Epidemics, Pandemics, and Plagues: How the Church Responded throughout History, and Implications for Churches in Battling the Covid-19 Pandemic

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Abstract

The recent outbreak of the Covid-19 pandemic has resulted in massive disruption of the 'normal' in every area of life. Apart from creating fear, confusion, and uncertainty, the pandemic has led to a new way of life in society and the church. How can Christians live out their biblical mandate of ministering to the church and the world based on such a background? Over the last 2000 years, there has been a repeated emergence of plagues and pandemics of devastating nature. In these different eras, Christians (and corporately as the church) responded to plagues in ways that can offer insight to the modern church. The paper employs a case study method to examine how the church responded to selected epidemics and plagues throughout history. The exploration looks at the following selected plagues: the Antonine Plague (AD 165), the Plague of Cyprian (AD 250-270), the Plague of Justinian (AD 541 and 750), the Black Death (from AD 1348 and 1500s), the Third Pandemic (AD 1855-1959), and Ebola (AD 1976-2017). The study highlights practical considerations for contemporary churches as they battle with the Covid-19 pandemic.

Keywords: Pandemics, Plagues, Covid-19, Church History, Christian Response.

Introduction

The outbreak of the Covid-19 pandemic has immensely impacted the world, causing disruptions in every sphere of life. It has led to economic losses, job losses, and socio-cultural readjustments. But at the same time, it has led to new opportunities and the need to rethink new working, living, and worship ways. In all these dynamics, the church is also affected. Governments have had to stop in-person public gatherings as a containment

measure against the spread of the novel coronavirus. Thus, churches have had to rethink their worship styles, church practices and traditions, ways of conducting pastoral care and navigating to online church services. Again, during this Covid-19 pandemic period, the church has faced increasing welfare needs in the congregation and neighborhoods as occasioned by tough economic times.

These challenges appear unprecedented in the modern context, but historically, the church has faced many devastating epidemics, plagues, and pandemics. Thus, exploring the church's response to some selected epidemics across history can provide insight into the church's engagement with the new coronavirus outbreak. Undoubtedly, when transferring lessons from the past to the present context, there are apparent historical gaps and technological advancements; hence, the study will appropriate the insights and lessons from history into the modern context.

History documents numerous plagues, pestilences, epidemics, and pandemics, but this study deals with some notable outbreaks. It looks at two plagues during Early Christianity (before AD 500), then the first three pandemics, and finally one of the twentieth-century pandemics. Precisely, these selected pandemics are the Antonine Plague (AD 165), the Plague of Cyprian (AD 250-270), the Plague of Justinian (AD 541 and 750), the Black Death (from AD 1348 and 1500s), the Third Pandemic (AD 1855-1959), and Ebola (AD 1976-2017). Procedurally, the study, first, gives a brief description of the six plagues detailing their symptoms, mode of transmission, mortality rate, and an explanation of the consequences of the pandemics. The second part of the study highlights the responses of pagans, philosophers, physicians, and Christians. In addition, the section interrogates the motivation of Christian actions and reactions. The third section of the paper discusses the relevance of the insights from history in light of the novel coronavirus. Finally, the paper summarizes the insights from history for modern churches as they deal with the Covid-19 pandemic. In the discussion, plague and disease are used interchangeably.

Review of Selected Plagues History

I. The Antonine Plague (AD 165-189)

In AD 165, an outbreak of plague struck the Roman Empire and reoccurred for the next twenty-four years, causing devastation and many deaths. The plague is named after Emperor Marcus Aurelius Antoninus, who ruled between 161 and 180; who later succumbed to the disease (Stark 2014, 113). Galen, the physician of antiquity and medical

writer, described the symptoms of this disease as raging fever, stomach upsets, diarrhea, rash and skin ulcers, and occasional cough (Byrne 2008, 536). Based on these scanty descriptions, modern medical experts infer, with consensus, that this was the first case of smallpox (Reff 2005, 46). Additionally, eyewitnesses such as Galen and the historian Cassius Dio (c. 163-229) testify that the contagious plague spread to both ancient cities and villages and occasioned a widespread famine (Bagnall and Frier 1994, 174). It is worth noting that this plague broke out when the Roman Empire was experiencing both political and military assaults from the Parthian Empire in the east and from Germans to the north (Aberth 2011, 77).

As a new disease, the populace had no inherited or acquired previous immunity. Thus, the disease killed a lot of people. It is conservatively estimated that during the first three years of the plague, between 3.5 million and 5 million people died, at the rate of two thousand people a day in Rome (Reff 2005, 47). Cumulatively, it is approximated that "probably as much as a quarter to a third of the entire population died" (McNeill 1989, 103), with the mortality rate of the Antonine Plague ranging between 7 to 10 percent (Byrne 2008, 536).

Responses to the Crisis

During the Antonine plague, the authorities intervened but minimally in terms of preserving lives, "Authorities took measures to ensure that the proper burials of the disease's casualties, erecting statues as plague memorials to honor victims among the nobility and paying for the burial of common people" (Byrne 2008, 536). The underwhelming response by the authorities is because disease spread rapidly. Notably, during this period, there were no established healthcare systems as we understand today. As a result, prominent medical professionals of the time, like Galen, in fear or helplessness, fled for their lives and only returned to Rome when the plague had disappeared (Stark 2014, 113).

II. The Plague of Cyprian (AD 250-270)

Yet again, another deadly plague hit the city of Rome during the mid-third century. The pandemic is named after Bishop Cyprian (of Carthage), who offered a detailed first-hand account of the disease. According to Cyprian, the manifest symptoms of the disease are diarrhea, continual vomiting, raging fever, bloody eyes, loss of limbs due to putrefaction, enfeebled gait, and in some cases, obstructed hearing darkened sight (Roberts et al. 1990,

825). Modern scholars have identified the chronicled clinical symptoms of the disease with measles (Byrne 2008, 537).

The Cyprian plague struck at a time when the Roman Empire was experiencing a myriad of other challenges. Reff quotes an ancient Roman historian named Zosimus, "With war thus pressing heavily on the empire from all sides, a plague afflicted cities, and villages and destroyed whatever was left of mankind; no plague in previous times wrought such destruction of human life" (Reff 2005, 48). In addition, such a breakout posed a public health nightmare in ancient cities. Rodney Stark paints a grim picture of ancient cities, "Greco-Roman cities were small, extremely crowded, filthy beyond imagining, disorderly, filled with strangers, and afflicted with frequent catastrophes—fires, plagues, conquests, and earthquakes (Stark 2006, 25). With an already poor state of sanitation, the ancient population became even more susceptible to diverse forms of danger, including deadly plagues.

Reportedly, at the height of the epidemic, five thousand people died in a day in Rome alone (McNeil 1989, 104). Although, some historians have discounted this claim as a "rhetorical exaggeration" (Byrne 2008, 537). Those in this group argue that the extreme political, social, and military turmoil of this period makes it hard to quantify the fatalities of the Cyprian plague. All in all, this pandemic was lethal and claimed lives in thousands.

Responses to the Crisis

During the epidemic, the attitude and reaction of Christians are clearly illustrated and documented in a long letter written by Bishop Dionysius of Alexandria. Here is an excerpt,

> Most of our brother-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 every need and ministering to them in Christ, and with them departed this life serenely happy; for they were infected by others with the disease, drawing on themselves the sickness of their neighbors and cheerfully accepting their pains. Many, in nursing and curing others, transferred their death to themselves and died in their stead… (Williamson and Louth 1989, 310).

It is worth noting that just before this outbreak, Christians had faced fierce persecution (Decian persecution), war, and famine that ravaged a large part of the Roman Empire. However, as the Alexandrian Bishop recorded, they overflowed with compansion and generosity in service to the other.

During this period, ecclesiastical authors and leaders like Bishop Cyprian exhorted Christians to express faith, endurance, joy, courage, and strength, despite the prevalent state of weakness, misfortune, and adversity; he pointed to believers an opportunity, through the plague, to perfect ones faith and eschatological hope (Roberts et al. 1990, 825).

Conversely, the heathen responded differently. The pagan response is contrasted in the same letter by Bishop Dionysius of Alexandria,

> The heathen behaved in the very opposite way. At first onset of the disease, they pushed the sufferers away and fled from their dearest, throwing them into the roads before they were dead and treating unburied corpses as dirt, hoping thereby to avert the spread and contagion of the fatal disease; but do what they might, they found it difficult to escape (Williamson, and Louth 1989, 311).

Many people fled for their lives, leaving behind the helpless sick. Sadly, this breakout was not the last that ravaged the ancient world.

III. The Plague of Justinian (AD 541 and 750)

In the autumn of AD 541, during the reign of the Roman Emperor Justinian I (527-565), a Byzantine emperor, a rapidly spreading plague struck the Mediterranean world. The disease is named after the emperor who himself contracted the disease but later recovered. The plague regularly erupted for the next 200 years (Martin 2007, 133-134), in 18 waves, an average of 11.6 years (Byrne 2008, 532).

Historically, Justinian Plague has been documented as the first pandemic. Reportedly, the disease started in Egypt before spreading to other parts of the world through trade routes and military incursions. Procopius, who offers an eyewitness account, presents the symptoms as fever, vomiting of blood, swellings mainly in the groin area, inside the armpit, beside the ears, or on thighs; and in some cases, black pustules (Byrne 2008, 533). The descriptions reveal that this was a case of bubonic plague. The estimated overall loss of life worldwide stood at 20- 30 percent of the pre-plague population (Byrne 2008, 532).

Responses to the Crisis

Typically, during disease outbreaks, people respond differently. For example, during the Plague of Justinian, both the authorities, physicians, and commoners fled for their dear lives (Byrne 2008, 534). Unfortunately, they could not offer any help since they did not understand the nature of the disease and how to contain it.

Conversely, the religious leaders came up with religious responses by organizing litanies, fasts, prayers, and processions; in AD 590 under Pope Gregory the Great (c. 540-

604), a sevenfold litany that allegedly brought the scourge to a halt was organized (Byrne 2008, 535).

IV. The Black Death (AD 1346 and 1500s)

During the late Medieval period, another lethal pandemic broke out, spreading aggressively to both cities and villages, both near and far. The Black Death or the Great Pestilence is believed to have started in Central Asia in the early 1330s before spreading to other parts of the world (Martin 2007, 22). This pandemic is considered the second pandemic after the Plague of Justinian.

Symptomatically, the Black Death was "a mixture of bubonic, septicaemic and pneumonic plague" (Martin 2007, 17). Reportedly, the bubonic element caused swelling of lymph nodes in the groins and underarms. The extremely painful buboes (boils) came with other symptoms like "high fever, vomiting, extreme headaches, giddiness, intolerance to light, pains in the abdomen, back and limbs, sleeplessness, and acute diarrhoea" (Martin 2007, 20-21). The pneumonic or pulmonary aspects of the plague affected the lungs, thus resulting in coughing of blood and difficulty in breathing, while the septicemia plague infected the bloodstream (Martin 2007, 20-21). The name "Black Death" came from the resultant color of the scars on the affected areas (Emmeluth 2010, 12).

The pandemic was highly lethal. It is narrated that within five years of the outbreak, "more than 13 million people had died in China, and, in Europe, the disease may have killed 3 out of every 4 people infected. The plague continued over the next 300 years, killing between 20 and 30 million people in Europe" (Emmeluth 2010, 12). Martin estimates that "Between 1347-1352 one-third of the population of Europe [50 Million] was wiped out. The death toll in Asia and the Middle East was probably of a similar magnitude" (Martin 2007, 111).

When the Black Death pandemic broke out and experienced community transmission, not much could be done. The situation was like a river that had burst its banks. It spread swiftly. Imposed quarantine measures, immigration controls, banning social gatherings, among other preventive measures, came too late; and doctors were overwhelmed. Moreover, contact with the sick worsened the situation by increasing transmission and casualties (Martin 2007, 38).

Responses to the Crisis

The response to the pandemic was diverse. First, in Italy, where catastrophes had preceded the disease, it was interpreted as God's wrath upon a faithless and sinful people; (Martin 2007, 34-35). Second, some resigned to fate and resorted to carefree living, indulging themselves in drinking and debauchery in total disregard to the looming danger (Martin 2007, 39). Third, some fled from the cities, looking for refuge in distant villages hoping that God's wrath would not pursue them (Martin 2007, 40). Doctors fled for their lives (Martin 2007, 46). Fourth, many people abandoned their own as infections soared,

> Whatever the course of action people took, many died. Citizen avoided citizen, neighbors lost all feeling for each other, families met only rarely; so afraid were people of this disease, that brother forsook brother, nephew uncle, brother sister, and often husbands their wives; what's more, scarcely believable, is that parents abandoned their children, and left them to fate, as if they had belonged to strangers. The huge numbers of sick had no choice but to rely on the charity of what few friends they had left, or servants, who demanded high wages for their care (Martin 2007, 40).

During the Black Death crisis, the people quickly adjusted to the new norm. They had to. Traditional funeral rites involving priests and the church were dropped (Martin 2007, 41). Death was everywhere, huge trenches were dug to bury the dead, and the people were moved more by fear of contamination than by charity (Martin 2007, 41). It is sadly noted that "the whole city was sepulcher" (Martin 2007, 41). The dire situation forced people to readjust their social customs and every domain of life.

How did the church respond? During this time, Pope Clement VI made it easy for the laity to receive the sacrament of absolution, but himself retreated to his chambers concluding that he was of more use to his flock alive than dead, also thinking that it was not a good idea having a leaderless church during the dark period (Martin 2007, 55-56).

Some priests paid the ultimate price in the line of duty as they found themselves in a tricky position, "The duties of priests necessarily entailed dealing with the sick and they, along with doctors, proved to be the two professions with the highest mortality rates. Despite this, priests in many areas were unpopular, as they were seen agents of a church that could not stop the plague" (Martin 2007, 56). In Germany, for example, at least 35% of the higher clergy died during the Black Death because they appeared at the deathbed to administer the last sacraments and hear confessions (Martin 2007, 66).

Once again, in AD 1527, the Black Death plague broke out, and Martin Luther provided a balanced perspective on his response write-up "*Whether One May Flee from a Deadly Plague*." According to the reformer, there is a need to apply wisdom and divine

guidance on whether to remain or flee during a calamity. The person who remains where death rages to serve his neighbor should trust God for sustenance and safety; while the person who runs for his safety should remember that danger and calamity is present everywhere hence the need to continue to trust in God's protection (Pelikan 1999, 119-38). Luther also warns that one should not put their safety above that of a neighbor; also, a Christian is bound to remain and offer help to the suffering if there are no other sources of intervention.

V. The Third Pandemic (AD 1855-1959)

In 1855, the third pandemic broke out in China's Yunnan province, although some cases were sighted earlier. The spread of the disease outside China was primarily aided by refugees fleeing the Dungan Revolt (Martin 2007, 123). By the time the pandemic moved out of the epicenter in 1894, the disease had killed 100 000 people in just two months (Martin 2007, 124). The disease gradually moved to other parts of the world in the following decades with sporadic outbreaks.

In 1894, Alexander Yersin identified the causative agent of the bubonic plague as a bacterium; and was named after him as *Yersinia pestis* (Emmeluth 2010, 14). This scientific breakthrough paved the way for the discovery of a vaccine against the pathogen.

Reportedly, the last major breakout occurred in Peru and Argentina in 1945, but it was not until 1959 that the World Health Organization declared the Third Pandemic officially over (Martin 2007, 125-126). The third pandemic plague is now endemic in central and east Asia, Africa, and North and South America. It is still on the watch-list as a major public health hazard, and the World Health Organization (WHO) requires immediate notification on national and international outbreaks (Byrne 2008, 514).

Compared to the Black Death, the third pandemic was slower and less fatal, "The overall mortality rates of the Black Death were also far higher than those of the Third Pandemic. Generally, they are thought to have been in the 30-40% range, only getting as high as 50% in exceptional cases in places such as Florence and Siena; mortality rates during the Third Pandemic, however, were only around 3%" (Martin 2007, 127).

VI. Ebola Virus

One of the late twentieth-century deadly disease outbreaks was the Ebola virus. Ebola is a hemorrhagic fever virus (HFV) belonging to the same category as the Lassa fever virus, Hantavirus, Rift Valley Fever, Marburg viruses, Yellow fever, and Dengue fever (Byrne

2008, 241). The origin of the Ebola virus is still unknown, but hemorrhagic fever strikes characterize the disease,

> Once infected with any of these viruses, the victim soon suffers profuse breaks in small blood vessels, causing blood to ooze from the skin, mouth, and rectum. Internally, blood flows into the pleural cavity where the lungs are located, into the pericardial cavity surrounding the heart, into the abdomen, and into organs like the liver, kidneys, heart, spleen, and lungs. Eventually, this uncontrollable bleeding causes prostration and death (Oldstone 1998, 119).

The Ebola virus, an endemic in Africa, was first reported on human beings in 1976 in northern Zaire (now the Democratic Republic of Congo- DRC) and in Sudan. The fatality rate was so high because 88 percent of the victims died of the disease (Oldstone 1998, 130). The mortality rate for the Sudan epidemic was 53% (Byrne 2008, 245). The disease repeatedly occurred in 1995 and 1996, with another case confirmed in February 1996 in Gabon, West Africa (Oldstone 1998, 122). Again in 2014-2016, there was an Ebola outbreak. The pandemic started in Guinea (in West Africa) before moving to Liberia. Over the next two years, it spread to Mali, Nigeria, Senegal, and then out of Africa to Italy, Spain, the United Kingdom, and the United States (Hempel 2018, 203). It is documented that there were "28,616 cases in the 2014-16 epidemic and 11,310 deaths across the world, Average case fatality is around 50 percent" (Hempel 2018, 194). There was a small outbreak in DRC in 2017 with 50 percent mortality, but it was immediately contained (Hempel 2018, 204).

It remains unknown how the index case/ patient zero catches the virus. However, we know that the Ebola virus transmission primarily happens when there is contact between human beings and the host species (a rodent or arthropod). Secondarily, an infection can occur from person to person via direct contact with infected blood or other bodily fluids (Byrne 2008, 242). In DRC, the infections were rapid because of the people's social customs, including handling the dead and sharing beds in hospitals (Oldstone 1998, 122). Also, there was a high stigma that people feared coming to the cities.

One of the Orthodox Church missionary who lived through the 2014 outbreak in Sierra Leone penned a response to calls for him to flee the disease-stricken area,

> For the present time God has placed me here in West Africa. As the shepherd of the flock in Sierra Leone, it is my duty to stay with them, to care for them, to instruct them, to console them, to guide them, and to protect them from an evil that kills without pity. Furthermore, our Lord Jesus Christ instructs the Christian shepherd not to abandon the sheep when danger comes (AdamoPoulos 2014).

The missionary emulated the teachings and the example of the Good Shepherd, Jesus Christ, who does not abandon his sheep in the hour of need (Jn 10:11–13).

Consequences Brought by Epidemics

Most of the epidemics surveyed occurred in the context of other existing challenges. For instance, to Christians, the Cyprian plague happened just after the fierce Decian persecution against Christians. The Black Death erupted during a time when there was widespread famine, floods, warfare and invasions, economic recession, political upheavals, and deeply divided nations (Martin 2007, 34). These existing challenges, in turn, accentuated the impact of these pandemics. Below are a few outcomes of pandemics; the challenges also highlight opportunities for Christians to minister to the needy world.

First, the plagues and pandemics surveyed above brought humanitarian crises and loss of life. Apart from the health crisis, there were other challenges like famine and chronic malnourishment because of the decline in food production (Reff 2005, 53). Despite the differing fatality levels, people from all walks of life suffered, and populations were decimated (Reff 2005, 52). Therefore, intervening measures during pandemics should address the humanitarian crises and how the dead can be given a dignified send-off.

Second, epidemics impairs societal establishments. It undermines "the structure and functioning of communities" (Reff 2005, 38). The normal way in which a society is ordered is shattered in cases of pandemic breakouts. Inevitably, it brings new realities and new ways of living. For instance, the Plague of Justinian (AD 541 and 750), where 20- 30 percent of the population perished, labor became sparse and more expensive, plenty of land available, shortages of human power, and decimated military (Byrne 2008, 532). Intervening measures, in such situations, should focus on providing an alternative support system and new ways of living.

Third, pandemics provide opportunities for service and witness. Human needs and vulnerability amidst loss offer the opportunity to address human needs holistically- mentally, socially, economically, and spiritually. This includes giving people hope in hopeless times. The section below shows how, historically, various groups addressed these and other natural challenges occasioned by plagues and pandemics.

Responses During Times of Plagues and Pandemics

I. Responses by Pagans, Philosophers, and Physicians

Historians have noted that the pagan world, during early Christianity, naturally responded to plagues and pandemics with flight. When a plague struck a city, heathens and priests who served at the pagan temples fled for their lives. Stark argues that within the pagan religious system, there was no motivation to respond with philanthropy in times of adversity; "…there was no belief that the gods cared about human affairs. It was thought that they sometimes could be 'bribed' to grant wishes, but the idea of a merciful or caring God was utterly alien" (Stark 2014, 113). Since there was no religious incentive or motivation from the ancient deities and religion, heathens felt no obligation to act mercifully. In the Roman world, there were shrines to the Roman God of health, Asclepius; however, neither Greco-Roman medicine nor Asclepius nor other Roman deities provided help in dealing with pandemics (Reff 2005, 67).

Similarly, the ancient philosophers did not respond with kindness when epidemics struck in the ancient world. To the philosophers, "mercy was regarded as a character defect and pity as a pathological emotion: because mercy involves providing *unearned* help or relief, it is contrary to justice" (Stark 2014, 111). Therefore, they never made any effort to alleviate suffering.

Further, medical practitioners did not offer any help during ancient pandemics. Here, we should avoid the anachronism error because physicians working in modern specialized and developed healthcare systems cannot be compared with their counterparts in the ancient world. During pandemics, ancient medics were unable to do much. As earlier mentioned, during the Antonine plague, Galen, the famous classical physician, fled from the looming health crisis in Rome to the countryside until the plague was over (Stark 2014, 113). Comparatively, how did Christians respond to these pandemics? The following section addresses this question and the motivation behind their response.

II. Response by Christians

During periods of plagues and pandemics, the Christian response was distinctive in many ways. First, Christianity offered a belief system that offered an alternative understanding of sickness, misfortune, and suffering. Reff remarks,

> Christian theologians and preachers took the previously ambivalent and often faceless *daemons* of pagan belief and gave them a new valence: Satan and his cohort were identified and exposed as the efficient cause of both psychological and physical disorder. By exorcising demons and disease, and

> by bestowing this power on his apostles and later clerics, Jesus provided a means by which late antique peoples could wage war upon Satan (Reff 2005, 67).

Christian explanation of evil, pain, suffering, and diseases traces the origin of evil as emanating from the fallenness of humankind, with Satan being the source, as opposed to God. At the same time, it promises believers in Christ the power to overcome evil. This worldview was quite liberating, "The Christian redefinition of misfortune lifted the burden of guilt from the shoulders of people, and at the same time, through exorcism and baptism, empowered the individual against Satan, who became the cause of disease and death" (Reff 2005, 68). The Christian message transformed the way people viewed and construed pain, suffering, and diseases. Evil and diseases are the enemy's works in a fallen world, and God has acted decisively through Christ to defeat these evil powers both now and eschatologically.

Second, during Early Christianity, the church had existing structures to support the needy and vulnerable in society. For instance, a Christian community in Rome supported over 1500 widows and poor persons with no discrimination (Dodds 1990, 27). In the east, "the church of Antioch supported three thousand widows and virgins, besides strangers and sick. Legacies for the poor became common, and it was not infrequent for men and women who desired to live a life of especial sanctity, and especially for priests who attained the episcopacy, as a first act, to bestow their properties in charity" (Roberts et al. 1990, 1004). Additionally, during the Nicene Period, hostels were founded as refuges for travelers; in AD 350, Ephraem Syrus founded the first Christian hospital, and later, St. Basil emulated his example and established one for lepers (Roberts et al. 1990, 1004).

Third, Christians addressed the humanitarian needs occasioned by pandemics. The church created "a miniature welfare state in an empire which for the most part lacked social services" (Stark 2006, 28). The church rolled out "social welfare programs" (Reff 2005, 38). Christians took care of the sick and showed compassion to the needy in society. They expressed courage and care, risking their lives to save the sick and give the dying a dignified send-off. Stark notes that "In the midst of the squalor, misery, illness, and anonymity of ancient cities, Christianity provided an island of mercy and security. Foremost was the Christian duty to alleviate want and suffering" (Stark 2014, 111). These acts of mercy to all people irrespective of class, condition, and status endeared many to the Christian faith (Reff 2005, 75).

Christian philanthropy to the needy did not go unrecognized as it benefitted both believers and unbelievers. Emperor Julian (who reigned AD 361-363), in a letter to a priest

of the Roman state religion, acknowledges the unbiased generosity and compassion of Christians. But he also expresses a concern, "I think that when the poor happened to be neglected and overlooked by the priests, the impious Galileans observed this and devoted themselves to benevolence… [They]support not only their poor, but ours as well, everyone can see that our people lack aid from us" (Stark 2006, 28). Emperor Julian went ahead and challenged the priests of the Roman state religion to match the philanthropy and acts of kindness of Christians (referred to as Galileans). However, Stark notes that the challenge was a tall order and demanded too much from the heathens,

> But his challenge to the temples to match Christian benevolence asked the impossible. Paganism was utterly incapable of generating the commitment needed to motivate such behaviour. Not only were many of its gods and goddesses of dubious character, but they offered nothing that could motivate humans to go beyond self-interested acts of propitiation (Stark 2006, 28).

Within the pagan belief system, there was no incentive from the gods to do good works; the worshippers could only proudly display their wealth and social status and host a feast in honor of the emperor. As we shall note below, the Christian responsibility and motivation to offer help during times of epidemics were rooted in the character of God, the example of Jesus, the biblical mandate, and doctrinal foundations.

III. Christian's Motivation to Do Good

The Old Testament reveals God's character as good. He acts with goodness, kindness, and generosity to his people (Ps. 73:1). By implication, believers are instructed to live out these values in the world. Again, God has revealed himself as love (John 3:16; 1John. 4:8); by implication, God's people are supposed to express this love. Thus the basis for doing the ministries of mercy is on the character of a good, loving, and compassionate God. Believers are to imitate God's character in their dealings with others.

In the New Testament, the example of Jesus and the early church carries weighty significance. At the onset of his ministry, Jesus spelled out his holistic ministry, "The Spirit of the Lord is on me because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favor" (Luke 4:18; a quotation from Isaiah 61:1-2- NIV here and thereafter). Like the parable of the Good Samaritan, the teachings of Jesus portray him meeting people's physical and spiritual needs; He met the needs of all (Lk 4:40). Apart from proclaiming the good news of salvation from sin, Jesus

healed the sick, cast out demons, fed the hungry, embraced the alienated, comforted the bereaved, and even resurrected the dead.

In several instances, Jesus modeled servanthood to his disciples as a replica pattern for their future ministry. He washed the feet of his disciples (Jn 13:4-15), challenged long-held ethnic prejudices (Jn 4), and claimed that he had come to serve and to give his life as a ransom for many (Mark 10:45). Jesus demonstrated to his disciples that they have a unique ministry to the world. He instructed them to do good and expect a reward not from men but from God; "But love your enemies, do good to them, and lend to them without expecting to get anything back. Then your reward will be great, and you will be sons of the Most High because he is king to the ungrateful and wicked. Be merciful, just as your Father is merciful" (Luke 6:35-36). Further, Jesus taught that the acts of charity done to the least is done to him; "For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me…. whatever you did for one of the least of these brothers of mine, you did for me" (Matt 25:35, 40).

The early church followed the pattern established by their Master by doing holistic ministry. They evangelized and cared for the physical needs of their audiences as a demonstration of their faith. They addressed the physical needs among them as well as those not of the household of faith. (Acts 2:44-45; 11:29-30; 2 Cor 8:4; James 2:15-17; 1 John 3:17). These acts of charity elevated the Christian faith. Stark rightly attributes the growth of Christianity to this distinctive approach to human needs,

> The power of Christianity lay not in its promise of otherworldly compensations for suffering in this life, as has so often been proposed. No, the crucial change that took place in the third century was the rapidly spreading awareness of a faith that delivered potent antidotes to life's miseries here and now! The truly revolutionary aspect of Christianity lay in moral imperatives such as '*Love one's neighbour as oneself," 'Do unto others as you would have them do unto you,' 'It is more blessed to give than to receive,'* and *'When you did it to the least of my brethren, you did it unto me.'* These were not just slogans. Members did nurse the sick, even during epidemics; they did support orphans, widows, the elderly, and the poor; they did concern themselves with a lot of slaves (Stark 2006, 28).

It cannot be overemphasized that acts of charity model faith in a unique way.

The Implication in Battling the Coronavirus Pandemic

As noted earlier, the Covid-19 Pandemic has created major disruptions in every area of life. The containment measures have led to the loss of jobs, collapse of businesses, weakened economies, the closing of churches, and social-cultural changes, including the way people approach the sick and bury the dead. This situation presents Christians an opportunity to witness to the world the love of Christ. Recognizably, today, technologies have transformed healthcare; situations and contexts have changed, but the biblical mandate to do good remains. In this section, we summarize past lessons and how Christians can better handle the novel coronavirus.

First, Christians in the first millennium took care of the sick despite the apparent risks that came with it. This principle needs a modern-day equivalence; unlike in the past, sick people today are taken to hospitals and are attended to by trained and skilled medical personnel. However, this does not eclipse the need to relook at how we can take care of the sick or love our neighbors. Today, many people do not have health insurance and thus end up detained in hospitals because of huge medical bills. This challenge presents a possible area in which the church can offer support apart from the spiritual message of hope. Also, the church can help address the stigmatization of those infected with Covid-19.

Second, the church can strategically, in partnership with the government, address healthcare challenges more comprehensively. In many African countries, healthcare systems are hugely underfunded. Correspondingly, this leads to a lack of requisite infrastructure, limited medical supplies, lack of enough trained medical professionals, poor remuneration of health workers (Byrne 2008, 248-249). These factors make it harder to prevent, diagnose, and control disease outbreaks. The church can consider addressing this need by investing more in medical training institutions and expanding mission hospitals.

Third, during pandemic periods, the church should use its platforms to disseminate the correct information to overcome deception and unwarranted fear. In addition, the church should lead by example in adhering to the health guidelines even in worship places.

Fourth, the church should continue in its functions even during pandemics. Cyprian was able to write to his audience while in exile during the pandemic to give them comfort, pastoral care, and guidance. Today, this connectedness is possible through online technology and platforms. Through online platforms, churches can conduct Bible studies, counseling sessions, and pulpit ministry. Follow-ups can be made through letters, emails, short message texts, and phone calls. Through sustained connection with the congregants, church leaders can better assess and address needs within and outside the church. In and out

of season, Christians should be available to provide comfort, prayer, a listening ear, and volunteer to serve the needy and vulnerable in society (Just 2020, 10).

At the theological level, church leadership needs to look at how worship, church practices and traditions, and administration of sacraments or ordinances can be specially administered during a pandemic. Also, situations during pandemics bring up faith questions that need to be addressed. Finally, it presents an opportunity to articulate biblical truths that touch on God's love, goodness, sovereignty, promises, and wisdom over all the happenings in the world (Piper 2020, 38).

The world continues to be at risk not just of possible new sporadic outbreaks but also old pandemics. Medical researchers advise constant surveillance of some past pandemics which did not complete the immunity cycle like the influenza virus (during 1919-1920) (Oldstone 1998, 8). The threat is compounded by the possible weaponization of diseases, in biological warfare or bioterrorism (Bollet 2004, 208). Again, pathogens continue to develop resistance against antibiotics; and much remains unknown concerning these upcoming diseases (Byrne 2008, 514). Further, increased global travel makes it easier for diseases to spread from one part of the world to another rapidly. These and many other concerns should cause the church to adequately prepare and reposition itself to respond to unexpected crises.

Conclusion

The present situation presented by the Covid-19 pandemic is not a new situation when looked at from the standpoint of history. Over the past 2000 years, the church has faced numerous plagues and pandemics of differing magnitudes. Christians responded with exemplary benevolence, and instead of these pandemics turning to be an exclusive story of devastation and death, it turned out to be an opportunity to serve the other. Pandemics present a situation of confusion, despair, fear, suffering, and death. But this can be transformed into an opportunity to model faith, hope, courage, kindness, and generosity. Today, Christians have rich historical cases and examples on how to respond during pandemics. Apart from the models throughout Christian history, these responses should be based on the understanding of God, the example of Christ, the patterns of the apostolic church, and Scriptural foundations. As a life-giving community, the church should continue to live the gospel, rebuild lives, and witness to the world even during dark times.

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