

# Voices: COVID-19 and the concern of chronic disease in the church

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Church leaders face a tremendous challenge to operate safely during the COVID-19 pandemic, which is complicated by the prevalence of individuals in their congregations at [higher risk](#) of serious illness, hospitalizations and death from COVID-19. In particular, that group includes older adults and/or those with underlying chronic disease, including diabetes, obesity, high blood pressure, heart disease, kidney disease and COPD.

For more information about these risk factors, click [here](#).

In a recent report from the Centers for Disease Control and Prevention, researchers found COVID-19 patients who reported underlying chronic diseases, highlighted by cardiovascular disease and diabetes, had [six and 12 times higher risk of hospitalizations and death](#), respectively, compared to patients with no underlying health conditions.

While much of the attention is focused on the many logistical questions to help ensure safety and health during the pandemic, an inadvertent spotlight also has been shone on theological concerns related to chronic disease and the church—specifically, whether the pursuit of lifestyles that increase the risk of death from preventable, chronic disease are compatible with a Christian worldview.

## Chronic disease in the church

Currently, seven of the [10 leading causes of death](#) in the United States are

from chronic diseases largely preventable with [three key lifestyle behaviors](#): (1) a healthy diet, (2) not smoking tobacco and (3) adequate physical activity.

A poor diet is now the leading risk factor for premature death, surpassing smoking, and alone accounts for [one out of five deaths](#). Yet, estimates suggest [only 5 percent of U.S. adults](#) maintain all three behaviors, alongside a healthy body weight.

Chronic disease is so prevalent—even in the church—largely as a result of lifestyles dominated by unhealthy eating and too little physical activity—what traditionally has been referred to as gluttony and sloth. While seemingly medieval sins of the past, the evidence tells a different story. These sins still are [a major concern for the church today](#).

If we are honest, many churches are not the healthiest environments and do little to foster healthy lifestyles. It is not uncommon for Christian churches—[especially in the South](#)—to host religious events offering high-fat, high-sugar and processed foods, snacks and desserts for adults, [youth and children](#), with little to no healthy options, support, guidance or qualms.

As one pastor friend of mine confessed, “My flock is dying, and they are doing it to themselves.”

Yet, over a decade of research has highlighted [the clergy’s own health crisis](#), including disproportionate chronic disease risks, which could greatly impact [health promotion within the church](#).

There are [clear exceptions](#), including individual churches and even certain denominations that proclaim the purposeful pursuit of unhealthy lifestyles as incompatible with the Christian worldview.

So, how does the church respond to these concerns? How can the church be a part of the solution, instead of the problem? To help answer these

questions, it might be helpful to see how the church eventually responded to the realization it was fostering cigarette smoking.

## Smoking in the church

A friend in her 90s told me of her childhood pastor who smoked while he preached. At the time, smoking was the norm. Christians smoked during worship services, swiftly flicking fallen ashes away from their brittle Bible pages.

As a kid in the 1980s, I remember churchgoers, deacons and elders stepping onto the front steps of our small, rural Baptist church immediately following the service for a much-needed drag.

By the 1960s, smoking was at its peak in the United States. Despite the scientific evidence against it, smoking was commonplace in television and movies. Advertisements included famous actors, politicians and even doctors who endorsed smoking. Even Fred Flintstone and Santa Claus were seen smoking.

People smoked at home, in restaurants, in department stores, in their cars and at church. The church culture simply rode along with the current of secular culture.

Nearly 20 years after the 1964 Surgeon General's report legitimizing the negative consequences of smoking, the faith-based [community began to latch on](#) to the idea smoking was not only harmful, but counter to their religious beliefs.

By 1984, when rates of [smokers in the church](#) still were similar to those outside the church, the Southern Baptist Convention finally garnered the scientific consensus on tobacco to make several strong [anti-smoking resolutions](#)—motivated by the biblical teaching that the body is the temple

of the Holy Spirit to be honored and protected, not defiled and destroyed.

## The church's response

The church's response to tobacco smoking was a hard line drawn in the sand for defense of a Christian worldview. By weathering the challenging storms that followed, it became a public health game changer.

At the time of the SBC's resolutions in the mid-1980s, its more than 14 million members likely provided a substantial, yet often overlooked contribution to the national decline in smoking witnessed in the years following.

Over time, we learn certain behaviors are bad for us and counter to our worldview—even behaviors we enjoy or have adopted as familiar and routine. Today, with the scientific consensus on the deadly harms of lifestyles dominated by unhealthy eating and physical inactivity, how will we respond? How should we as Christians respond?

Which is more compatible with the Christian worldview: a healthy lifestyle that adds years to life and life to years or a lifestyle that risks taking that life away?

Our fleshly nature will fight back. We might feel our individual liberty is being infringed upon, but is not the freedom of the saint freedom *from* sin rather than freedom *to* sin?

The apostle Paul reminded the church in Galatia that their freedom was not to be used as an opportunity for the flesh (Galatians 5:13). He also taught the church in Corinth, who fought to maintain their old lifestyles under the claim of freedom, that there must be some common sense (1 Corinthians 6:12; 10:23). Despite our freedom, not all things are helpful and benefit us or others. Some things harm us or others, and some things control us.

The COVID-19 pandemic has provided us with another opportunity to draw a line in the sand against unhealthy eating and physical inactivity. I hope we in the church can use new awareness of chronic disease as an opportunity to reevaluate our own 'theology in health,' consider our contribution to health and wellness in our churches and communities, and engage in thoughtful discussion about how to live better.

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