

COVID-19: Health care, security and peace

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Too often unprepared

As the COVID-19 pandemic spread rapidly around the globe, details of deep health care inadequacies in many countries have been exposed. [Preparedness](#) to respond to COVID-19 has been hindered by war and ongoing violence, including direct attacks on health care facilities and workers, and by [annual spending on weapons and preparations for war](#); by [poverty and racism](#); and by [health care policies](#) and [priorities](#).

In the midst of fears stemming from the COVID-19 crisis, [Khartoum](#), [Darfur](#) and elsewhere in Sudan have experienced violence against health workers and medical facilities. In [Yemen](#), [hospitals and doctors were targeted](#) at least 120 times by the conflict's warring parties and in [Syria](#), [health facilities and health workers](#) were targeted primarily by government-allied forces to break civilian populations and force them into submission. The consequences of deliberately debilitated health care capacity in these and [other contexts](#) are dire.

[Disparities rooted in poverty and racism](#) are equally significant in terms of physical [vulnerability](#) to the coronavirus. [Income inequality](#), pre-existing health conditions, [food insecurity and hunger](#), [lack of access to clean water](#), [exposure to environmental hazards](#), [crowded living conditions](#), undocumented immigrant status, [weathering or allostatic load](#) (the accumulated physiological burden from the stress of racism) and [lack of health insurance](#) all have a negative impact on the ability of marginalized communities and, in some countries, people of color to withstand COVID-19.

Addressing an epidemic of violence

The universal ethic of nonviolence requires that the pandemic's systemic violence be confronted with love, courage, and relentless action for the health and well-being of all. The coronavirus pandemic is reiterating lessons about solidarity and the values of Catholic social teaching, including the dignity of every person, social justice, basic human rights (to health care, food, water, housing, work) and responsibilities, interdependence, care for creation and the common good. We are intensely aware of our global interdependence and shared vulnerability. Whether or not other people, regions or countries try to prevent transmission of the virus matters to us. "If one part suffers, every part suffers with it..." (1 Cor 12:26)

COVID-19 has demonstrated clearly that well-resourced healthcare systems are essential to protect humanity from the threat of communicable diseases that readily transcend borders and boundaries. Authentic security in which the whole earth community can thrive will emerge only from serious attention to meeting basic human needs on a global scale and developing healthy, resilient communities that can slow the spread of disease and more quickly recover from serious threats like the coronavirus pandemic.

COVID-19 also has made clear the urgent need to address violent conflict as well as the systemic, structural and cultural violences (of racism, environmental destruction, poverty, social injustice, etc.) that are exacerbating vulnerability in the current pandemic. Taking a [public/global health approach](#) to doing so helps us to see that violence functions like a contagious disease that can be stopped using the same strategies employed to fight epidemics.

Significant [research](#) has demonstrated that exposure to violence increases the person's or community's risk of adopting violent approaches. Violence transmits, clusters, and spreads primarily based on exposure and habits, just like an epidemic disease. Violence is about learned behavior, not about bad or evil people. Transforming community norms, focusing on prevention, and interrupting transmission are crucial strategies.

[Pope Francis has reminded the world](#) that “an emergency like COVID-19 is overcome in the first place by the antibodies of solidarity.” A [just peace ethical framework](#) (rather than a “war-fighting” framework) can help discern exactly what the “antibodies of solidarity” might be by focusing on breaking cycles of violence (eg. accepting responsibility for harm done or integral disarmament), building sustainable peace and specifically identifying key virtues, such as solidarity, and skills, to constructively engage conflict and the violence.

For example, with the norm of “accepting responsibility for harm done,” emphasis of violence-reduction efforts would be on restorative justice and trauma healing, both essential nonviolent tools in building just peace.

Or, with the norm of “integral disarmament,” rather than selling and buying more weapons in the context of COVID-19, support for a global ceasefire would be strong, as well as for shifting military spending towards public health infrastructure, medical supplies, and nurses. (See [A Just Peace Ethic Primer](#), Georgetown University Press, 1 May 2020.)