

Public health crises can lead to religious scapegoating

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WACO—Public health crises such as COVID-19—in which people may feel powerless and receive conflicting information—can lead to a flare-up of unsafe religious sentiments, says Baylor University epidemiologist Jeff Levin.

Levin cites past persecution of religious and ethnic minorities who were blamed unfairly for spreading disease.

While some possibly unreliable projections about COVID-19 are being spread, containment and common sense are key, Levin said.

In addition, research shows maintaining one's spiritual life can help people remain strong in the face of health challenges and encourage them to reach out to help others.

Levin is University Professor of Epidemiology and Population Health, director of the Program on Religion and Population Health in Baylor University's Institute for Studies of Religion and adjunct professor of psychiatry and behavioral sciences at Duke University School of Medicine.

He recently lectured at Duke about the COVID-19 outbreak, on infectious disease pandemics in general and on religious dimensions of the present crisis. In this Q&A, he speaks about these issues.

What do you feel is the most important message that needs to get out about the coronavirus outbreak?



Jeff Levin

There are still folks out there saying, “Ah, this is nothing” or “It’s all hype.” I’m not that guy. This is very serious. Still, I believe that some misinformation is getting out there that’s scaring people, and that’s not a helpful thing.

I have some concerns about how the facts and nuances of this outbreak have been communicated to the public. In the past few weeks, the news and internet and social media have been inundated with some very alarming projections, some of which in my opinion may be off perhaps by an order of magnitude. This is due in part to mistaken calculations being made by people, including M.D.s who don’t understand the parameters of disease transmission or the concepts that epidemiologists use to track outbreaks.

This also includes some government officials who are miscommunicating issues regarding risk, pathogenesis and prognosis, and this information is then being picked up by the media and projected out to the general public.

Suddenly, even laypeople are throwing around very technical epidemiologic jargon—exposure, infectivity, case fatality, herd immunity, transmission, incubation period, flattening the curve—without knowing exactly what these words mean or how they’re used, and some faulty messages are getting out. There’s a pressing need for responsible public voices who can help separate the signal from the noise, but those voices seem to be scarce.

But regardless, whatever the projections are—good, bad or ugly—so much hinges on containment. If we manage that properly, such as through all the good advice we’ve been given about social distancing, washing our hands, disinfecting surfaces and so on, we’ll get through this with minimal—a relative term—casualties. If we ignore this advice, things can go south in a hurry. It only takes one clinical case getting loose in the community to create a secondary outbreak. Noncompliance can easily create an army of “Typhoid Marys” in communities across the country.

In any outbreak due to any pathogenic agent, such as the SARS-CoV-2 virus, there are things we can do, one, to break the chain of transmission and, two, to minimize the damage to ourselves. There’s a public health response and a personal response. The public health effort is focused on how to limit exposure and transmission, which is exactly what needs to happen. There are policies that we should follow as far as our own behavior and social interactions and as far as the environment we live in where the virus is circulating. We’ve all become familiar with what these things are.

But there’s the other side of the coin. In epidemiologic terms, exposure does not imply infectivity. Not everyone who is exposed to the virus will become infected. Infectivity in turn does not imply pathogenicity. Not everyone who is infected, who receives a positive test, will become a clinical case, will become sick.

And finally, not everyone who comes down with COVID-19 and manifests signs and symptoms of disease will have a virulent enough case that will require intensive medical care or hospitalization, and only a minority of those will lose their life. Most, we believe, will recover just fine.

So, the folks who are at risk of a very serious outcome are a subset of a subset of a subset of folks who are exposed to the virus. The problem right now is that we don’t have a definitive grasp on these percentages. So, we all need to do everything that we can, not just to limit exposure and

transmission, but to strengthen ourselves to withstand the natural course of infection and disease. Epidemiologists call this “host resistance.”

What can we do to strengthen our resistance to the infection and the disease? How does faith figure into this?

We know from decades of research that so many things that we can do in our daily lives can help us to withstand and recover from illness. We can eat right—avoid junk food and overeating and consuming toxins. We should avoid smoking and abusing alcohol; we need to get enough sleep and manage our stress; we need to get some exercise and fresh air. We all know all of this, but in difficult times, it’s easy to fall into inaction and depression, which itself can depress the immune system and impair our ability to stay healthy or to recover.

One of the important things that we can do, and decades of research support this, is to maintain continuity in our spiritual life. Studies show that people with a strong ongoing faith commitment can marshal an ability to remain resilient and deal with stress and even have better medical outcomes.

There is a longstanding research literature on the physical and mental health benefits of hope and optimism and positive attitudes, including in the context of one’s spiritual life, and including due to the tangible and emotional support that faith and being a part of faith communities give us. Faith matters.

But this isn’t a magic bullet, and I want to be careful about overstating things. Folks who expect that by being a diligent Christian or Jew, believing in God, going to religious services—in person or online—showing strong faith, studying Scriptures regularly, that by doing all this somehow a pathogenic agent won’t enter their body or won’t cause signs or symptoms of disease—I think they’re laboring under some false expectations. They’re

asking belief or faith to do things that are very difficult for me to envision. Maybe that's just the scientist in me talking, although I too am a person of faith.

On the other hand, our faith can indeed be part of keeping us strong and helping us to recover. But we ought to combine expressions of faith with careful efforts to limit our exposure and contain the outbreak, and to wisely seek medical care if we start to not feel well. The Bible encourages us with verses like "put on the full armor of God," but at the same time if you stand out in the pouring rain, you can't sanely expect not to get rained on.

Will this outbreak lead to a resurgence of religious belief? Are there examples of this from history?

Yes, there are, but not necessarily in a positive way. Times of crisis like this, especially when people feel powerless and are receiving conflicting information, can lead to a dangerous flare-up of unwholesome religious sentiments, including [scapegoating](#).

Look at the Black Plague of the 14th century. From a third to over one half of Europe perished, and the one constant in every country affected by the epidemic, besides the millions of bodies piling up, was a consistent and organized effort to massacre Jews, who were blamed for the disease.

Lest we think those days are behind us, look at how we responded to the brief Ebola crisis in the U.S. in 2014, which ramped up hatred toward Mexican immigrants. Or consider the present outbreak, and the terrible animosity directed at Asian Americans.



Four Horsemen of the Apocalypse—Pestilence, War, Famine and Death—are portrayed in an 1887 painting by Viktor Vasnetsov.

We aren't immune to this kind of behavior, especially when we feel a sense of dread or hopelessness or a sense that our prayers to God have failed and that we are receiving a divine chastisement or punishment. It's easy then to lash out and try to identify a "demonic" source for our travail and try to seek vengeance.

There is also precedent for waves of apocalypticism, fear that the end of the world is nigh. We saw this during the 1918 influenza pandemic, and it gave rise to much of the end-times thinking that persists to the present day.

So, faith can sustain us, even benefit us physiologically, but it can also embitter us and make us do evil or drive us to become obsessed or crazy.

Are there other more positive ways faith or spirituality come into play here?

Sure, I can think of a few. There's a bioethical dimension. Our faith traditions remind us of our obligations to others, especially those in grave need who lack the requisite material or social resources to care for themselves.

This outbreak is a social-justice teaching moment for us as a society, and along with the medical and public health dimensions, there are profound

lessons in moral theology to learn and act on. Will we slip into a xenophobic fear-based response, self-absorbed with our own personal needs, or will we use this time, this enforced vacation for so many of us, to reach out to those in need?

I have strong opinions about this. We have been given an opportunity to be selfless and act lovingly toward others, to represent the best of what faith has to offer. Or we can choose to reinforce the most selfish and hateful and ungodly aspects of what humans are capable of. This is a choice facing every one of us.

There's also a pastoral dimension here. Each of us, not just clergy or healthcare chaplains or pastoral counselors, has a role to play in offering consolation and reassurance to our fellow brothers and sisters.

And also real, tangible assistance. Our family is Jewish, and we're reminded in Exodus that we've been called to be "a nation of priests." I think the same can be said for all of us, in our respective communities.

We can also be thought of as a nation, or a community, of pastors. And in that role, there is much for us to do. We can be a source of accurate information to counter the insidious memes circulating on social media. We can organize our neighbors and fellow congregants to provide help to people and families who need it. We can become leaders in our faith communities to help maintain study, prayer and worship activities while we are unable to attend church or synagogue. We can love and support those who are suffering and remind them of God's love for us.

These messages matter. Maybe it's not realistic to expect them to cause a virus to not take hold or to become less virulent, but they can strengthen our ability to recover from this outbreak, both individually and as a community of people.