

## A Christian Doctor Answers Questions about COVID-19

*This article is adapted and condensed from an interview with Bob Cutillo, MD from The Crossway Podcast. Cutillo currently serves as a physician for the Colorado Coalition for the Homeless in Denver, Colorado, an associate faculty member at Denver Seminary, and an assistant clinical professor at the University of Colorado School of Medicine.*

*For more resources related to COVID-19, visit [crossway.org/coronavirus](https://crossway.org/coronavirus).*

### **What is your current involvement with COVID-19?**

My primary involvement is serving as a patient caregiver for homeless populations in Denver, Colorado. I've been a part of the process of gearing up for COVID-19, which is a big job in light of the many unknowns and uncertainties with this virus. We're working to test and then appropriately isolate those who are potentially contagious—something that is particularly challenging when you're dealing with members of the homeless population, who tend to spend a lot of time in intensely crowded places.

### **When did you first realize that COVID-19 was going to be a big deal?**

I wasn't aware of how significant this virus would be until it left China and hit Italy. When it was still mostly in China, I think most people thought that we would be able to contain the virus there. But when the number of infections in Italy exploded, I think that's when we realized how contagious COVID-19 really is and that it could eventually spread to every country.

### **How does COVID-19 compare to SARS, MERS, or Ebola?**

I've been involved with many infectious diseases in my career working with underserved populations in the US and as a medical missionary in Africa. I closely followed the SARS epidemic in 2003 and the MERS epidemic in 2012—neither of those coronaviruses spread as quickly as COVID-19. SARS and MERS are part of the same microbiological family as COVID-19—they're both coronaviruses. "Corona" simply means crown and comes from the way the viruses look under the electron microscope. There are many different types of coronaviruses and they can each be quite different in terms of the way they are spread and their virulence. So we have to learn about each new virus individually.

When COVID-19 first started to infect people in China, many medical professionals hoped that it would only be transmissible from animal-to-human, not human-to-human. However, we quickly learned that the virus is very contagious from human-to-human and spreads through infected respiratory droplets in the air. It's not as contagious as measles or diphtheria (both of which we now have vaccines for) but it is still highly contagious. And because it's "novel," we don't have any natural immunity to it nor do we have a vaccine yet.

Ebola is a very different virus and has a much higher mortality rate—upwards of 50–70%. However, because it spreads through close and direct physical contact with infected bodily fluids, it does not spread as quickly as COVID-19.

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### **What can we learn from church history when it comes to thinking about the threat of pandemics?**

I think it's helpful to put the situation we're currently facing with COVID-19 in the context of how the church has historically responded to contagious diseases. Traditionally, Christians have often viewed contagious diseases as tests of our faith. In the second and third centuries, the early church viewed the plague in this way—a test challenging them to respond in love, faithfulness, and trust. And the historical record would seem to indicate that many of those early Christians passed that test. As Christians, the question we should be asking ourselves is, How am I responding to this test? Am I responding with faith or with fear?

### **How should Christians respond to the COVID-19 pandemic today?**

There are two different extremes that we want to avoid.

The first is being nonchalant about the situation. This is not very important. This is nothing but an inconvenience. This is something that's bothering my schedule. This type of thinking is especially problematic when it leads people to ignore their responsibility to obey the civil authorities and seek to protect others in the community through appropriate "social distancing."

The second extreme that we should avoid is the opposite reaction: excessive fear and anxiety, which can cause us to view other people not as fellow human beings but merely as a potential source of contagion. COVID-19 is a real disturbance to those of living in the US or the modern West more generally. Since the Spanish Flu of 1918, we've seen incredible growth in our medical capabilities—in our ability to conquer disease and delay death. But this has led us to also try to deny death. In fact, we've been in the process of denying death for many years as we've kept it hidden away through advancements in science and medical technology. We've excluded evidence of decay, helplessness, and death from the fabric of our normal lives to such an extent that death is something we don't often think about until it's forced upon us. We don't see death as a necessity to be accepted, but as an accident to be avoided. And so when something like COVID-19 happens, it's a shock to our system. It's even something that we get angry about and think, How dare someone disturb our sense of well-being!

Many people have convinced themselves of a delusion—the delusion that we're in control of our lives. In societies like ours, it's often only when there's a threat to our health that we actually begin to wonder whether or not we're actually in the driver's seat. We have great capacity in the modern West, but we're still limited people. We're still created beings who have to deal with the effects of the Fall: suffering, disease, and death. And even though we have much less disease than prior societies because of our tools and technology, the idea that we don't have to deal with death is a delusion that has caused us to be increasingly anxious whenever that sense of security is threatened.

We should remember, however, that this is a perspective that much of the world does not share. There are many people in other parts of the globe for whom the reality of death is not a shock at all; the presence of death is a part of their lives every day, and COVID-19 is just another added danger.

### **What can we do to decrease our fear and anxiety in the face of all of these uncertainties?**

I know many people who are quite well-educated in Christian truth and yet seem overwhelmed by fear. In the face of this pandemic, I think all of us could benefit from doing a little bit of inward heart work. We should each ask ourselves, What am I really trusting for my life?

We have to take our fear and place it before the risen Lord—because our faith is in a risen Lord who has conquered death. This is essential. Unless we take our doctrines—what we say about trusting God—and actually put them to work in how we think and act, we're not going to have peace and we're not going to be able to love others well.

When Christ came, he came to deliver us from the “fear of death” (Hebrews 2:15). That fear is something that can enslave us. It’s critical that we get that part of our theology straight. Christ came as a light into the darkness. The darkness is defined by fear and he came into that shadow of death and said, I’m a light and if I’ve come into the world as a light, whoever believes in me does not remain in darkness. And so we have to ask ourselves Do I trust God with my life right now?

### **What are some practical ways we can love our neighbors in the midst of COVID-19?**

There are two levels at which we have an opportunity to love and care for our neighbors right now.

One of the ways we love—and this is the one that’s quite hard because it’s actually contrary to our feelings of what it means to love someone—is to keep away from other people when we’re sick. For a lot of people, that’s going to be a challenge. But I would argue that when you stay inside while sick—isolating yourself so that you won’t infect others—you’re enduring a kind of suffering that is reflective of the love of God because you’re doing it for the good of others.

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The second way to love others relates to those who are not sick. In that case, we should be looking out at our community and asking ourselves Who are the people most likely to be harmed by this disease? While we don’t want to carelessly invade the space of high-risk individuals and put them at greater risk of getting sick, we may have the opportunity to care for them in tangible ways. Can you pick up groceries for someone who isn’t able to go to the store? Can you watch a neighbor’s child while he or she is at work? Can you share supplies with those who can’t afford to buy the things they need because they’re no longer able to work?

### **What final word of encouragement would you offer to the person really struggling with fear today?**

This is a unique moment in the history of the modern world. COVID-19 is a potent virus for a number of reasons. It’s potent biologically, though it’s not the most potent virus we’ve ever seen. But I would argue that it’s probably more potent psychologically and socially than any virus we’ve ever known.

Søren Kierkegaard once asked, “If God spoke into the world, would anyone hear him?” And his answer was, “No, they wouldn’t because there’s too much noise.” Kierkegaard went on to say that what the world needs more than anything else is silence. Right now it’s almost as if the world has pushed the pause button and all of a sudden a forced silence has come upon us all.

Whether you know the Lord but are still struggling with anxiety or don’t know the Lord but are wondering if what you’ve been trusting is insufficient, my hope is that you view this moment as a chance to hear God speaking into the world. This is an opportunity to trust in something infinitely more reliable than science or medicine. In Christ, we’re invited to trust a God who’s faithfulness extends to us at all times and who’s loving-kindness reaches to the skies (Psalm 36:5).

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