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**Religion and
Spirituality in a
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Religion and Spirituality in a Pandemic Era: An Evaluation of the Role of the Church during Covid-19 Pandemic

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Abstract

The fact that the Covid-19 pandemic, since its outbreak, has brought about changes in lifestyle and ways of relating with others is no understatement. Every facet of life has been touched by the unrelenting onslaught of this horrifying pandemic. Religion and spirituality have been no exceptions to this problem. While religious institutions, like most institutions, were taken unawares by the pandemic, the lessons to take home from the ugly phenomenon cannot be overemphasized. Employing the discursive analysis method, this paper evaluates the role of religion and faith during the Covid-19 pandemic. The study discovers that the Covid-19 pandemic demonstrated unambiguously that the issue of physical health which, sometimes, is not considered central to the teaching of the Church, is not tangential to the mission of the Church. Today, the Church realizes that medical issues can determine and define its pastoral and liturgical life. Therefore, among the core doctrines of the Church should be its healing ministry, especially medical ministry. The Church can no longer afford a dualistic concept of health which prioritizes spiritual healing to the neglect of physical healing. It is in this holistic attention to the sick and the suffering that the Church will remain true to its mission. Consequently, policymakers should not relegate the ministers of the Church and the services of the Church in a pandemic era as not belonging to the category of essential workers and services respectively.

Keywords: Covid-19, pandemic, faith, religion, healing, lockdown.

Introduction

Available literature has revealed a lot about different perspectives on the role of religion in society, including during the corona virus pandemic. Several writers have argued that religion plays a vital role during such global crises and can become a symbol of hope amid the ravages of this pandemic. However, Camillo (2020) wonders whether faith can go together with science and whether faith actors can think logically about the pandemic. He concluded, in fact, by saying, “Keep your religion to yourself and don’t mix it up with commonsense and science, especially in these difficult days when the whole world is in turmoil with COVID-19” (para. 5).

This paper seeks to shed light on two diametrically opposed perspectives about what religious institutions and beliefs can do in the current global pandemic, and how they matter for policy. On one side, the long history of pandemics demonstrates that religious factors are integral parts of the story every time, especially since religious traditions, beliefs and institutions play important roles in everyday life for the majority of people worldwide.

On the other side are skeptics who see faith as opposed to science, religious worldviews as separated from secular norms and religious literacy as a bias that distorts both data and anecdotes. Religion featured prominently in the early reporting on the corona virus pandemic, often in a negative light. Camillo (2020) noted, for instance, that in South Korea, Christian religious gatherings accounted for more than half the country's total cases (para. 7). A gathering of the Muslim missionary group, *Tablighi Jamaat*, which hosts hundreds of preachers at its headquarters in New Delhi, was linked to nearly 30% of known cases in India. Other *Tablighi* gatherings were tied to outbreaks in Malaysia and Pakistan (Camillo, 2020, para. 7). Clusters of infection elsewhere in the world have been linked to specific religious communities.

Yet at the same time, public health authorities and religious leaders were actively working together on effective responses to the pandemic. As the need to enforce physical distancing became central to public health, limiting religious gatherings emerged as an obvious need. It became increasingly clear that vastly diverse religious communities, like other segments of society, were adjusting, willingly or grudgingly, to the shocking disruptions the corona virus had wrought on virtually every facet of normal life. It also became apparent that religious leaders and faith groups had distinctive insights to share and practical roles to play. These developments raise several important questions. What contributions – positive and less so – are religious communities making during the pandemic? What lessons can we learn from past global health crises, and the current corona virus? How can policymakers better integrate religious voices in public health, as well as in the economic and social recovery to come?

An Overview of Covid-19 Pandemic and Its Spread

In whole of 2020, the Covid-19 pandemic represents a worldwide emergency. After the first pneumonia cases due to the SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) virus were diagnosed at the end of December 2019 in the Chinese city of Wuhan, the disease spread in many countries including Nigeria at varying rates and with different effects. As of April 20, 2020, the USA was the most affected country in the world in terms of contagions, followed by some European countries, such as Spain, Italy and France, which occupied the top three positions (Dickson et al., 2020, p. 1833). Considering the different populations of these areas, “Italy maintains the World ominous world record for the highest in case of fatality rate (13.3%) defined as the proportion of deaths from the disease compared to the total number of people diagnosed with that disease over a certain period of time” (Dickson et al., 2020, p. 1834). This created a predictable and preventable wave of contagions possibly from Lagos and Abuja (representing the industrial, economic and financial core of the country), to other areas. The lockdown rule was then soon adopted by almost all the states by their governors. Some state governors immediately ordered the quarantine of people who entered the state from elsewhere, but few attempts were made in that phase to check that this was actually done. Indeed, the pandemic took some weeks to arrive in most eastern part of the country, in some cases, even after the beginning of lockdown. In addition to all this, ambivalent messages were shared in the mass media earlier in the outbreak by various institutions and stakeholders, describing the current situation ranging from a situation under control to war images depicting police and the military as being used to enforce the Covid-19 precautionary measures in different places of the country. Discrepancies were observed, especially at local level, due to different actual applications of containment measures by states and municipalities, in addition to heterogeneous protocols in hospitalization and in swabbing suspected cases (Dickson et al., 2020, p. 1834). These contrasting and divergent communications were the origin of great confusion, especially because, as Dickson et al. (2020) noted, a virus is an “unobservable” risk, and the mechanism of defense are based on the observation of others’ behavior (Dickson, p. 1834). These features certainly contributed to the waste of precious time in the containment of the pandemic, and it is not surprising that people reacted chaotically to the various steps that led to the country-wide lockdown of Nigeria.

In the light of the above, there is no doubt that in order to study the outbreak of Covid-19, it is essential to consider both the temporal and spatial components of its spread. Due to the differences in the effects of the

disease and different moments chosen to impose lockdowns throughout Nigeria, there is now great interest in studying the effect of lockdown, restrictions, social distances and other precautionary measures on the spread of the disease. The sudden emergence of the virus has affected the entire world in an unprecedented manner. Based therefore on the growing rate of human to human transmission of the disease, causing severe respiratory disorder, the issue continues to gather momentum each day. Ajide and Alimi (2020) observed that “within the space of 6 months, over 7 million people have contacted the virus, causing the death of nearly 434,796 people, while about 4,272,909 recovered from the virus” (para. 6) The lack of available clinical vaccines to curtail the problem resulted in the adoption of lockdown measures. This lockdown move was commended and it became an inevitable option owing to both the anticipated and unanticipated consequences of the evolving virus. Lockdown has been referred to as an emergency response imposed by the government, mandating people to stay indoors in the event of an outbreak (Ajide & Alimi, 2020, para. 6). In the case of the current pandemic, the ultimate goal of a lockdown measure is to minimize the spread of the virus. The exercise entails the closure of all activities-based centers such as schools, hotels, clubs, public places of worship, markets, etc. In addition to this, directives such as social distancing, banning of gathering people more than twenty (20) in number, and compulsory use of the face masks, especially in public places were all forcefully enforced (Ajide & Alimi, 2020, para. 7).

Specific Features for the Spread of the Disease

The number of SARS-CoV-2 infections detected in Nigeria is a phenomenon which should be taken into account. The first is time dependent. The number of daily infections is time-dependent. Since the daily number of recorded infections is the result of a contagion mechanism, time dependence necessarily arises. Thus, we often hear the media announce the total number of infected people in a given time, and in the next five minutes the figure has escalated. Moreover, as Dickson et al. (2020) observed, the incubation period of Covid-19, which is estimated to last between 2.2 days and 11.5 days (p. 1836) further contributes to the temporal dependence in the time series of the observed number of daily infections.

The second feature to be considered is the spatial dependence which arises among neighboring provinces (Dickson et al., 2020, p. 1836). This form of dependence originates from the transmission of SARS-CoV-2 throughout Nigeria because of movements of people, mainly for business reasons. The high rate of urbanization and the high population density of several states in the country lead to high mobility of Nigerians between places where they live to other neighboring places, thus facilitating the spread of the virus throughout the country.

The third relevant feature is the heterogeneity amongst Nigerian states from geographical, economic and administrative points of view (Dickson et al., 2020, p. 1837). Differences in terms of population density and in the structure of the economy between the various parts of the country as well as between urban and rural areas directly affect the mobility of the population across various states and thus determine the intensity of the spatial dependence already mentioned. On the other hand, the partial ‘autonomy’ of state governments in managing the health emergency as well as the state based organization of the public health system, contributed to variations in capability and differing political resolutions in dealing promptly with the pandemic. It follows that both the degree of time dependence in the number of daily infections and the exposure to the risk of a pandemic (which would result in an increase/decrease in the number of daily infections), vary from state to state.

Religious Engagement during a Pandemic

A common error that policymakers fall into is seclusion of religious communities from the general public, as though they constitute a separate entity. On the contrary, religious communities are integral parts of societies, economies and polities. Cutting religious communities off from the society also obscures the complex and diverse nature of these communities, and how they relate to the state. The Vatican’s political, legal and cultural

positioning is, for instance, rather different from that of a small Buddhist temple in Thailand or a mosque in Nigeria.

Still, there are commonalities in the way the pandemic has affected them. Broadly speaking, it has interfered with four aspects of religious life, namely congregation, religious rites, pastoral care, and charitable work. All of these reveal how painful it can be when religion is left out of pandemic plans. However, they also demonstrate the creativity and generosity of religious leaders, who have worked to adapt to the circumstances, finding ways to practice faith and serve their communities even under restrictions. The high-profile religious gatherings which are common in different parts of the world quickly became ‘super-spreader’ events in the lore and realities around the corona virus pandemic. Non-religious gatherings, like sporting events and concerts, posed similar risks. So it made sense in terms of public health for authorities to move quickly to limit large gatherings. But congregation, of course, is a central part of the ethos of many religious communities. Efforts by public health officials to limit events like Easter celebrations and Passover Seders have led some adherents to see these measures as an imposition on their freedom of religion, thereby creating significant tension between the public and the state.

Nevertheless, only a minority of religious leaders seem to have completely rejected prohibitions on gatherings. Large majority of people support them. Around the world, individual places of worship: churches, mosques, temples, and popular pilgrimage sites have chosen to close in response to the pandemic. Officials in Saudi Arabia were urging Muslims worldwide to delay making plans to perform the *hajj*, the annual pilgrimage to Mecca that brings millions of foreigners to the land each year. Similarly, the Vatican was closed to the public. The image of Pope Francis speaking alone from the Vatican in an arena usually filled with thousands of worshipers underscored the serious measures religious leaders are taking to limit mass gatherings because of COVID-19. In order to reduce the need for congregation or physical gathering, religious leaders came up with innovative and creative options that have inspired their communities to accept and adapt to the new reality. Most people who attended religious services regularly in Nigeria and elsewhere did so through online observance. Some Christian communities hosted fellowship meetings over zoom, while some offered virtual baptisms and even weddings. Others found ways to adapt practice instead of simply moving them online. Experts on Jewish law have outlined adjustments to religious rituals, reducing, for instance, the number of people required to perform a Jewish marriage. Similarly, Islamic scholars called for at-home prayers during the holy month of Ramadan – a dramatic change from the typical communal prayers and meals to break the fast. Also, heeding to public health guidance to refrain from physical contact, religious institutions have adapted the omission of certain liturgical actions such as the sign of peace, a traditional Christian greeting, usually a handshake or an embrace during service, so that where physical gatherings are held, people do not need to touch to participate.

However, for some religious rituals and rites, it has been harder to adapt. The corona virus presents barriers to caring for the sick and to performing certain death and burial rites. These are core religious practices that are especially needed in a pandemic that has already claimed thousands of lives. There are little or no ready substitutes. Clerics found it difficult to give spiritual guidance to the sick, especially to those who are quarantined in hospitals. More importantly, after their loved ones suffered lonely deaths, families and communities in different parts of the world faced restrictions on traditional mourning rites. Many funerals, usually a time for communal fellowship in the face of loss, are conducted with few, if any people physically present. In fact, public health measures for safe burial practices have already clashed with traditional rites and what is considered proper and dignified respect for the dead. Camillo (2020) noted that authorities made cremation mandatory for deaths linked to corona virus in Sri Lanka. This is despite the fact that cremation is forbidden in Islam. Treating the dead with dignity, a concept inherently grounded in many religious and cultural traditions, has emerged during the pandemic as an essential priority for human rights. The pandemic also complicates Jewish and Muslim burial practices of washing and shrouding the body before burial, given concerns about the transmission of COVID-19.

The impact of the pandemic on religious groups is also felt beyond the spiritual realm, affecting the broader community that benefits from, or even relies on, religious charity. The importance of caring for the most vulnerable is deeply embedded in many traditions, and many religious communities provide essential social services like childcare and hunger relief. Closing a house of worship to prevent the spread of the corona virus can put the beneficiaries of these programs in serious danger. Indeed, the threat of COVID-19 is not as real for some people as the threat of hunger. While the existing charity networks struggle to carry out their activities in compliance with social distancing and sanitization regulations, the pandemic as well as people's needs were growing. Many religious leaders and faith-inspired organizations mobilized to respond to the impact of the pandemic on vulnerable communities, with volunteers and financial resources to meet the needs of the sick, the elderly and poor communities. People with disabilities were also being assisted. More importantly, religious groups help people find meaning and maintain hope in the face of threats and disrupted lives. When people are afraid and lonely, they seek comfort and explanations for their suffering, as well as glimpses of hope. Indeed, the faith of many people became stronger because of the pandemic. Indeed, people find comfort in knowing that they are enduring the current crisis together, and in their common vulnerability. Even as the pandemic highlights injustices and wrongs in society, people look to religious teachings for inspiration for the way forward.

A Historical Overview of Pandemics in Early Christian History

The Roman world, into which the Christian Faith was born, was one that knew the ravages of epidemics and pandemics (Sommer, 2007, p. ix). The Roman historian, Livy records that ancient Rome had experienced at least eleven incidents of pestilential disasters before Christianity came into the scene. The first recorded epidemic to hit the city at the beginning of the Christian era was in 65 A.D. A greater disaster swept through the entire Roman world between 160 A.D. and 180 A.D. This was the plague of Antoninus, since it broke out during the reign of Emperor Antoninus Pius. Inadvertently introduced to the Mediterranean basin by soldiers returning from military campaign in Mesopotamia, victims were afflicted with high fever, inflammation of the mouth and throat, parching thirst and diarrhea (McNeil, 2016, pp 1-2). However, many of its victims died before the outbreak appeared. This plague, which modern scholars asserted to be the "first instance of a smallpox epidemic," (Cartwright & Biddiss, 1991, p. 14) was indiscriminate in victimization.

By the end of 189 A.D., the plague ran its course and the Roman world enjoyed a break from epidemics and pandemics, a respite which ended in 251 A.D. with the outbreak of plague of Cyprian. It was named after Cyprianus Thascius (c.200-256), the African Bishop of Carthage whose treatise, *Mortality*, informed posterity about the ailment (Nwosuh, 2021, p. 2). The plague took the form of a pandemic, advancing with appalling speed not only by contact with infected persons but by means of contact with items used by the victims. Victims of the plague were afflicted with high fever, ulcerated sore throat, and violent diarrhea. St. Cyprian (1958) noted that the "intestines are shaken with a continual vomiting; the eyes are on fire with the affected blood; in some cases, the feet or some parts of the limbs are cut away by the infection of diseased putrefaction" (p. 210). At the height of the epidemic the city of Rome suffered a daily loss of about five thousand citizens. It caused greater fatality than previous pestilences and the deaths of the infected outnumbered those who survived the attack.

Then came the plague of Justinian, named after the Byzantine Empire of that time, Justine I (527-565 A.D.). It came on a scale which had not been seen for nearly four centuries. The plague first appeared in the historical records in 541 A.D. in Egypt. Within a very short period, it swept across Europe and the Near East, sparing no country or town or village but ravaged even the most remote settlements (Nwosuh, 2021, p. 4). It reached Constantinople in the spring of 542 A.D. where it claimed ten thousand lives in a single day and eventually claimed the lives of forty percent of the inhabitants of the city and a quarter of the entire Eastern Mediterranean population (Cartwright & Biddiss, 1991, p. 14). To the traumatized citizens of the empire, it seemed that the whole human race came near to being annihilated. By the middle of the 750 A.D., the invisible enemy dissipated its lethal virulence, having claimed between 25-50 million people over the centuries (Quinlan, 2020, p. 32). After about six hundred years, however, this plague made its second coming. It returned wearing the toga of "Black Death, Bubonic Plague, or the Great Mortality" (Nwosuh, 2021, p. 5). It was the most devastating plague

of all time; “the worst pandemic in history” and “the greatest natural disaster in human history” (Kelly, 2005, p. xii). This plague which was airborne was the greatest European catastrophe in history and it took two centuries for the world’s population to recover from its effect (Quinlan, 2020, p. 42).

Finally, there was the pandemic known in history as Spanish flu. The name is misleading as it has nothing to do with Spain but was first reported in an American military base in the state of Kansas, on March 4, 1918 (Nwosuh, 2021, p. 6). The flu quickly spread like wild fire. Within four months it travelled across the globe and so proved the verity of the cliché of the world being a *global village*. The influenza swept across the globe in two waves in 1918 and a third in 1919. Its grasp reached the remotest places on earth including Africa. By the time it vanished, sometimes in March 1920, it had “infected one in three people on earth or 500 million human beings” and had killed 50-100 million people worldwide (Spiney, 2007, p. 14).

Christian Approach to Pandemics

It would seem clear from the ongoing that the Christian faith was born and nurtured within pandemic times. Yet the faith had survived all the epidemiological disasters nature had thrown on her. What could be the secrets of her survival? The first is the way of prayer. This is born out of the popular belief that plagues and/or pandemics are “the wrath of God,” (Spinney, 2007, pp. 75-78). and terrible visitations by God in order to bring about penance and change of heart in wicked generations who had abandoned their creator. In the words of John Straford during the bubonic plague in London:

Terrible is God towards the sons of men, and by his command all things are subdued to the rule of his will. Those whom he loves he censures and chastises; that is, he punishes their shameful deeds in various ways during this mortal life so that they might not be condemned eternally. He often allows plagues, miserable famines, conflicts, wars and other forms of suffering to arise, and uses them to terrify and torment men and so drive out their sins. (Horrox, 1997, p. 113).

Therefore, it follows that an effective hope of averting the pandemic was to turn to God for help, backing up the appeal with contrition and penance. It is to “placate” God that Christians turn to him in prayer during in a time like this. Besides prayer and penance, Christian charity and benevolence form another religious response to pandemics. With the mindset of charity, Christians have over the centuries credibly distinguished themselves in times of plagues and disasters. For instance, during the plagues of Cyprian, Dionysius of Alexandria (c.200-265) informs us that contrary to pagan selfishness:

Most of our brothers 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 ever need and ministering to them in Christ, and with them departed this life serenely happy; for they were infected by others with disease, drawing on themselves the sickness of their neighbours and cheerfully accepting their pains. Many, in nursing and curing other, transferred their death to themselves and died in their stead. (Cited in Roberts & Donaldson, 1993, p. 108).

The courage and generosity of Christians at such times earned them praise and admirations even from their enemies. Through such charitable services the early Christians preached and converted some pagans.

Another approach employed by Christians is what Nwosuh (2021) identified as the rejection of *scapegoatism* (p. 12). In every era and society, the outbreak of a plague was universally regarded as an expression of divine vengeance for sins of humankind. Yet, there was also widespread belief that human agencies were involved in

its advent. Since it is human nature to blame one's misfortune on others, when pandemic struck, people looked for who to blame for the disaster. They looked for scapegoats which in most cases were always the "other." Christians were the scapegoats in third century Rome. The African Church Father, Tertullian, noted that:

Pagan Rome considered Christians to be the cause of every public disaster and of every misfortune which has befallen the people from earliest times. If the Tiber rises to the city walls, if the Nile does not rise to the fields, if the heavens give no rain...if there is an earthquake, if famine, if pestilence, immediately [the cry is]: 'Christians to the lion'! (Cited in Jurgens, 1970, p. 117).

Christians, thus, learned to condemn the scapegoating of others by those who when overwhelmed, frightened and badly hurt by forces totally beyond their control and understanding seek out those on whom they can be revenged. The rejection of the scapegoating of the vulnerable "other" is another Christian approach to pandemics. Rather than embrace *scapegoatism*, Christianity pursues knowledge and understanding as another stratagem to pandemics. Brodman (1998) rightly highlighted that Medicine is a gift of God to humanity thus, over the centuries Christian hospitals became places of succor and dedicated care for the sick, dying, and elderly. In times like this, the Church turned to the best minds of the day inquiring the cause, and remedy for, the pandemic. As Horrox rightly noted:

We must not overlook the fact that any pestilence proceeds from divine will, and our advice can therefore only be to return humbly to God. But this does not mean forsaking doctors. For the Most High created earthly medicine, and although God alone cures the sick, he also does so through medicine which he provided in his generosity. (Horrox, 1997, p. 163).

It follows that in pandemic times, must seek divine assistance through prayer and penance. They should march the prayers with works of charity, and simultaneously harness the gifts of medical science with which the Divine Healer himself had endowed humanity. There is also need for pastoral flexibility and adaptability. Life, in pandemic periods is far from normal. This ordinarily necessitates some form of adjustment, modification, and flexibility in the manner in which the faith is practiced. Defined doctrines are practically immutable but the same cannot be said of pastoral practice. As history and experience show, some pastoral practices of the Church have been affected by the advent of pandemics. For instance, during the bubonic, as the number of the sick increased and priests became less and less available for confessions, whether due to death or fear, the reigning pontiff granted a blanket absolution to the dying.

Then, when the city practically ran out of burial grounds, with nowhere to bury the dead, Pope Clement consecrated the river Rhone at Avignon, so that corpses flung into the river might be considered to have received Christian burial (Cartwright & Biddiss, 1991, p. 37). The Bishop of the diocese of Bath and Wells similarly reminded his flock that confession could, in an emergency, be made to a lay man, or even a woman. Some lines from his letter of January 10, 1349 read:

The contagious pestilence, which is now spreading everywhere, has left many parish churches and other benefices in our diocese without an incumbent, so that their inhabitants are bereft of a priest...You should...let it be known that all those who confess their sins to a lay person in an emergency, and then recover, should confess the same again to their own parish priest. In the absence of a priest, the sacrament of the Eucharist may be administered by a deacon. If, however, no priest is available to administer the sacrament of extreme unction then, as in other

matters, faith must suffice for the sacrament. (Cited in Horrox, 1997, pp. 271-273).

What we consider to be the pastoral approach to pandemics is simply the ability to adjust to the realities in which she finds herself.

The Past as Prologue

The ecclesial experience of the Covid-19 pandemic has given rise to some fundamental questions the Church must deal with in order to prepare adequately for similar occurrences in the future. For instance, does the Church have solid doctrinal basis from which it could come up with a comprehensive approach to pandemics? If the past is prologue, the Covid-19 generation has a lot to learn from the Church's experience of past pandemics. In times past, Christianity has approached or confronted pandemics with the tools of prayer, charitable actions, medical science, rejection of *scapegoatism* and pastoral pragmatism. These tools are as valid today as they have been in the past. The Covid-19 pandemic happened in a society that was largely Christian, just as was the plague of Justinian and the bubonic plague. Yet, on both occasions history recorded conducts that only rivaled the selfishness that was in pagan Rome. There was the familiar story of flight and abandonment, of people dying without any mark of affection, piety or charity (Nwosuh, 2021, p. 11). When the Covid-19 hit the world, some bolted and barred the doors of their houses, refusing to open them even to their closest friends and relatives lest the disease should slip in along with them. One citizen avoided another in many places, hardly any neighbor troubled about others. Relatives hardly ever visited each other. Moreover, such terror was stuck into the hearts of men and women by this calamity, that brother abandoned brother, and the uncle his nephew, and the sister her brother, and very often the wife her husband. What is even worse and nearly incredible is that some fathers and mothers refused to see and tend their children, as if they had not been theirs. Thus, the misery caused by plague, compounded by the natural instinct for self-preservation, caused man to abandon the law of God. The temptation to flight, abandonment, and neglect were found also among the clergy and religious. This, however, was not the whole story. Not everyone embraced the selfish lifestyle. There were members of the society, who, moved by Christian charity acted compassionately, courageously and selflessly. At great personal risks these individuals, sometimes coming together as pious guilds, societies, and associations, tended the sick, nurtured the dying, and buried the dead. For ever priest who abandoned his post; refusing to hear confessions, failed to attend to the spiritual needs of his suffering parishioners, there were priests administering the sacraments cautiously and caring for and comforting the dying. So while some, owing to fear for their own safety abandoned their flocks like hirelings, others literally remained and died at their posts. In pandemic times, we must seek divine assistance through prayer and penance and march the prayers with works of charity. We must not forget that God himself is the creator of earthly medicine, and although God alone cures the sick, he also does so through medicine which he provided in his generosity. Thus, in addition to prayer and charity, we should simultaneously harness the gifts of medical science with which the Divine Healer himself had endowed humanity. Christians should also reject the scapegoating of any vulnerable minority group, and be pastorally flexible in times of pandemic. These are lessons from the past which we cannot afford to ignore.

The Urgency of a Systematic Doctrinal Approach

While the Church must respond to the exigencies of human history, it must also be faithful to its spouse, Christ, at all times even during pandemics and other human disasters. Some of the confusion and the consequent resistance by some Catholics against some hasty liturgical changes and directives such as staying away from Eucharistic celebration, especially during the paschal period, and against some peripheral ones like receiving communion in the hand, show that there is need for a systematic doctrinal approach in order to catechize the people properly for the future.

For the fact that the people were never prepared doctrinally for Church's life during pandemics, many Catholics, especially in Nigeria, interpreted the Church's pandemic measures as a betrayal of the Church's mission and essence. Therefore, "as the Church reflects on the practical and procedural measures it needs to take to better

prepare itself to deal with this pandemic and similar future events, there is need to update its doctrine by incorporating the insights it gained during this pandemic” (Mbam, 2021, p. 36). It follows that whatever post-pandemic reforms the Church is going to make must have a solid, doctrinal basis that can be distilled into catechesis for the faithful.

To be sure, the Church’s post-pandemic pastoral, liturgical, and theological reforms should draw its principles from the approaches already discussed above. It should also draw from the Church’s core doctrines, for the Church as a human-divine institution needs to ensure that whatever changes it makes must be in accordance with the deposit of faith which is the normative core of the Church’s life and practice. This is consistent with Vatican II, when it insists that if the Church is going to dialogue with, and minister more effectively to the modern world then, she needs to constantly renew or update herself without abandoning her essential or constitutive beliefs and practices (Walter, 1966, pp. 712-715).

Pandemics, The Church, and Healing Ministry

The Covid-19 pandemic has demonstrated that the issue of physical health which, sometimes, is not considered central to the Church’s teaching, is central to the Church’s mission. It is now more obvious that medical issues can determine and define the pastoral and liturgical life of the Church (Mbam, 2001, p. 37). Therefore, the healing ministry of the Church, especially medical ministry, should be among its core areas of attention. The Church can no longer afford a dualistic concept of health which prioritizes spiritual healing to the neglect of physical healing. It is the injunction of Christ that his followers must care for the sick (Mt. 25:36). Therefore, the Church cannot be true to its mission if it neglects the pastoral responsibility to the sick and the suffering. Thus, the post-pandemic Church should give more serious consideration to the healing ministry, especially physical sickness. Although the theology of healing is part of the curriculum of many seminaries around the world including Nigeria, the element of dealing with pandemics has not been emphasized. The Church should therefore prioritize its healing theology in a way that healing ministers, with appropriate training and medical equipment (like personal protective equipment), can minister in situations of pandemic. A crucial point to note in the Church’s prioritizing of healing ministry is the need to reject a myopic understanding of healing which focuses exclusively on instantaneous miraculous cures (Stinton, 2004, p. 77). The Church’s theology of healing should articulate a holistic concept of healing that encompasses the totality of the Church’s care for the sick which includes charismatic healing, sacramental healing, and healing through the Church’s health institutions such as hospitals.

Hence, in addition to caring for the sick through her ministers of the sacraments and charismatic healers (both clergy and lay), history shows that the Church continued Jesus’ healing ministry through the health institutions it founded and the health personnel who, strengthened by their faith and the examples of Jesus Christ the healer, used their medical knowledge to cure the sick. Another aspect of the Church’s healing ministry that should be integrated into other dimensions of healing in the face of pandemic is that of counseling. An undeniable consequence of the covid-19 pandemic is that it created enormous anxiety, depression, loneliness, fear, faith crisis even for those who were not infected (Mbam, 2021, p. 39).

As Mbam (2021) rightly noted, the quarantine that forced family members to share a small space for a long time sometimes led to marital and family crises (pp. 39-40). Some also lost loved ones without being able to be there with them at their last moments (for whatever reasons). There was also a sense of powerlessness and resignation as scientists repeatedly acknowledged their inability in the face of the pandemic. The Catechism of the Catholic Church (# 1500-1501) rightly remarks that the experience of limitation, powerlessness, and finitude which illness brings can lead one to anguish, despair, and even revolt against God. Therefore, it is not enough to televise the Mass or broadcast homilies. There should be a proper pastoral program of counseling to deal with the human encounters during pandemics. There should also be possibility of clinical psychological therapy where referral is necessary. For the sick need more than food and medicine; they also need attention, love and

support. Indeed, policymakers should realize that, in time of pandemics, the ministers of the Church and the services of the Church belong to the category of essential workers and services respectively.

Conclusion

Let the history of how the Christian past responded to pandemics be for us a prologue. In time past, Christianity has confronted pandemics with the tools of prayer, charitable actions, medical science, rejection of *scapegoatism*, and pastoral flexibility. These tools are as valid today as they have been in the past. Let it be noted especially that faith in Christ is not an alternative to taking proper medical procedures or precautionary measures. In order to catechize the people properly for the future, there is need for a systematic doctrinal approach.

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