dynamics in relation to the COVID-19 pandemic reflect the widely diverse roles of religious beliefs and institutions in modern public health practice and prevailing attitudes toward their significance. Situations differ widely, ranging from close integration and cooperation among religious and non-religious health systems to near total ignorance and disregard between religious and public health actors.

The World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), many national governments, and other actors were aware of potential religious engagement and risks of missed opportunities as they mobilized to respond to the COVID-19 crisis. Ensuring interconnectedness was an immediate theme, as was cross-sector partnerships and the need to draw on lessons from prior experience.<sup>3</sup>

This has not, however, translated fully into the ideal of shared knowledge, complementarity of efforts, and strategic engagement that modern pandemic preparedness and response call for. To take a concrete example, the priority to assure near universal vaccination is widely appreciated. Religious communities have the capacities, reach, and trust as well as knowledge that could advance the goal. Negative religiously linked anti-vaccination narratives are important impediments to vaccination efforts, and religious actors are well placed to counter them. Yet these assets and liabilities are only partially reflected in global and national approaches to the urgent vaccination challenges and only briefly, if at all, mentioned in vaccination strategies.

The global religious landscape with its remarkable diversity does not lend itself readily to neat patterns and characterization. Like a shifting storm, the COVID-19 pandemic affects different communities at different times and in different ways. Inequalities and differential impact within communities, a striking feature of the pandemic, apply in force to religious dimensions that range from theological interpretations to practical community responses. For example, some religious structures lend themselves to centralized organization of COVID-19 response, such as the systematic focus of the Vatican COVID-19 Commission, established in March 2020 by Pope Francis.<sup>4</sup> Other structures have demonstrated diverse and context-specific responses, such as those of Muslim communities in different world regions. Likewise, religious beliefs and practices intersect with the full range of gendered, political, ethnic, racial, cultural, and economic pressures experienced during the pandemic. For example, research has demonstrated how different demographic backgrounds of denominations has influenced vaccine uptake.<sup>5</sup>

## RELIGIOUS RESPONSES

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Some important themes emerge from these diverse and often poorly coordinated efforts between religious and public health actors. Religious responses fall broadly into six categories, addressing the following themes: physical religious gatherings, religious practices and teachings, social and economic protection of vulnerable communities, discrimination and intergroup tensions, global conflict and freedom of religion or belief, and looking beyond the crisis.

### *Physical Religious Gatherings*

Specific risks associated with physical religious gatherings came into sharp focus soon after the threats of the new coronavirus became apparent. The South Korean Shincheonji Church of Jesus emerged as a superspreader of COVID-19 infection<sup>6</sup>; so did several large gatherings of the Muslim Tablighi Jamaat

(thus immediately fueling interreligious tensions in South Asia and parts of Southeast Asia).<sup>7</sup>

Community gatherings for worship fell under lockdown restrictions and regulations in country after country, with large and continuing impacts. They forced sharp shifts in spiritual practice and organization. Online worship was feasible in some but by no means all communities, and many communities lost financial resources. Although this was an immediate concern at the beginning of the pandemic, the changes to religious gatherings have continued as a theme throughout the last two years. Each year when religious festivals re-occur, similar questions of appropriate restrictions have arisen. Some very large festivals and pilgrimages such as the hajj and major Hindu festivals have demanded painful adaptations that leave social scars. Likewise, the long-term effects of moves to online and alternative forms of worship are yet to be fully seen.

Heated debates about the specific roles of religious gatherings and spiritual care included legal cases and tensions, in some cases taking the form of protests and violence. Debates about how far special status should be accorded to religious gatherings continued as lockdowns ended and then re-started in some cases as new waves of the virus emerged. Both in policy discussions and legal action, public health authority to regulate religious gatherings poses questions about the limits of freedom to practice one's religion as well as different perceptions of bias toward or against specific communities, also noted below.

### *Religious Practices and Teachings*

Public health approaches took on new and urgent significance during the pandemic. Messages about anti-disease practices include the now staple admonitions to wash hands, respect social distancing, and wear masks. Appreciation of relatively high levels of trust for religious leaders and their ubiquity in many settings led to engagement by organizations including the WHO, which collaborated with representatives of faith communities to offer guidance and frame messages in tune with religious beliefs and teachings.<sup>8</sup> UNICEF, as the major vaccine distributor worldwide, also worked with religious leaders on messaging, such as at Friday prayers for Muslims in Kenya.<sup>9</sup> Spiritual leaders at many levels engaged with their communities to understand and cope with the crisis. Large majorities grappled with evolving understandings and support for public health directives, though minorities, differing in character and size, staked out specific religious objections to guidance and particularistic claims.

Broad challenges to understanding distinctive roles and privileges for religious practice surfaced early in the crisis, most acutely for the seriously ill and dying. Restrictions on visiting the sick and attending burials and specific guidance on cremation and burials attract particular attention, and in some contexts specific tensions are linked to certain communities (such as Sri Lanka, where Muslim communities did not accept cremation, which at some periods was mandated by public health officials).<sup>10</sup>

In some communities, religious engagement has bolstered and enriched understandings of the science involved in pandemic responses. But others, generally minority communities, have interpreted the pandemic and responses to it in apocalyptic or dismissive terms, riling up communities to resistance and undermining trust in public health and other officials. Rising concerns about misinformation and deliberately false information, including complex conspiracy theories spread via online and social media, have also caused major concern. Misinformation about vaccinations has grave consequences, accounting in different ways and to different degrees for vaccination resistance and hesitancy.

Mental health issues and underlying social pressures predate the COVID-19 crisis but are aggravated by it, often to crisis levels. These include loneliness, issues of addiction, responses to stigma, and other social tensions. Burnout of caregivers has affected and afflicted religious caregivers and, more broadly, their communities. Religious leaders and actors from many communities (countries and religious traditions) have been stalwart allies of public health and government officials, building trust, working

actively to convey public health messages, and providing solace and spiritual support to communities.<sup>11</sup> Understandings of the pandemic framed in spiritual or theological terms have supported collaborative efforts by WHO and governments.

A concern during the pandemic that public authorities simply instrumentalize or use religious leaders to achieve their goals, without meaningful exchange and participation, reflects both long-standing habits of different sectors and new pressures associated with pandemic response. It underscores the importance of early and authentic engagement of multiple actors in planning and implementation.

### *Social and Economic Protection*

Religious communities stand as powerful advocates and supporters for vulnerable groups, notably forced migrants and refugees, the disabled, victims of trafficking, and other specific communities. They face diminished support, diluted by pandemic demands, and, in many situations, more acute challenges specific to the pandemic. The welfare of children is a major concern, seen as a central mandate of religious communities. Many children have lost caregivers—a recent *Lancet* article estimates the number at up to two million children<sup>12</sup>; more recent data suggest far higher numbers. An estimated 1.6 billion children at some point in the pandemic were unable to attend school in person.<sup>13</sup> Domestic violence and other forms of abuse have increased during the pandemic, in part because of social and economic pressures and also due to resource and capacity limitations, with many services curtailed by pandemic restrictions.

The COVID-19 emergencies have witnessed an extraordinary mobilization of what can be termed religious “social protection.” Communities and individuals have organized to care for the sick and elderly and to feed those who are hungry. National and multilateral programs work to reinforce and expand existing mechanisms and initiate new ones, but most action occurs at the local, granular level. Religious communities, often working as part of broader communities but also through transnational and local faith-inspired organizations, have organized and supported wide-ranging programs, such as trainings for a multifaith audience to counter the rise in gender-based violence organized by Religions for Peace Colombia.<sup>14</sup> The crisis has revealed starkly the weaknesses and inadequacies of social protection systems in most of the world. In wealthy countries, large-scale programs have actually resulted in decreases in poverty levels in some places.<sup>15</sup> However, precarious life is the predominant norm, and data tells the sad story that the COVID-19 emergencies have pushed many millions of people into extreme poverty.<sup>16</sup>

### *Discrimination and Intergroup Tensions*

Scapegoating of specific groups, often religious, runs true to historic pandemics. This has had particular significance in South Asia. Across India, incidents reflect the tendency to associate Muslims with spread of the coronavirus. In Pakistan, the Shia Hazara community has been labeled as a carrier of the infection.<sup>17</sup> Sadly, similar patterns have emerged in different regions. Religious leaders are called to address the underlying concerns and soothe tensions.

The unequal impact of COVID-19 has particular significance for women. Many have faced increased burdens of care; higher risks of violence, including domestic abuse and violence that includes rape, forced marriage, and female genital cutting; and loss of schooling and jobs. Trafficking for sex appears to have increased, shifting to new patterns. Religious attitudes and practices play complex roles, some positive and some less so. The stance and action of different communities is complicated by the competing pressures that have emerged during the pandemic and curtailed service and information structures.

### *Global Conflict and Freedom of Religion or Belief*

Abuses of human rights include specific, negative responses to some religious communities and practices and reflect a rise in conflicts with religious dimensions. Despite hopes that the common threat posed by the pandemic would ease social tensions and temper polarization in many societies that predated the

pandemic, the crisis so far appears to have aggravated social tensions overall, including inter- and intra-religious tensions.

While the UN secretary-general early in the crisis called for a global ceasefire, there is little evidence that the call has been heeded in any region or situation. Violations of freedom of religion or belief (FoRB), meaning harsh treatment of minorities and broader rises in discrimination, have increased over the pandemic. The United Kingdom All-Party Parliamentary Group for International Freedom of Religion or Belief (APPG FoRB) in a report cites 24 countries where it sees “significant” FoRB violations, including China, India, Iran, Nigeria, North Korea, and Pakistan.

### *Looking Beyond the Crisis*

Religious communities and ideas shape the still unfolding COVID-19 experience in numerous, complex ways, as global and national institutions look to building back stronger. These dimensions, however, are rarely integrated in strategic ways in the understandings and partnerships underlying public policy and community responses to the pandemic. That demands a clearer policy framework, a will to draw on available information, and an appreciation for contrasting and shifting opportunities and threats.

The COVID-19 experience underscores the sustained and significant importance of religious aspects of contemporary society. Religious practice, community, and mobilization are seeing new forms in the contemporary era, and the pandemic experience casts new light on modern religious engagement, including its challenges and opportunities, such as the dynamics of youth engagement and increasing visibility and agency of women. What is needed is a clear-eyed look at different and evolving forms of religious engagement, starting with the lens of health care but taking into account interconnections, highlighted by the COVID-19 emergencies, among different communities and sectors of activity.

## **CONCLUSION**

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As institutions around the world look toward the future, three areas stand out as opportunities when it comes to faith engagement in global health advocacy, delivery, and policymaking: (1) building on the positive and less positive experiences of government/religious relationships to galvanize strategic, primarily country-based dialogue and engagement; (2) broader cross-sectoral and inter-sectoral collaboration including religious actors, at different levels and places, for pandemic preparedness; and (3) immediate global action to assure universal vaccination coverage, with religious communities fully involved as strategic partners at all levels.

## Endnotes

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- 11 As an illustration, the positive roles of religious leaders during the crisis was the focus of a United Nations event sponsored by Morocco in May 2020. Video of the event: [https://www.youtube.com/watch?v=\\_4ZbRWfz490](https://www.youtube.com/watch?v=_4ZbRWfz490).
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The Berkley Center for Religion, Peace, and World Affairs at Georgetown University seeks a more just and peaceful world by deepening knowledge and solving problems at the intersection of religion and global affairs through research, teaching, and engaging multiple publics. Two premises guide the center's work: that a comprehensive examination of religion and norms is critical to address complex global challenges, and that the open engagement of religious and cultural traditions with one another can promote peace.

## ABOUT THE WORLD FAITHS DEVELOPMENT DIALOGUE

The World Faiths Development Dialogue (WFDD) is a not-for-profit organization working at the intersection of religion and global development. Housed within the Berkley Center in Washington, DC, WFDD documents the work of faith inspired organizations and explores the importance of religious ideas and actors in development contexts. WFDD supports dialogue between religious and development communities and promotes innovative partnerships, at national and international levels, with the goal of contributing to positive and inclusive development outcomes.

## ABOUT THE JOINT LEARNING INITIATIVE

The Joint Learning Initiative on Faith and Local Communities (JLI) is an international collaboration and knowledge platform on evidence for faith groups' activities and contributions to local development and humanitarian challenges. JLI brings together international humanitarian and development organizations, UN agencies, academic institutions, and faith-based organizations and religious bodies for joint learning and collaboration.

## ABOUT THE PROJECT

The Religious Responses to COVID-19 project was launched in March 2020 as a collaborative effort between the Berkley Center, WFDD, and JLI. The project explores the responses of religious actors to the COVID-19 pandemic and organizes information so that it can be quickly found and used by development policymakers and practitioners and religious actors who seek to work together in the COVID-19 response. Through a series of events, publications, and the establishment of an evolving online resource repository, the project draws upon the experience and insights of experts on global health and formal and informal religious leaders as the foundation for further strategic reflections towards a positive path ahead.