



Pontifical Academy for Life

HUMANA COMMUNITAS IN THE AGE OF PANDEMIC: UNTIMELY MEDITATIONS ON LIFE'S REBIRTH

Covid-19 has brought desolation to the world. We have lived it for so long, now, and it is not over yet. It might not be for a very long time. What to *make* of it? Surely, we are summoned to the courage of resistance. The search for a vaccine and for a thorough scientific explanation of what triggered the catastrophe speak to it. Are we summoned to deeper mindfulness also? If so, how will our pausing keep us from falling into the inertia of complacency, or worse, connivance in resignation? Is there a thoughtful “stepping back” that is other to inaction, a *thinking* that might mutate into *thanking* for life given, thus a passageway to life’s rebirth?

Covid-19 is the name of a global crisis (*pan-demic*) with different facets and manifestations, for sure, yet a common reality. We have come to realize, like never before, that this strange predicament, long-since predicted, yet never seriously addressed, has brought us all together. Like so many processes in our contemporary world, Covid-19 is the most recent manifestation of globalization. From a purely empirical perspective, globalization has effected many benefits to humankind: it has disseminated scientific knowledge, medical technologies, and health practices, all potentially available for everyone’s benefit. At the same time, with Covid-19, we have found ourselves differently linked, sharing in a common experience of contingency (*cum-tangere*): sparing no one, the pandemic has made us all equally vulnerable, all equally exposed (cfr. Pontifical Academy for Life, *Global pandemic and universal brotherhood*, March 30, 2020).

Such a realization has come at a high cost. What lessons have we learned? More, what conversion of thought and action are we prepared to undergo in our common responsibility for the human family (Francis, *Humana Communitas*, January 6, 2019)?

1. The Hard Reality of Lessons Learned

The pandemic has given us the spectacle of empty streets and ghostly cities, of human proximity wounded, of physical distancing. It has deprived us of the exuberance of embraces, the kindness of hand shakings, the affection of kisses, and turned relations into fearful interactions among strangers, the neutral exchange of faceless individualities shrouded in the anonymity of protective gears. Limitations of social contacts are frightening; they can lead to situations of isolation, despair, anger, and abuse. For elderly people in the last stages of life the suffering has been even more pronounced, for the physical distress is coupled by diminished quality of life and lack of visiting family and friends.

1.1. Life Taken, Life Given: the Lesson of Fragility

The prevailing metaphors now encroaching on our ordinary language emphasize hostility and a pervasive sense of menace: the repeated encouragements to “fight” the virus, the press releases that sound like “bulletins of war,” the daily updates on the number of infected, soon turning into “fallen victims.”

In the suffering and death of so many, we have learned the lesson of *fragility*. In many countries, hospitals still struggle with overwhelming demands, facing the agony of resource rationing and the exhaustion of health care personnel. Immense, unspeakable misery, and the struggle for basic survival needs, has brought into evidence the condition of prisoners, those living in extreme poverty at the margins of society, especially in developing countries, the abandoned destined to oblivion in refugee camps from hell.

We have witnessed the most tragic face of death: some experiencing the loneliness of separation both physical and spiritual from everybody, leaving their families powerless, unable to say goodbye, even to provide the basic piety of proper burial. We have seen life coming to its end, without heed for age, social status, or health conditions.

But “frail” is what we *all* are: radically marked by the experience of finitude at the core of our existence, not just occasionally there, visiting us with the gentle touch of a passing presence, leaving us undeterred in the confidence that everything will go according to plan. We emerge from a night of mysterious origins: called into being beyond choice, we come soon to presumption and complaint, asserting as ours what we have only been vouchsafed. Too late do we learn consent to the darkness from which we came, and to which we finally return.

Some say this is all a tale of absurdity, for it all comes to nothing. But how could this nothingness be the final word? If so, why the fighting? Why do we encourage each other to the hope of better days, when all that we are experiencing in this pandemic will be over?

Life comes and goes, says the custodian of cynical prudence. Yet its rising and ebbing, now made more evident by the fragility of our human condition, might open us to a different wisdom, a different realization (cfr *Ps.* 8). For the sorrowful evidence of life’s frailty may also renew our mindfulness of its *given* nature. Coming back to life, after savoring the ambivalent fruit of its contingency, will we not be wiser? Will we not be more grateful, less arrogant?

1.2. The Impossible Dream of Autonomy and the Lesson of Finitude

With the pandemic, our claims to autonomous self-determination and control have come to a sobering halt, a moment of crisis that elicits deeper discernment. It had to happen, sooner or later, for the bewitchment had lasted long enough.

The Covid-19 epidemic has much to do with our depredation of the earth and the despoiling of its intrinsic value. It is a symptom of our earth’s malaise and our failure to care; more, a sign of *our own* spiritual malaise (*Laudato Si’*, n. 119). Will we be able to remedy the fracture that has separated us from our natural world, too often turning our assertive subjectivities into a menace to creation, a menace to one another?

Consider the chain of connections that link the following phenomena: increasing deforestation pushes wild animals in the proximity of human habitat. Viruses hosted by animals, then, are passed

on to humans, thus exacerbating the reality of zoonosis, a phenomenon well known to scientists as a vehicle of many diseases. The exaggerated demand for meat in first world countries gives rise to enormous industrial complexes of animal farming and exploitation. It is easy to see how these interactions might ultimately occasion the spread of a virus through international transportation, mass mobility of people, business travelling, tourism, etc.

The phenomenon of Covid-19 is not just the result of *natural* occurrences. What happens in nature is already the result of a complex intermediation with the *human* world of economical choices and models of development, themselves “infected” with a different “virus” of our own creation: it is the result, more than the cause, of financial greed, the self-indulgence of life styles defined by consumption indulgence and excess. We have built for ourselves an ethos of prevarication and disregard for what is given to us, in the elemental promise of creation. This is why we are called to reconsider our relation to the natural habitat. To recognize that we dwell on this earth as stewards, not as masters and lords.

We have been given everything, but ours is only an endowed, not an absolute, sovereignty. Mindful of its origin, it carries the burden of finitude and the mark of vulnerability. Our condition is a *wounded freedom*. We might reject it as a curse, a provisional situation to be soon overcome. Or we can learn a different patience: capable of consent to finitude, of renewed porosity to neighborly proximity and distant otherness.

When compared to the predicament of poor countries, especially in the so called Global South, the plight of the “developed” world looks more like a luxury: only in rich countries people can afford the requirements of safety. In those not so fortunate, on the other hand, “physical distancing” is just an impossibility due to necessity and the weight of dire circumstances: crowded settings and the lack of affordable distancing confront entire populations as an insurmountable fact. The contrast between the two situations throws into relief a strident paradox, recounting, once more, the tale of disproportion in wealth between poor and rich countries.

To learn finitude and to consent to the limits of our own freedom is more than a sober exercise in philosophical realism. It entails opening our eyes to the reality of human beings who experience such limits *in their own flesh*, so to speak: in the daily challenge to survive, to secure minimal conditions for subsistence, to feed children and family members, to overcome the threat of diseases in spite of the availability of cures too expensive to afford. Consider the immense loss of life in the Global South: malaria, tuberculosis, lack of drinkable water and basic resources still sow the destruction of millions of lives per year, a situation that has been known for decades. All these predicaments could be overcome by committed international efforts and policies. How many lives could be saved, how many diseases eradicated, how much suffering avoided!

1.3. The challenge of interdependence and the lesson of common vulnerability

Our pretensions to monadic solitude have feet of clay. With them, there crumbles the false hopes for an atomistic social philosophy built on egoistic suspicion toward what is different and new, an ethics of calculative rationality bent toward a distorted image of self-fulfillment, impervious to the responsibility of the common good on a global, and not only national, scale.

Our *interconnectedness* is a matter of fact. It makes us all strong or, conversely, vulnerable, depending on our own attitude toward it. Consider its relevance at a national level, to begin. While

Covid-19 may affect everyone, it is especially harmful for particular populations, such as the elderly, or people with associated diseases and compromised immune systems. Policy measures are taken for all citizens equally. They ask for the solidarity of the young and healthy with those most vulnerable. They ask for sacrifices from many people who depend on public interaction and economic activity for their living. In richer countries these sacrifices can be temporarily compensated, but in the majority of countries such protective policies are simply impossible.

For sure, in all countries the *common good of public health* needs to be balanced against economic interests. During the early stages of the pandemic, most countries focused on maximally saving lives. Hospitals and especially intensive care services, were insufficient, and were only expanded after enormous struggles. Remarkably, care services survived because of impressive sacrifices of doctors, nurses, and other care professionals, more than technological investment. The focus on hospital care, however, diverted attention from other care institutions. Nursing homes, for an example, were severely affected by the pandemic, and sufficient protective equipment and testing only became available in a late stage. Ethical discussions of resource allocation were primarily based on utilitarian considerations, without paying attention to people experiencing higher risk and greater vulnerabilities. In most countries, the role of general practitioners was ignored, while for many people they are the first contact in the care system. The result has been an increase in deaths and disabilities from causes other than Covid-19.

Common vulnerability calls for international cooperation as well, and the realization that a pandemic cannot be withstood without adequate medical infrastructure, accessible to everyone at the global level. Nor can the plight of a people, suddenly infected, be dealt with in isolation, without forging international agreements, and with a multitude of different stakeholders. The sharing of information, the provision of help, the allocation of scarce resources, will all have to be addressed in a synergy of efforts. The strength of the international chain is given by the weakest link.

The lesson awaits deeper assimilation. For sure, the seeds of hope have been sown in the obscurity of small gestures, in acts of solidarity too many to count, too precious to broadcast. Communities have struggled honorably, in spite of everything, sometimes against the ineptitude of their political leadership, to articulate ethical protocols, forge normative systems, re-imagining lives on ideals of solidarity and reciprocal solicitude. The unanimous appreciations for these examples shows a deepest understanding of the authentic meaning of life and a desirable way of self-fulfillment.

Still, we have not paid sufficient attention, especially at the global level, to human interdependence and common vulnerability. While the virus does not recognize borders, countries have sealed their frontiers. In contrast to other disasters, the pandemic does not impact all countries at the same time. Although this might offer the opportunity to learn from experiences and policies of other countries, learning processes at the global level were minimal. In fact, some countries have sometimes engaged in a cynical game of reciprocal blame.

The same lack of interconnectedness can be observed in efforts to develop remedies and vaccines. Absence of coordination and cooperation is now increasingly recognized as an obstacle to address Covid-19. The awareness that we are in this disaster together, and that we can only overcome it through cooperative efforts of the human community as a whole, is stimulating shared endeavors. The articulation of cross-border scientific projects is an effort going in that direction. It should also be demonstrated in policies, through strengthening of international institutions. This is particularly

important since the pandemic is enhancing already existing inequalities and injustices, and many countries lacking the resources and facilities to adequately cope with Covid-19 are dependent on the international community for assistance.

2. Toward a New Vision: Life's Rebirth and the Call for Conversion

The lessons of fragility, finitude, and vulnerability bring us to the threshold of a new vision: they foster an ethos of life that calls for the engagement of intelligence and the courage of moral conversion. To learn a lesson is to become humble; it means to change, searching for resources of meaning hitherto untapped, perhaps disavowed. To learn a lesson is to become mindful, once more, of the goodness of life that offers itself to us, releasing an energy that runs even deeper than the unavoidable experience of loss, that need to be elaborated and integrated in the meaning of our existence. Can this occasion be the promise of a new beginning for the *humana communitas*, the promise of life's rebirth? If so, under what conditions?

2.1. Toward an Ethics of Risk

We must come, first, to a renewed appreciation of the existential reality of *risk*: all of us may succumb to the wounds of disease, the killing of wars, the overwhelming threats of disasters. In light of this, there emerge very specific ethical and political responsibilities toward the vulnerability of individuals who are at greater risk for their health, their life, their dignity. Covid-19 might be seen, at first glance, as only a *natural*, if certainly unprecedented, determinant of global risk. The pandemic, however, forces us to look at a number of additional factors, all of which involve a multifaceted *ethical* challenge. In this context, decisions must be proportionate to the risks, according to the precaution principle. To focus on the natural genesis of the pandemic, without heed to the economic, social, and political inequalities among countries in the world, is to miss the point about the conditions that make its spread faster and more difficult to address. A disaster, whatever its origin, is an ethical challenge because it is a catastrophe that impacts human life, and harms human existence in multiple dimensions.

In the absence of a vaccine, we cannot count on the ability to permanently defeat the virus that caused the pandemic, except for a spontaneous exhaustion of the pathological strength of the disease. Immunity against Covid-19, therefore, remains something of a hope for the future. This also means recognizing that to live in a community at risk calls for an ethics *on a par* with the prospect that such a predicament might actually become a reality.

At the same time, we need to flesh out a concept of *solidarity* that extends beyond generic commitment to helping those who are suffering. A pandemic urges all of us to address and reshape structural dimensions of our global community that are oppressive and unjust, those that a faith understanding refers to as "structures of sin". The common good of the *humana communitas* cannot be had without a real conversion of minds and hearts (*Laudato si'*, 217-221). A call for *conversion* is addressed to our responsibility: its shortsightedness is imputable to our unwillingness to look the vulnerability of weakest populations at a global level, not to our inability to see what is so obviously

plain. A different openness can expand the horizon of our moral imagination, to finally include what has been blatantly passed over in silence.

2.2. The Call for Global Efforts and International Cooperation

The basic contours of an ethics of risk, grounded in a broader concept of solidarity, entail a *definition of community* that rejects any provincialism, the false distinction between insiders, i.e., those who can exhibit a claim to fully belonging to the community, and outsiders, i.e., those that can hope, at best, in a putative participation to it. The dark side of such separation must be thrown into relief as a conceptual impossibility and a discriminatory practice. No one can be seen as simply standing “in waiting” for full status recognition, as if at the doors of the *humana communitas*. Access to quality health care and to essential medicines must be effectively recognized as a universal human right (cfr. *Universal Declaration on Bioethics and Human Rights*, art. 14). Two conclusions follow logically in the wake of such premise.

The first concerns *universal access* to the best preventive, diagnostic, and treatment opportunities, beyond their restriction to a few. The distribution of a vaccine, once available in the future, is a point in case. The only acceptable goal, consistent with a just allocation of the vaccine, is access for all without exceptions.

The second conclusion touches upon the definition of *responsible scientific research*. The stakes here are very high and the issues complex. Three are worth highlighting. First, with respect to the *integrity of science* and the notions that drive its advancement: the ideal of controlled, if not entirely “detached,” objectivity; and the ideal of freedom of investigation, especially freedom from conflicts of interests. Secondly, at stake is the very *nature of scientific knowledge* as social practice, defined, in a democratic context, by rules of equality, liberty, and fairness. In particular, scientific freedom of inquiry should not subsume policy decision making under its sphere of influence. Policy decision making and the realm of politics as a whole maintain their autonomy from the encroachment of scientific power, especially when the latter turns into manipulation of public opinion. Finally, what is in question here is the essentially “*fiduciary*” character of scientific knowledge in its pursuit of socially beneficial results, especially when knowledge is gained through experimentation on human subjects and the promise of treatment tested in clinical trials. The good of society and the demands of common good in the area of health care come before any concern for profit. And this because the *public* dimensions of research cannot be sacrificed on the altar of *private* gain. When life and the well-being of a community are at stake, profit must take the back seat.

Solidarity extends also to any efforts in *international cooperation*. In this context, a privileged place belongs to the World Health Organization (WHO). Deeply rooted in its mission to lead international health work is the notion that only the commitment of governments in a global synergy can protect, foster, and make effective a universal right to the highest attainable standard of health. This crisis emphasizes how much is needed an international organization with a global outreach, including specifically the needs and concerns of less developed countries coping with an unprecedented catastrophe.

The narrow mindedness of national self-interests has led many countries to vindicate for themselves a policy of independence and isolation from the rest of the world, as if a pandemic could be faced without a coordinated global strategy. Such an attitude might pay lip service to the idea of

subsidiarity, and the importance of a strategic intervention based on the claim of a lower authority taking precedence over any higher one, more distant from the local situation. Subsidiarity must respect the legitimate sphere of autonomy of the communities, empowering their capabilities and responsibility. In reality, the attitude in question feeds into a logic of separation that is, to begin, less effective against Covid-19. The disadvantage, furthermore, is not only *de facto* short sighted; it also results in the widening of inequalities and the exacerbation of resource imbalances among different countries. Though all, rich and poor, are vulnerable to the virus, the latter are bound to pay the highest price, and to bear the long term consequences of lack of cooperation. It is clear that the pandemic is worsening the inequalities that already are associated with processes of globalization, making more people vulnerable and marginalized without health care, employment, and social safety nets.

2.3. Ethical Balancing Centred on the Principle of Solidarity

Ultimately, the moral, and not just strategic, meaning of solidarity is the real issue in the current predicament faced by the human family. Solidarity entails responsibility toward the other in need, itself grounded in the recognition that, as a human subject endowed with dignity, every *person* is an end in itself, not a mean. The articulation of solidarity as a principle of social ethics rests on the concrete reality of a *personal* presence in need, crying for recognition. Thus, the response required of us is not just a reaction based on sentimental notions of sympathy; it is the only *adequate* response to the dignity of the other summoning our attention, an ethical disposition premised on the rational apprehension of the intrinsic value of every human being.

As a duty, solidarity does not come for free, without cost and the readiness of the rich countries to pay the price required by the call for the survival of the poor and the sustainability of the entire planet. This holds true both synchronically, with respect to the different sectors of the economy, and diachronically, that is, in relation to our responsibility for the well-being of future generations and the gauging of available resources.

Everyone is called to do their part. To mitigate the consequences of the crisis entails giving up on the notion that “help will come from the government”, as if from a *deus ex machina* that leaves all responsible citizens out of the equation, untouched in their pursuit of personal interests. The transparency of policy and political strategies, together with the integrity of democratic processes, call for a different approach. The possibility of a catastrophic shortage of resources for medical care (protective materials, test kits, ventilation and intensive care in the case of Covid-19), might be used as an example. In the face of tragic dilemmas, general criteria for intervention, based on fairness in the distribution of resources, the respect for the dignity of every person, and the special solicitude for the vulnerable, must be outlined in advance and articulated in their rational plausibility with as much care as possible.

The ability and willingness to balance principles that could compete with each other is another essential pillar of an ethics of risk and solidarity. Of course, the first duty is to protect life and health. Although a zero-risk situation remains an impossibility, to respect physical distancing and to slow down, if not entirely stop, certain activities have produced dramatic and lasting effects on the economy. The toll on private and social life will have to be taken into account as well.

Two crucial issues come into place. The first refers to the threshold of acceptable risk, whose enforcement cannot produce discriminatory effects with respect to conditions of power and wealth.

Basic protection and the availability of diagnostic means must be offered to everyone, according to a principle of non-discrimination.

The second, decisive clarification concerns the concept of “solidarity in risk.” The adoption of specific rules by a community requires attentiveness to the evolution of the situation on the field, a task that can be carried out only through a discernment grounded in ethical sensibility, not just in obedience to the letter of the law. A responsible community is one in which burdens of caution and reciprocal support are shared proactively with an eye to the well-being of all. Legal solutions to conflicts in the assignment of culpability and blame for wilful misconduct or negligence are sometimes necessary as a tool for justice. However, they cannot substitute trust as the substance of human interaction. Only the latter will guide us through the crisis, for only on the basis of trust can the *humana communitas* finally flourish.

We are called to an attitude of hope, beyond the paralyzing effect of two opposite temptations: on the one hand, the resignation that passively undergoes events; on the other, the nostalgia for a return to the past, only longing for what was there before. Instead, it is time to imagine and implement a project of human coexistence that allows a better future for each and every one. The dream recently envisaged for the Amazon region might become a universal dream, a dream for the whole planet to “integrate and promote all its inhabitants, enabling them to enjoy ‘good living’” (*Querida Amazonia*, 8).

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