

# Global pandemic and universal brotherhood: note on the Covid-19 emergency

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Pontifical Academy for Life

All humanity is being put to the test. The Covid-19 pandemic puts us in a situation of unprecedented, dramatic and global difficulty whose power to destabilize the plans we have for our lives is growing day by day. The pervasiveness of this threat calls into question aspects of our way of life that we have been taking for granted. We are living painfully a paradox that we would have never imagined: to survive the disease we must isolate ourselves from each other, but if we were ever to learn to live isolated from one another, we would quickly realize how essential for our lives is life with others.

In the very middle of our technological and managerial euphoria, we have found ourselves socially and technically unprepared for the spread of this contagion: it has been difficult for us to recognize and admit its impact. And now, we are rushing to limit its spread. But if we consider the existential destabilization that it is causing, we see similar unpreparedness—not to say a certain resistance—with respect to the recognition of our physical, cultural and political vulnerability in the face of the phenomenon. This destabilization is beyond the reach of science and of the technology of therapeutic devices. It would be unfair—and a mistake—to attribute the responsibility for this situation to scientists and technicians. At the same time, it is certainly true that greater depth of vision and the input that comes from more responsible reflection about the meaning and values of humanism has the same urgency as research on pharmaceuticals and vaccines. And not only that. Realizing this profundity and responsibility creates a context of cohesion and unity, of alliance and brotherhood, by reason of our shared humanity which, far from suppressing the contributions of men and women of science and government, greatly supports them and reaffirms their roles. Their dedication—to which is already owing the deserved and heartfelt gratitude of all—will certainly come through this time strengthened and appreciated.

In this context, the Pontifical Academy for Life, which by its institutional mandate promotes and supports the alliance between science and ethics in a search for the best possible humanism, wishes to contribute its own reflections. Its intent is to locate certain elements of this situation within a renewed spirit that must nourish social relations and care for the person. The exceptional situation that today challenges the brotherhood of the *humana communitas* must finally transform itself into an occasion for this spirit of humanism to influence institutional culture at a regular pace: within individual peoples, and in the harmonious bonds between peoples.

## Solidarity in vulnerability and in limitations.

First, the pandemic highlights with unexpected harshness the precariousness that radically characterizes our human condition. In some regions of the world, this precariousness in individual and community existence is a daily experience due to poverty that does not allow everyone access to care, even if it is available, or to food in sufficient quantities, even if not lacking worldwide. In other parts of the world, the number of areas of uncertainty has been progressively reduced through advances in science and technology, to the point where we deceive ourselves by thinking that we are invulnerable or that we can find a technical solution for everything. Yet, however much effort we make, it has not been possible to control the pandemic that is underway, even in the most economically and technologically developed societies, where it has overwhelmed the capabilities of laboratories and health care facilities. Our optimistic projections about our scientific and technological capabilities have perhaps allowed us to imagine that we would be able to prevent the spread of a global epidemic of this magnitude, so much so that its possibility seemed increasingly remote. We have to recognize that this is not the case. And today we are even encouraged to think that, together with the extraordinary resources of protection and care that our progress produces, there are also side effects that show the weakness of our systems and we have not been vigilant enough with respect to them.

In any case, it is painfully obvious that we are not masters of our own fate. And science as well is showing its limitations. We already knew this: the conclusions of science are always partial, whether because it focuses—for convenience or for substantive reasons—on certain aspects of reality and leaves out others, or by reason of the nature of scientific theories, which are temporary in any case and subject to revision. But in the uncertainty that we have experienced in dealing with the Covid-19 virus, we have perceived with new clarity the gradualness and complexity that are part of scientific knowledge, which has its special requirements with respect to methodology and validation. Precariousness and the limits of our understanding also appear as global, real and shared; there are no real arguments that allow some civilizations or entities to consider themselves sovereign,

better than others and able to isolate themselves when convenient. Now, we are close enough to “touch” our interconnectedness. Indeed, we are more interconnected by our exposure to vulnerability than by the efficiency of our tools. Contagion spreads very quickly from one country to another; what happens to one person becomes decisive for everyone. This situation makes more immediately evident what we knew but did not adequately internalize: for better or worse, the consequences of our actions always fall on others as well as on ourselves. There are no individual acts without social consequences. This applies to each individual, and to each community, society and population center. Reckless or foolish behavior, which seemingly affects only ourselves, becomes a threat to all who are exposed to the risk of contagion, perhaps without even affecting the actor. In this way we learn how everyone’s safety depends on everyone else’s.

The outbreak of epidemics is certainly a constant in human history. But we cannot hide the characteristics of today’s threat, which shows that it can adapt its pervasiveness to our current way of life very well and can circumvent protective measures. With our efficient and wide-ranging transportation and delivery network, we must be aware of the effects of our development models, which exploit hitherto inviolate forest areas where microorganisms unknown to the human immune system are found. We will probably find a solution to what is attacking us now. We will have to do so, however, with the knowledge that this type of threat is gathering long-term systemic potential.

Secondly, it will be better to address the problem with the best scientific and organizational resources that we have, avoiding ideological emphasis on the model of a society that equates salvation with health. Rather than being considered a defeat for science and technology—which must surely always excite us because of its progress, but at the same time it must make us humbly live with its limits—disease and death are a deep wound to our dearest and deepest affections, but it cannot however impose on us the abandonment of the rightness of those affections and the breakdown of affective bonds. Not even when we have to accept our inability to fulfill the love those affections and bonds contain within themselves. Even though our life is always mortal, we have the hope that such is not the case with the mystery of love in which life resides.

### **From de facto interconnection to chosen solidarity**

Never have we been called on to become aware of the reciprocity that is at the basis of our life as much as we have during this terrible emergency. Realizing that every life is a life in common, together we make up life, and life comes from “the other.” The resources of a community that refuses to consider human life as only a biological fact are a precious commodity which also accompanies, responsibly, all the other activities necessary for care. Perhaps we have thoughtlessly wasted this patrimony, whose value makes a difference in times like these, and have seriously undervalued the relational goods that it is able to share and distribute when emotional bonds and community spirit are sorely tried, precisely by our need for the very necessities that protect biological life.

Two rather crude ways of thinking that nevertheless have apparently become commonplace and reference points when we speak of freedom and rights tend to be brought up in discussions today. The first is, “My freedom ends where the other’s begins.” This formula, already dangerously ambiguous, is inadequate to the real understanding of experience, and not by accident is it affirmed by those who are in fact in a position of strength: our freedoms are always intertwined and overlapped, for better or for worse. Rather, we must learn to render our freedoms collaborative for the common good, to overcome the tendencies, which an epidemic can nourish, to see in the other an “infectious” threat from which to distance ourselves, an enemy from which to protect oneself. The second is, “My life depends solely on me.”—No, it doesn’t. We are part of humanity and humanity is part of us. We must accept this dependency and appreciate the responsibility that makes us participants and protagonists in it. There is no right that does not have a resultant corresponding duty: the coexistence of those who are free and equal is an exquisitely ethical question, not a technical one.

We are therefore called to recognize, with new and deep emotion, that we are entrusted to each other. Never as much as today has the caring relationship presented itself as the fundamental paradigm for human coexistence. The change from de facto interdependence to chosen solidarity is not an automatic transformation. But already we have various signs of a shift toward responsible actions and fraternal behavior. We see this with particular clarity in the commitment of health care personnel who generously devote all their energy, sometimes even at the risk of their own life or health, to alleviating the suffering of the sick. Their professionalism extends well beyond the confines of contractual obligations, thus testifying that work is above all an area of expression, of meaning and of values, not just “transactions” or “merchandise” to be exchanged for a price. But the same goes for researchers and scientists who put their skills at the service of others. Commitment to the sharing of forces and information has made possible the rapid establishment of cooperation among research center

networks on experimental protocols to establish the safety and efficacy of pharmaceuticals.

As well, we must not forget all those other women and men who every day choose positively and courageously to guard and nourish brotherhood. It is the mothers and fathers of families, the elderly and the youth; it is the persons who, even in objectively difficult situations, continue to do their work honestly and conscientiously; it is the thousands of volunteers who have not stopped serving; it is the leaders of religious communities who continue to serve those entrusted to their care, even at the cost of their lives, as has been revealed by the stories of so many priests who have died of Covid-19.

Politically, the current situation urges us to take a broad view. In international relations (and in the relations among the Members of the European Union) it is a short-sighted and illusory logic that seeks to give answers in terms of "national interests." Without effective cooperation and effective coordination, which addresses the inevitable political, commercial, ideological and relational resistances firmly, viruses do not stop. Of course, these are very serious and burdensome decisions: we need an open vision and choices that do not always satisfy the immediate desires of individual populations. But given the markedly global current dynamic, our responses, to be effective, cannot be limited to what happens within one's own borders.

### **Science, medicine and politics: the social link is put to the test**

Political decisions will certainly have to take scientific data into account, but they cannot not be limited to those factors. Allowing human phenomena to be interpreted solely on the basis of the categories of empirical sciences would mean producing answers on only a technical level. That would end in a logic that considers biological processes as the determinants of political choices, according to that dangerous path that bio-politics has taught us about. Nor is it respectful of the differences among cultures to understand them in a single technical-scientific way: the different connotations ascribed to health, disease, death and health care systems can constitute richness for all.

Instead, we need an alliance between science and humanism, which must be integrated and not separated from, or worse, set against each other. An emergency like that of Covid-19 is overcome with, above all, the antibodies of solidarity. Technical and clinical means of containment must be integrated into a broad and deep search for the common good, which will have to resist a tendency to direct benefits toward privileged persons and a neglect of vulnerable persons according to citizenship, income, politics or age.

This applies as well to all the choices made pursuant to a "care policy," including those more closely connected with clinical practice. The emergency conditions in which many countries are finding themselves can lead to forcing doctors into dramatic and painful decisions, with respect to rationing limited resources not available to everyone at the same time. In such cases, after having done at an organization level everything possible to avoid rationing, it should always be borne in mind that decisions cannot be based on differences in the value of a human life and the dignity of every person, which are always equal and priceless. The decision concerns rather the use of treatments in the best possible way on the basis of the needs of the patient, that is, the severity of his or her disease and need for care, and the evaluation of the clinical benefits that treatment can produce, based on his or her prognosis. Age cannot be considered the only, and automatic, criterion governing choice. Doing so could lead to a discriminatory attitude toward the elderly and the very weak. In any case, it is necessary to formulate criteria, agreed upon as much as possible and based on solid arguments, to avoid arbitrariness or improvisation in emergency situations, as disaster medicine has taught us. Of course, it bears repeating: rationing must be the last option. The search for treatments that are equivalent to the extent possible, the sharing of resources, and the transfer of patients, are alternatives that must be carefully considered, within a framework of justice. Under adverse conditions, creativity has also furnished solutions to specific needs, such as the use of the same ventilator for multiple patients. In any case, we must never abandon the sick person, even when there are no more treatments available: palliative care, pain management and personal accompaniment are never to be omitted.

Even in terms of public health, the experience we are going through presents us with a serious test, even if it is one that can only be carried out in the future, in less troubled times. In question is the balance between a preventive approach and a therapeutic approach, between treatment of an individual and the collective dimension (given the close correlation between health and personal rights, and public health). These are questions based on a deeper concern about the goals that medicine can set for itself, considering overall the role of health in social life with all its dimensions, such as education and care for the environment. One can glimpse the fruitfulness of a global bioethical perspective, which takes into account the multiplicity of interests at stake and the global scope of problems that is greater than an individualistic and reductive view of the issues of human life, health and care.

The risk of a global epidemic requires, in the context of responsibility, the introduction of global coordination in health care systems. Be aware that the strength of the process is determined by its weakest link, in terms of speed of diagnosis, rapidity of reaction and proportionate containment measures, adequate structures, systems for record keeping and ability to share information and data. It is necessary that the authorities who can deal with emergencies comprehensively, make decisions, and orchestrate communications, can also be relied upon as reference points to avoid the communication storms that have broken out (“infodemia”), with their inexact data and the fragmentary reports.

### **The obligation to protect the weak: Gospel faith put to the test**

In this scenario, particular attention should be paid to those who are most fragile, and we are thinking especially of the elderly and people with special needs. All other things being equal, the lethality of an epidemic varies in relation to the situation of the affected countries—and within each country—in terms of available resources, the quality and organization of the health care system, living conditions of the population, the ability to know and understand the characteristics of the phenomenon and to interpret information. There will be more deaths where already in everyday life people are not guaranteed simple basic health care.

This last consideration, too, on the greater negativity faced by the most fragile, urges us to pay a great deal of attention to how we talk about God’s action in this historical crisis. We cannot interpret the sufferings that humanity is going through according to the crude scheme that establishes a correspondence between “lèse-majesté” against the divine and a “sacred reprisal” undertaken by God. The mere fact that in such a scenario the weakest would suffer, precisely those whom He cares for the most and with whom He identifies (Mt 25:40-45) forestalls this possibility. Listening to Scripture and the fulfillment of the promise that Jesus accomplishes shows that being on the side of life, just as God commands us, is made real through gestures of humanity for “the other.” Gestures that, as we have seen, are not lacking in these days.

Every form of solicitude, every expression of benevolence is a victory of the Resurrected Jesus. Witness to this is the responsibility of Christians. Always and for everyone. At this juncture, for example, we cannot forget the other calamities that affect the most fragile, such as refugees and immigrants, or those peoples who continue to be plagued by conflict, war and hunger.

### **Intercessory prayer**

Where evangelical closeness meets a physical limit or hostile opposition, intercession—founded in the Crucifix—retains its unstoppable and decisive power, even should people seem not to live up to God’s blessing (Es 32: 9-13). This cry of intercession from the people of believers is the place where we can come to terms with the tragic mystery of death, fear of which is part of all our stories today. In the cross of Christ, it becomes possible to think of human existence as a great passage: the shell of our existence is like a chrysalis waiting for the liberation of the butterfly. The whole of creation, says St. Paul, is living “the pains of childbirth.”

It is in this light that we must understand the meaning of prayer. As an intercession for everyone and for all those who are in suffering—and Jesus has brought them as well into solidarity with us—and as a moment in which to learn from Him the way to live suffering as an expression of trust in the Father. It is this dialogue with God that becomes a font that enables us to trust men as well. From here we gain the inner strength to exercise all our responsibility and make ourselves open to conversion, according to what reality makes us understand about how a more human coexistence is possible in our world. We remember the words of the Bishop of Bergamo, one of the most affected cities in Italy, Bishop Francesco Beschi: “Our prayers are not magic formulas. Faith in God does not magically solve our problems, rather it gives us an inner strength to exercise that commitment that one and all, in different ways, are called to live, especially those who are called to contain and overcome this evil.”

Even someone who does not share the profession of this faith can in any case draw from the witness of this universal brotherhood insights that point toward the best part of the human condition. Humanity that, for the sake of life as an unwaveringly common good, does not abandon the field in which human beings love and toil together earns the gratitude of all and the respect of God.