

Christians' Attitudes towards COVID-19 Isolation Centers in Comparison with the Lepers' Colonies of Jesus Days

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Abstract

The loss of human lives through COVID-19 brought professionals from various disciplines together, to research how to curb its spread. COVID-19 Isolation Centers (CICs) were established to watch and treat patients. Most scholars focused on religious organisations' influence on curbing the spread of the virus and distribution of palliatives, without focusing on the importance of the CICs in reducing the infection and transmission of the virus. Investigations revealed that some infected Nigerian Christians refused to be treated in the CICs and some refused to inform church members of their treatment in CICs. The Church, therefore, becomes a potential avenue for contacting the virus. Premised on the Social Judgment Theory, this study examined Christians' attitudes towards CICs using a set of questionnaires, randomly distributed to 150 church members in the Ibadan North Local Government Area of Oyo State. It adopts the historical-critical exegesis of Luke 5: 12-14, using the literary criticism approach which places the biblical documents within their historical [context](#) and compares them to the current trends. This is a veritable instrument in affirming Jesus' stance on Isolation Centers. A survey of the CICs was carried out on Government's facilities in Oyo State. Findings revealed that 35% of the respondents who tested positive for COVID-19 went to the CICs and refused to disclose their status for fear of stigmatisation. Church leaders should intensify efforts in creating awareness that infected members need to be admitted into CICs for monitoring and treatment to curb the spread of the disease.

Keywords: Christians, COVID-19 Isolation Centers, Luke 5: 12-14, Federal Government of Nigeria, Stigmatisation

Introduction

The reality of human susceptibility to illnesses, endemic and pandemic situations cannot be debunked. Viewing the 2019 Wuhan new coronavirus outbreak an emergency that calls for international concern on January 30, 2020,¹ the WHO declared life-threatening pneumonia a pandemic on March 19, 2020.² It's a pandemic that affects mental health, paralysed economic activities, disrupted the education sector, disbanded social life, and placed psychological stress on healthcare workers.³ The effect of the pandemic brought about the everyday usage of the phrase "New Normal." Rudiansyah avers, "New Normal is a behaviour change or a new habit in carrying out activities as usual but keep on applying health protocols amidst the COVID-19 pandemic."⁴ The New Normal allows the citizens to go about their activities while all efforts and precautions are taken by individuals and the government to revert the negative effects of the pandemic on the citizens. The Federal Government of Nigeria established special Healthcare centres called COVID-19 Isolation Centers (CICs) with facilities, resources, and personnel to ensure COVID-19 patients have access to adequate care.

Scholars have considered the attitudes of religious leaders towards COVID-19 in terms of shifting the mode of service to online and changing the tradition of taking the Eucharist from the same cup,⁵ the importance of religious organisations in the distribution of palliatives,⁶ the use of religious organisations in sensitising her members to adhere strictly to COVID-19 guidelines and protocols as ways of curbing the spread of the pandemic, without looking intently at how church members who tested positive for the virus, but refuse to go for treatment in CICs could be deterrents to curbing the spread of COVID-19 disease.⁷ Religious beliefs and religious leaders' responses indeed, play vital roles in people's attitudes towards public health communications.

Premised on the social judgment theory, the work noted that the positions of religious organisations have wielded so much influence on the public decisions and actions towards the COVID-19 virus, guidelines, precautions, and treatment. Religious organisations could have so much influence on their members to the extent that members

accept almost everything their religious doctrine demands. Carolyn Sherif, Muzafer Sherif, Roger Nebergall, and Carl Hovland's Social Judgment Theory affirms that people accept, reject, or show non-commitment to a specific issue based on pre-established opinion, alternatives are available, and self-identity(ego-involvement).⁸ Religion, therefore, influences the control of a prevalent disease and the effectiveness of taking care of the patients. The study attempts a historical-critical exegesis of Luke 5: 12-14, using the literary criticism approach, in comparison with church members' attitudes towards the CICs with aim of justifying or debunking Christians' attitudes towards the CICs.

Religious Attitudes Towards Other Diseases and Lepers' Colonies

“Attitude is the way that you think and feel about something.”⁹

One major attitude of Christians towards diseases is the belief that plagues and diseases are expressions of divine wrath and punishment.¹⁰ Nevertheless, God protects the righteous from the damaging effects of diseases.¹¹ In unprecedented situations, religious institutions respond by defining features of their traditions.¹² AIDS, for instance, was seen as a disease that originated from homosexuality and so there was a fear to interact or move close to such people, and no pity for patients because they are suffering the consequences of their immoral behaviour, which could be healed by prayer and fasting.¹³ Although churches rose to provide care for People living with HIV/AIDs (PLWHA), PLWHA to some extent, suffered untold stigmatisation from the Christian community.

One disease that attracts attention to isolation is leprosy which was officially noticed in 1873 and the establishment of the *sanatoriums* (colonies) and discriminatory national laws was implemented to avoid contagion.¹⁴ The sufferers are stigmatized, persecuted, hated, and seen as threats to society. It affects the social, economic, and mental well-being of the patients because of the extreme physical disabilities associated with the disease.”¹⁵ Patricia Dep observes that although the WHO announced in 2001 that leprosy is no more a global health problem, discrimination against lepers continues, and many nations

have not abolished the discriminatory laws. The discrimination and stigmatisation were so bad that in 1931 there was the recommendation to change the name from leprosy to Hansen's disease, and observably, religious and traditional beliefs continue to exhibit human right violations against the vulnerable group within the society."¹⁶ Leprosy has been reduced to the barest minimum, yet an interview randomly carried out at the Leper Colony, Ago Ireti, Ogbomosho in Oyo State, Nigeria reveals that family members of many of the inmates have abandoned them for a long period and religious organisations prefer to go, as a group to provide some of their physical needs for them. However, their children live with them in the colonies as Christians are still afraid that they might contract the disease.¹⁷ Among the Hausa of Nigeria, the leprosy spirit, *Auta* or *Goje* moves about on a horse and any person driven by a *Goje*-possessed horse could be infected by a leprosy curable, or incurable. When they are in the midst of the people, they put on items that would identify them as lepers. Such is the case of men with *dara* (red fez), begging in the Kano Pilgrims Camp, Nigeria.¹⁸

The church decides to turn to a denial of reality, leading to psychological distress and more damaging message effects on the sufferers.¹⁹ In the first instance, some church leaders publicly advocate a purely spiritual response to the coronavirus, contributing to misinformation among their adherents.²⁰ Such leaders strongly believe that COVID -19 is real, but they don't believe that it is the one killing people. They believe that prayer would stop the spread of the disease. Hence, members should continue praying and have faith in God. The implication is that those who might be infected within such organisations do not go for treatment nor go to CICs. Secondly, few religious leaders denied the existence of the disease. To them, everything about COVID-19 is a myth.²¹ The leaders in this group encourage their followers to ignore all guidelines put in place to guide against the spread of Covid-19. They were holding church services secretly. Law enforcement agencies did their best to monitor this set of leaders, yet some had their ways. Secondly, some church leaders are encouraging their members not to take COVID-19 vaccines. There are two views on this- the disease does not exist, and the vaccine is made to

kill people! Thirdly, it was glaring that the Church used Information and Communication Technology effectively to carry out its ministerial activities during the lockdown.²² Yet, some Church leaders are equating the deaths recorded during the COVID-19 pandemic to the installation of the 5G, the fifth generation of wireless communications technologies for cellular data networks, which experts proclaim gives a super speed of 20 Gigabytes per second and is more than 100 times the speed of 4G.²³ Therefore, church members started ignoring COVID-19 guidelines.

The major problem is that the church can and probably spread the pandemic either ignorantly or carelessly through its members' non-disclosure of their admission and treatment in the isolation centres. In the fourth place, some Christians did contact with the disease, they tested positive, but they held tightly to their belief and conviction that Jesus is their healer. Therefore there is no need for treatment or visiting the isolation centre. "False biblical stigma" has forced some patients to adopt pseudonyms to protect their identities and that of their families.²⁴ Among the Jews, the person infected is confined from the Sabbath cycles and put in quarantine or expulsion.²⁵

Luke 5:12-14

The passage is part of Luke's section that gives an account of Jesus' ministry in Galilee (Luke 4:14-14:9:50). In the ancient world, the lepers and the poor were among the minorities who were socially and religiously marginalised. Caring for the poor, and the marginalized was of great concern to Luke because Jesus would soon return and the Christians have the obligation of caring for and meeting the need of the oppressed within the community. Many illnesses and infectious diseases are referred to as leprosy in the East as long as 4000 B.C.²⁶ Some Scholars note that the absence of reference in Luke's story of Jesus and the leper entering the city is an indication that there should be no assumption of widespread isolation of lepers.²⁷ To this, Goulder opines that the leper was probably at almost the outskirts of the town but was looking at a distance.²⁸ Healing leprosy was one of the proofs of the Messiah's identity in the first century of Judaism.²⁹ The healing allowed

Jesus to defend his messiahship in terms of his mission and also to call attention to himself in light of religious leaders' doubt of his ability.³⁰ This suggests that this infectious disease was given serious attention to ensure a healthy society.

The language of cleansing, *katharizō* that Luke used has the idea of distinction since the Israelites are holy people and therefore must remain holy and set apart for God's use.³¹ Cleansing (*katharizō*) in Luke, is linked with the *lepra* and Gentiles' acceptance (*dektos*,) by the Lord.³²

The Old Testament and Handling Lepers

The Septuagint "*Zara'at*" and its corresponding Greek "*lepra*" derived from "lepros" has the idea of superficial and scaly skin (creeping skin disease) and the Greeks actually used the term "elephantiasis", but later developed to be known as leprosy in light of modern and advanced medical knowledge. "*Lepra Hebræorum*" was a curable disease and this is the reason why the person suspected of the disease was monitored for intervals of seven days, and when cured, the priest made an atonement, and offer sin and trespass-offering. Barclay notes that there are two kinds of leprosy; nodular and tubercular leprosy. It is like a very bad skin disease and it's less serious. The nodules ulcerate and there is foul discharge. This type of leprosy leads to the falling of the eyebrows, hoarsing of the voice, and wheezing of the breath.³³ The second kind is anaesthetic leprosy. This starts from a small spot, the infected areas lose all sensation, and the flesh is eaten away until the sufferer is left with the stump of a hand and the leg. Barclay opines that the sufferer is a living death.³⁴ Yet, Barclay noticed that the nodular and the anaesthetic leprosy types mix to form the third type.³⁵ The person infected with the disease in the Old Testament has been segregated for religious ceremonial rather than the modern-day hygienic restriction because the leper tends to morally affect the righteous. After all, it is suggestive of divine punishment. The Talmudic writers, depending on the colour of the disease in the patient's skin did not see all the four degrees of leprosy, the whiteness of snow, the whiteness of lime, the white of an egg, and the whiteness of wool as contagious. The leper, therefore, was not a pagan, and not ritually unclean. Hence, Biblical leprosy is not leprosy that we know today. Nevertheless, an infected or contaminated

person is unclean. He is ritually impure³⁶ Fred B. Craddock opines that in Luke 5:12, *lepra* is a "social disease" that leads to the religious, social, and political isolation of the *lepra*-afflicted person, while Myrick C. Shinall Jr. avers that Leviticus 13 is not talking about the exclusion of the people from Jewish society or taboo against touching such infected people.³⁷

There are four forms of purification in the Old Testament; Leviticus Chapter 13, focuses on the priest's examination and handling of 'leprosy', Leviticus 11: 24-28;39-40 deals with impurity from contact with corpses, Leviticus 12 deals with the issue of childbirth while Lev. 14 certifying the person to be healed. If it is, the priest asks the infected person to go into Isolation for 14 days isolation. If the priest is not sure, the sufferer goes for seven days of Isolation. After the seven days, the sufferer would go to the Priest who would either allow him to leave or go back to the "Isolation Center." Since leprosy is infectious, apart from going to the "Isolation Centers", the leper was to be crying, "Unclean! Unclean! Wherever he went, he was to dwell alone; in a habitation outside the camp" (Lev. 13:45, 46) as nothing unclean can associate with the worship of God, from the children of Israel and the land of the people so as not to defile the holy things.³⁸ After being certified by the priest that he is cleansed, the cleansed person "may enter the camp, but he must live outside the tent for 7 days" (Leviticus 19:8).

Hence, for the leper, in Old Testament times, to be reintegrated into society, three things must be done. One, the supposed healed leper must be in the 'waiting room' (Lev. 19:8). Two, such a healed leper must remove all clothes and shave the hairs on his body. Three, he must be certified to be healed.

The COVID-19 Pandemic and the Lepers' colony of Oyo State

Leprosy is still prevalent in Nigeria. Reports of the Nigerian Center for Disease Control indicate that over 3,500 people get infected with leprosy in Nigeria, every year.³⁹ The disease persists mostly because people do not seek medical attention in time, and the few that completed their Multi Drug Therapy (MDT) are physically disabled permanently, hence they face stigmatisation. There are 64 leprosy

settlements (colonies) in Nigeria and most of them are in deplorable condition.⁴⁰

The name given to leprosy, ètè is a derivative of the word, shame, èté among the Yoruba of Southwest Nigeria. Leprosy is thus associated with filth and shame.⁴¹ No one would want to associate with anyone or structure from the colony. These disabled people and sufferers do eventually find themselves in the isolation centres tagged 'leper colonies' in Nigeria. The majority of researchers attest to the deplorable condition of leper colonies in Nigeria. These include the unavailability of adequate water supply⁴², improper solid waste management⁴³, scarce free MDT for patients, but they are very scarce.⁴⁴ Sufferers live in abject poverty.⁴⁵ By inference, since the Leper colonies in Nigeria are "deathbeds", most people would not wish to be admitted to the CICs.

A survey of the CICs was carried out on the State and Federal Government facilities in Oyo State, Nigeria. The Main Infectious Disease unit in the University College Hospital (UCH), Ibadan belonged to the Federal Government of Nigeria. The centre focuses on the treatment of infectious diseases like Ebola, Covid-19, Lassa fever, monkeypox, and so on. The total number of Covid-19 patients admitted since inception is 189. The patient/ healthcare givers ratio is 4 to 1. There were no special packages for healthcare givers working at the UCH centres during the COVID-19 lockdown, although the Oyo State government provided a special package for healthcare givers working at CICs in Oyo State. Information garnered revealed that most of the patients were depressed initially when admitted for treatment. But with care and reassurance gave (psychotherapy), they became optimistic and included in their care. The total number of discharged patients was 140 and the total number of death cases was 44.⁴⁶

There are 6 CICs in Oyo State. These are Olodo and Agbami Isolation Centers in Ibadan, Saki Isolation Center, Igboora Isolation Center, Awe Isolation Center, and Ogbomoso Isolation Center. The total number of death cases in isolation centres is 192 (there is no data disaggregation regarding the place of death). The total number of discharged patients is 8099 (total cured and recovered) including

isolation centre and home-based care recoveries. There were 522 active cases in the state as of 14th October 2021.⁴⁷

Exegetical Analysis of Luke 5:12-14 in Relation to Treatment of Lepers

The Synoptic Gospels do not mention specifically, a particular place, town, or city as an isolation centre. However, a critical examination of the stories about the lepers in the Synoptic Gospels (Matthew 8:1-4, Mark 1:40-45, Luke 5:12-14, and Luke 17:11-19) shows that some places could be designated Isolation centres in Jesus' Days. This study's focus is on Luke because Luke has the story in common with Matthew and Mark and because Luke is the only evangelist that recorded the second story, the healing of the ten lepers. Maragh notes that the Lepers are one of the marginalized groups in the New Testament, the others being the demon-possessed, poor, women, and gentiles.⁴⁸

Although no definition or description of Leprosy is given in the New Testament, some salient facts can be observed. By Jesus' time, rabbinic literature talks more about the issues of purity and how to diagnose leprosy rather than how to exclude the affected person from the community.⁴⁹ Also, leprosy was a thing of shame. The leper wasn't free to interact with other people. In Luke 5:12(a), a man full of leprosy came to Jesus. The man didn't come to Jesus when there was a great crowd. This was not the case with the Paralytic man who was brought by his four friends even amid the crowd. Besides, the man didn't use the common Greek verb from **θεραπευω**, to heal while pleading for healing. Rather he says, “... **κυριε, εαν θελης δωσάι με καθαρισαι.**” He used the verb, **καθαρος** meaning “to clean.” The same verb is used in Peter's description of his dream (Acts 10:10) and the report of his vision in Acts 11:9. The man knew that his ailment has physical as well as spiritual connotations. Jesus" healed many organic (blindness, skin diseases, paralysis, haemorrhage, withered hand or non-functioning limb, fever, lameness, and oedema), unexplained (not known or simply identified as sick) and demon possession⁵⁰ Jesus touched him, and proclaimed to be clean ... **θελω, καθαρισθητι.....** (13b). The touching

demonstrated Jesus' divine compassion because he could do the healing without the touching. However, he touched the man to identify with him⁵¹ because the leper was not allowed to come near a good person within hundred feet and must cry Unclean! Unclean!! when around the town.⁵² Leprosy left the man. Jesus warned him not to tell anyone (v.14a). The Markan passage says, "And he sternly charged him, and sent him away at once." (Mark 1:43). This is an affirmation of the characteristic feature, the Messianic secret of Mark. **"...show yourself to the priest,"** (v.14b) Maragh notes that asking the leper to show himself to the Priest for approval is an indication of reintegrating them back into society,⁵³ and for the symbolic relationship to the covenant to be fulfilled. **"...and make an offering for your cleansing, as Moses"** (v. 14c.). This verse takes us back to the Old Testament protocol for handling leprous situations and the leper.

Comparative Analysis Between the Lepers of Jesus' Day and COVID-19 Isolation Centers Vis-a-Vis Christian's Attitude

The "leper colonies" in biblical times are similar to the CICs of contemporary society as revealed in the table below: Firstly, just like in Jesus' days, anyone with an infectious disease goes to the Isolation centre. Secondly, a COVID-19 patient would be in the CICs for at least two weeks for monitoring and treatment, just like the at least two weeks of the lepers in Jesus 'days. Thirdly, the infected persons would leave the CICs when healed and restored completely as was the case of the lepers in Jesus 'days. Also, attention is given to specifics to guide against the spread of COVID-19 as it was in the case of leprosy in Jesus' days. For instance, in Jesus' days, the healed leper must stay outside the camp, and get rid of everything on him before entering the camp. In like manners, if a COVID-19 patient dies at the centre, the family would not be allowed to bury such a person. The State government buries the dead person, in a culture where the corpse means so much to the relative. This is to show how careful the government is in curbing the spread. Besides, clothes and other items belonging to the person must be burnt or sterilized, and there is continuous monitoring of the patient at home, even after discharge from CICs.

Recommendations

This study recommends that preferential treatment in Isolation centres (e.g., concentrating on the 'well-connected' people) should be stopped. The few Christians who were admitted into the centres averred that the affluent are treated well while the poor are looked down upon. Two, health workers should give their best in caring for patients. Patients felt that the health workers are not giving their best in the treatment of the patients, either for fear of being infected or for negligence. Three, the environment of CICs should be made conducive and appealing to allay the fear of the CICs being on deathbeds. Four, patients' individual and unique needs should be taken care of (special diets, and medication). Five, church leaders should intensify efforts in creating awareness of the infected members' need to be admitted into CICs for monitoring and treatment and to curb the spread of the disease. They should also preach, and teach against stigmatisation. Six, the government at all levels and organisations in Nigeria should make MTD readily available to the lepers and make lepers' settlements across Nigeria conducive and habitable because peoples' attitudes toward the "leper colonies" greatly affected their attitudes towards the CICs. All these become necessary if the Government's effort at curbing the spread of the disease would be achieved. Besides, Christians and citizens, in general, will be willing to go to Isolation centres for treatment without any fear of death or stigmatisation.

Conclusion

Many Christians are aware that COVID-19 is real. The number of those who tested positive and were officially treated in the CICs is just too small. Unfortunately, the few who are treated in the CICs would not declare their status to church members or leaders. Yet the few who would not believe are threats and can be carriers of the disease. The church, which society sees as a possible aid in curbing the spread of COVID-19 becomes a potential path to the spread of the virus. It is evident that there were "Isolation Centers" in the Old Testament and that they existed till the time of Jesus. Jesus never flouted the rules guiding the monitoring and treatment of the lepers. Luke 5: 12-14 is a

veritable instrument in curbing the erroneous attitude that COVID-19 isolation centres are deathbeds, thereby aiding in curbing the spread of the COVID-19 Pandemic. Life in a *leprosarium* or CIC might not be pleasant, and filled with stigmatisation Christians must abide by one of the major rules guiding the curbing of the spread of COVID-19, by allowing themselves to be admitted in the CICs, and reveal their status to other church members respectively

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