



COVID-19: Indiscriminate Disease, Unequal Vulnerability, and Inspiration for Human Resilience

**A Report and Commentary by Global Ministries Area Executives
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Common global trends and signs of hope

The Novel Coronavirus (COVID-19) has spread quickly around the world, leaving practically no one unaffected. A glance at maps and graphs reveals the extent of the outbreak as well as the speed of its appearance and impact. Even as the numbers continue to rise, we recognize that each statistic represents a human being, a child of God, precious in God's sight.

It appears that this virus does not discriminate: every race, gender, faith, ethnicity, and nation has experienced illness and death as a result. It is a demonstration, one might suggest, of our common humanity, of our sameness. No one is immune. Yet even as we witness the seemingly undifferentiated contagion of COVID-19, we cannot help but recognize that some are more vulnerable than others. This unequal vulnerability is in direct relation to wealth and privilege, which translate into access to testing, healthcare, and even acknowledgment of the presence of the disease.

As true around the world as it is in North America, this inequality existed before the outbreak of COVID-19 and is terrifyingly evident in this time of global pandemic. The world's marginalized and oppressed—the rural and urban poor, daily wage workers, migrant laborers, street vendors, artisans, skilled and unskilled laborers, those experiencing homelessness, and many others—suffer the multi-layered injustice of increased risk of contracting the disease, not being counted as infected without sufficient testing, and being without adequate healthcare. In addition, the world's refugees and migrants, victims of forced displacement due to war and violence, famine, climate change, and lack of economic opportunity, are unable to self-isolate at home because they either have no roof over their heads or they inhabit spaces such as refugee camps that are too densely populated to allow even the most minimal physical distancing.

This pandemic has laid bare the reality that many of the world's governments have abdicated their responsibility to guarantee the fundamental rights of food, housing, healthcare, and water to prioritize economic growth instead. Further, global politics and rivalries have caused countries like the U.S. to impose punitive sanctions, embargoes, and blockades on other countries and peoples. We know that sanctions usually do not affect their political target. It is the general population, and especially the most vulnerable, that often struggles to maintain a decent standard of living. During such a pandemic as this, these active restrictions on the flow of goods and currency lead to a dire shortage of food, medicine, medical equipment, and other emergency goods necessary to assist large numbers of people. So, even if the virus itself does not discriminate, human and social systems of stratification, privilege, and power expand the range of human vulnerability immensely.

Despite the depth of human suffering that we see every day, we are uplifted by the signs of human solidarity, resilience, and resistance exhibited during this pandemic. With closed borders, physical distancing, and the stark and swift rise in numbers of people affected by COVID-19, we see our partners persevere and continue their inspiring work. They offer a presence and witness in their communities, responding to the needs that existed before—and will continue after—the phenomenon of this pandemic. Despite the risks and the restrictions on movement and access, our partners and the communities they represent are motivated to respond to the compounded human needs they face, and they move us to respond with like perseverance and compassion.

Particular realities from the global context

Africa

The World Health Organization recommends regular hand washing and physical distancing for curbing and stopping the spread of COVID-19. What if you live in a densely populated community or in a village that does not have access to clean water? This is the reality for countless sub-Saharan African communities, especially those in rural areas. According to the World Bank, 75% of people in sub-Saharan Africa living in rural areas lack adequate facilities for handwashing. These same communities have, for several years, experienced droughts as a result of climate change and lack access to clean water because of poor infrastructure. For example, for several years, South Africans have experienced a water shortage across the country caused by urbanization, deforestation, and the destruction of wetlands. Urban and wealthier communities have been able to mitigate the shortfall, while populations in the poor, mostly rural, townships have been negatively impacted. Squatter communities often go weeks without access to water. How will people living in these communities protect themselves against this pandemic?

Will physical distancing protect them? Most African nations are imposing stay-at-home or lockdown orders. These mandates are limiting movements to grocery shopping and medical appointments. Restricting people's movement is helpful for some nations but it is not practical in many African countries. It is nearly impossible for women in rural Africa to stay home for extended periods. Most women sustain their families by operating informal shops that sell local produce and other household items. If they are unable to work their "shops," their families become increasingly vulnerable to food insecurity and malnourishment. Also, refrigeration is a challenge because of the lack of electricity. Therefore, women must go to the market every day to purchase food for their families. These markets are often very dense and crowded, increasing their risk of contracting COVID-19.

COVID-19 has exposed global inequalities and disparities, especially in sub-Saharan Africa. Hand washing and physical distancing are privileges denied to countless communities in Africa. The realities of climate change and economic inequalities are having a significant impact on African societies during the COVID-19 pandemic.

East Asia and the Pacific

The first human infections of the Novel Coronavirus that causes COVID-19 occurred in Wuhan, China, in late 2019. As the disease appeared in Japan, Korea, and elsewhere throughout Asia,

doctors noted its virulence. They soon concluded it must be transmitted person-to-person, raising alarms around the world of a pandemic. These first Asian centers of infection responded quickly to tamp down the spread: China canceled travel and New Year's celebrations and quarantined Wuhan as well as other affected population centers; Hong Kong, South Korea, Japan, and Taiwan all instituted widespread testing and disease-tracking programs to isolate and minimize infection and implemented appropriate levels of quarantine for hotspots. These relatively wealthy areas appear to demonstrate that with enough resources, quality medical interventions, and aggressive social controls, local epidemics of COVID-19 can be managed and mitigated.

Unfortunately, many countries do not have adequate resources or robust health care systems to respond to the pandemic and social inequalities both between and within countries will determine how deadly the disease will ultimately be, especially to impoverished populations who are routinely denied rights and access to care. Even in wealthier northeast Asian countries, migrant workers and ethnic minorities who struggle to get by are less able to cope under tight restrictions on work and movement. In countries with extreme social disparities like the Philippines, the expanding COVID-19 threat has allowed autocratic governments to increase executive power and suppress dissent. In March, Philippine President Rodrigo Duterte began using "enhanced community quarantine" as a vehicle to expand martial-law style crackdowns against community activists and to criminalize those who live hand-to-mouth, instructing soldiers to shoot anyone who breaks curfew even to buy daily bread. In a Lenten message, the National Council of Churches of the Philippines (NCCP) reminded the president that the pandemic is a health crisis and what is needed is "care and compassion, not bullets." NCCP General Secretary Reuel Norman O. Marigza said, "Callous remarks and threats are not what are needed right now, especially as Holy Week is fast approaching. What is needed is food."

Pacific island nations are particularly vulnerable to the pandemic because as they shut down international ports and airports to prevent the introduction of the disease from abroad, they also cut off their lifeline to many essential supplies and access to healthcare support from other countries. Infections in the islands have so far been limited. Still, lessons learned from an outbreak of measles last year in Samoa and other islands make Pacific countries wary of the possible devastation that viral infections can have in their insular communities.

Another unfortunate consequence that has emerged as a result of the origination of the COVID-19 disease in China is an escalation of discrimination and hate-based attacks on Chinese and others of Asian heritage and appearance around the world. Faith groups have joined public and official statements speaking out against such bias and incidents in the U.S., insisting that such scapegoating behavior is misplaced and an unacceptable response to the fear that people are facing in this uncertain time.

Latin America and the Caribbean

In Latin America and the Caribbean, our partners experience the unjust and unequal way that COVID-19 impacts communities. The Ecumenical Foundation for Integral Development, Education and Capacity Building (FEDICE), a Global Ministries partner in Ecuador, reports that the pandemic affects indigenous communities' access to markets to sell their products. They have difficulty purchasing items such as fertilizers, tools, or raw materials for their daily work on

farms. Cultural Guatemalan Action, another partner, says, “There is great uncertainty in the communities regarding the measures taken by the president of the republic with the lockdown. The virus is a significant concern. However, in our communities, where the economic crisis hits the most impoverished and many families live and eat their meager daily income, it is worrying to see families struggling to acquire food.” The Christian Center for Development in Honduras reported a similar situation. “Even though people do their best to provide for their families, it is difficult to get food and supplies in urban settings.”

The COVID-19 pandemic has also been used as an opportunity to harden economic sanctions and other policies that seek regime change in countries in the region. The Cuban Council of Churches and the National Council of the Churches of Christ in the USA signed a joint statement demanding that the U.S. lift the economic, financial, and commercial blockade imposed on Cuba for over 60 years as well as sanctions imposed on other nations. They request the cessation of all manipulation and use of political and economic interests in the face of the current global health crisis, which have worsened and been made more apparent by the COVID-19 pandemic.

In Venezuela, the Evangelical Pentecostal Union of Venezuela reports how the U.S. Government chose the peak of the COVID-19 crisis to announce three different threats against Venezuela. First, the U.S. tightened economic sanctions. Second, U.S. Attorney General William Barr unsealed criminal charges of drug trafficking against the President of Venezuela, Nicolas Maduro. Third, the U.S. government announced the movement of navy warships toward Venezuela as its administration beefs up alleged counter-narcotics operations off the coast of Venezuela. These acts from the U.S. are weaponizing the health crisis against the people of Venezuela. This increases the violations of human rights and impacts the well-being of the most vulnerable. The U.N. and other international organizations have reported that economic sanctions imposed by the U.S. against Venezuela have undermined health and food service systems over the past few years.

Southern Asia

The Southern Asia region – comprising of Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, East Timor, India, Indonesia, Laos, Malaysia, Myanmar, Nepal, Pakistan, Singapore, Sri Lanka, Thailand, and Vietnam – is one of the most populous regions in the world. The majority of people living there eke out their living on daily wages, working mostly in agriculture, industry, small business, and tourism sectors. Even though this region is much sought-after by multinational corporations for the availability of cheap labor, it is widely acknowledged that over 400 million people live below the poverty level. It is also known for inadequate healthcare delivery systems. Some countries in the region, like India and Pakistan, spend billions of dollars to purchase weapons from the West, and very little on basic health care for their teeming millions. The region is also known for distinct social distances among people and communities based on religion, ethnicity, language, and caste, which determine all social, economic, and political dynamics. Although some of these countries have reported fewer deaths and confirmed cases of COVID-19, the robust trade, industry, labor movement, and tourism industries make the whole region vulnerable to the spread of the virus.

With the indefinite nature of lockdowns, most services and industries shut, and, with hardly any economic activity, millions of people have lost their sources of employment. They are now exposed to hunger and homelessness. Many of these countries will also face severe economic crises and social unrest during the coming months and years. Besides the impracticality of the solutions of physical distancing (stay and work from home, washing hands, using sanitizers, etc.) for many of those on the margins, the inhuman attitudes and practices of discrimination and deprivation based on language, ethnicity, religion, class, and caste, are also depriving them of health care and the distribution of relief supplies.

What further worsens their plight is the current pervasive trend of supremacist politics that thrive on hatred and division. The scapegoating of Muslim minorities and the police brutality against fleeing migrant workers in India are some examples. Activists who raise their voices against the treatment of migrant workers and their rights amidst the lockdowns are being harassed or arrested. To ensure that the virus is contained, governments are also turning more authoritarian and repressive. With the prolonged exercise of such power, the struggle for life with justice and dignity is likely to be set aside for the broader interests, as is being done now.

Middle East and Europe

With a large refugee and displaced population, the Middle East faces rapid spreading of COVID-19 among people with no place to isolate and with no reasonable access to health care. In Syria, more than half of the population is either displaced within the country or seeking refuge in neighboring countries or beyond due to Syria's 9-year war. Homes, towns, and cities are destroyed, so Syrians often do not have permanent accommodations. When they do, either with family or with other refugees in camps (formal or makeshift), population densities are unusually high, preventing their ability to practice physical distancing or isolation, which increases each person's susceptibility to contracting disease (COVID-19 and others). Often living in less-than-ideal conditions, with no heat and inadequate nutrition, people's immune systems are already compromised. They are unable to fight basic illness, let alone a pandemic. In addition, Syrians lack access to anything but basic health care.

For Palestinians living under Israeli occupation, the Coronavirus has compounded their isolation. Both the Israeli government and the Palestinian Authority have declared lockdowns, but these are two unequal powers with very unequal resources. The health care system in the West Bank is not equipped to handle a pandemic of this magnitude, and access to Israeli health care facilities—or even Palestinian clinics and hospitals in Jerusalem—is severely reduced during lockdown conditions. For 2 million Gazans, the Israeli blockade and containment is “normal” and is not being relaxed to allow the inflow of medicine and health needs or the outflow of sick people. More than a dozen cases of Coronavirus have been identified in Gaza, and it could spread very quickly and easily among the densely packed population.

Parallel to Israel's blockade of Gaza, international (especially U.S.) sanctions against Iran have prevented the country, which is an epicenter of the virus, from accessing cash and medical needs to fight the spread of the virus. Iran's population has experienced a high rate of COVID-19 with little ability to prepare for a health pandemic or treat massive numbers of needy patients. Lebanon, Jordan, and Egypt are also in lockdown, doing what they can to counter the appearance

of the virus. However, these countries are all dealing with economies that are already stretched thin, high levels of unemployment especially among the younger generations, and debt and dependence. Partners in Italy and Greece still work to respond to continuing refugee presence and influx, despite high incidences of the virus in those countries and heavy restrictions limiting their abilities to offer comfort and relief.

Conclusion

As the virus continues to spread and cause more deaths, numbers and statistics are likely to obscure the names and faces of people who succumb to infection, as well as of those whose lives will forever be broken by the impact both of the disease and official and popular responses to it. Even if we hold that the pandemic does not discriminate and that all are vulnerable, we must acknowledge that some are more vulnerable than others, both to being infected as well as affected by policies to contain the virus. The reports above reveal the everyday circumstances of people as they also unmask the forces that make them more vulnerable.

Lockdowns and other measures are certainly necessary to contain the spread. Still, these restrictions also violate the lives of many millions of people on multiple levels as they are displaced, continue to be unemployed, and are exposed to the virus as well as experience increased poverty and starvation. Even as world powers have been expecting, and in some places forcing, even the most poor to play their part in ensuring the safety of all, there has been little coordination to address the vulnerabilities of these marginalized communities. Faith and civic communities, and we as churches in particular, have a moral responsibility to call for the world to transform itself and, as we emerge from this pandemic, to use the opportunity to envision new ways of living together that protect and sustain everyone — not just those with power, privilege, and wealth.

We witness and celebrate the global church and our partners who are demonstrating care and compassion in this time of crisis. They are doing their best to respond to those who have been denied access to the most basic needs as a result of the pandemic, as well as those who exhibit the “preexisting conditions” of marginalization and oppression. The Christian Church (Disciples of Christ) and United Church of Christ, through Global Ministries, continue to accompany our partners, standing in solidarity with and supporting them in spirit and financially, particularly in this time of need. We have also received the prayers and encouragement of partners around the world who have taken note of the ways that the people of North America — particularly the most vulnerable and marginalized — have been affected. We are grateful for these enduring relationships and the mutual support and accompaniment that come with them.

These collaborative expressions to protect life for all inspire us not only to recommit to strive together toward a new world of justice and dignity for all but also to reclaim the vocation of our faith as a life-affirming force. This extremely unsettling COVID-19 moment, therefore, presents us an opportunity “to give an account for the hope that is in us through Christ.” (*1 Peter 3: 15*)