Inter-religious declaration in light of the COVID-19 pandemic in Latin America and the Caribbean

Preamble

- 1. We, the undersigning individuals and organizations, have gathered from all over Latin America in joint work to accompany people and communities of faith and society in general amid the COVID-19 pandemic. Also known as Coronavirus, this disease has disrupted all the personal and social life of those who inhabit this continent. That also includes the work of spiritual accompaniment and social solidarity that our different faith communities have been developing.
- 2. We understand that this pandemic highlights the lack of guaranteed rights for most of our Latin American peoples. It is not merely a question of contagion by the virus. It also entails the visibility of dynamics of inequity and social inequality that emerge in each society on the continent in a dizzying and worrying way.
- 3. At the same time, we observe that there is no awareness of the reality of the situation. Messages from so-called "experts" have flooded social media, who, instead of reporting, misinform. Although our knowledge of the virus increases day by day, during a rapidly spreading pandemic, there is no wholly fixed or closed data. Due to this, the landscape is continuously changing. Science gives us the available information according to the needs of the moment. Governments and civil society organizations must contribute to educating people to pay attention to that issue without falling into "miracle solutions" that are neither based on science nor help to calm the anxiety, fear, and mistrust that a pandemic generates.

Caring for people who pastorally care for other people

- 4. It is inevitable that the people of faith entrusted to serve both people from religious communities and society; the first thing they want to do is go out into the streets to be with those who suffer. It is an impulse that arises from their call to place their lives in the service of others. However, that drive is not always the best advisor and can even be extremely dangerous.
- 5. As people called to care for other people, it is essential that the ministers of each faith take care of themselves first. If they do not, they cannot set an example for other people to take care of themselves. On the other hand, if the ministers become infected —due to the large number of people with whom they are in daily contact— they become a dangerous vector of contagion. We observe in Latin America, excellent intentions on the part of religious leaders. Still, a good deed that is uninformed and not worried about knowing the situation does not help to overcome the pandemic.

- 6. The best prevention against the virus is the "distance of love." Some people also call this "social distancing" at more than three or six feet. When ministers are close to a person —less than three fee away they are at much higher risk of contagion. They must pay attention at all times to hygiene and protection measures. For that, they must seek the help of experts in the field of health and biosecurity —both locally and nationally— to identify and follow the hygiene and safety standards dictated as we learn more about the viruses and its spread.
- 7. People in ministerial positions in any religion must remember at all times that the challenge of this time is to find ways to continue their work of spiritual care without endangering their lives and —more importantly —those of those they serve in faith.

No to religious discourses that instigate hatred and discrimination

- 8. We have already begun to listen to and read apocalyptic and hate speeches that seek to deposit the cause of this pandemic in various situations and groups. We identify two dynamics in this regard.
- 9. On the one hand, a dynamic that seeks to prioritize a hegemonic religious discourse understood as the "only truth"— over the religious discourses of other people, thus delegitimizing them. That hate speech comes from a way of seeing a religious discourse as univocal, in turn, condemning plurality. Its foundation —although to those who propose it seems right— ends up damaging people. It understands the world in a binary way: either that discourse is accepted as part of "the truth," or it is rejected as part of "the wrong side". We categorically reject hate speeches because they provoke violence, discrimination, and carry an extra share of guilt and anxiety on the shoulders of people. They do not deserve to face that situation while they undergo a crisis like the one of COVID-19.
- 10. On the other hand, hate speeches are also directed at individuals or groups who are deemed as scapegoats for other reasons that are not in the least related to the pandemic. They are used as an excuse for discrimination. It may be a moral or racial issue, social class, or nationality. Still, instead of openly expressing the prejudice amid those realities, a present calamity is sought to make people who are part of discriminated groups as guilty of evil.
- 11. Both situations have historically led to stigmatization, discrimination, and even persecution, all in the name of a particular Divinity. We are unfailingly against any hate speech. We commit ourselves —as people of different religions— to counteract them by demonstrating that the specific faith of each one of us teaches us respect, diversity, justice, and equity towards the entire human family.

Caring for people in their health through solidarity

12. As societies in the world, we go through times that demand from each one of us the most significant commitment to mutual care. Particularly in Latin America, we see with deep pain and immense annoyance the irresponsible actions of all those people who put the health of others at risk, gestures that speak to us of a worrying individualism that seems to sharpen in critical times.

- 13. In the countries most affected by the Coronavirus, we observe that in certain eventualities, the number of patients who need respirators and other emergency measures to save their lives is higher than the available supplies. To defend the dignity and rights of each person in this process —including health personnel who have to make "life and death" decisions—, each hospital and health center must have clear and specific protocols established by ethics committees. These committees must be made up of qualified personnel for the difficult task of deciding how —or in whom— the resources are used. It is not fair or responsible for putting these kinds of decisions on the shoulders of one person, especially health personnel.
- 14. The virus does not affect all people in the same way, so today, it is believed that around 80% of people will have mild symptoms or be asymptomatic while18% will have severe symptoms, and for 2% of the population, the virus can be fatal. Although there are groups at higher risk, such as elderly people, those with chronic diseases, or with a compromised immune system, people of all ages have also died without previous complications. However, children under nine years have done so in a much lower proportion. With this in mind, we recognize that it is of utmost importance that all adults —especially those hospitalized with symptoms of contagion— make an effort to make "advance directives." That is, indicating to a trusted person what their wishes are regarding medical treatment if they are unable to make decisions for themselves. Given the difficulty of forecasting the course of this disease, in many hospitals, health personnel is expected to have a conversation about "advance directives" upon a patient's admission. As religious leaders, we affirm that it is essential to guide our congregants regarding the importance of that conversation with their loved ones before entering the hospital. The discussion should include not only medical directives, but also to consider the legal, personal, and spiritual aspects in case we are not able to accompany them.
- 15. We recognize that the issue of "advance directive" is of particular importance for people within the LGBTTIQ+ community to determine who can make decisions for them and how to dispose of their assets. We regret that many of the legal provisions of most of our Latin American countries grant the power of decision and legal benefits to our blood families, excluding our chosen families and couples.
- 16. At the same time, it is vital that health centers —hospitals, clinics, among others— also consider the beliefs, customs, and rituals at the end of the life of people affected by COVID-19. Many Christian traditions as well as different religions do not accept cremation. In that case, the State must provide protective red bags for the person's burial as well as drafting a protocol so that their religious will is respected. It is a matter of dignity to recognize and honor a person's particular beliefs even when the professional team or the health center where the person is under care do not share them. Not to consider the religious convictions of each person is to disrespect their rights. In the last hour of people, the health centers can —in consultation with a minister of the particular religion of each patient— give them a minimum of respect for their faith practices (prayer, mantra, or short ritual).
- 17. We appreciate the work of all the people who put their lives at risk so that the community can continue to function: Doctors, nurses, and hospital personnel, especially maintenance, cleaning, among others. However, and given many cases in various places in Latin America, it

is the responsibility of the governments and the institutions for which they work to ensure that they do so with the best protection measures and with fair compensation. Providing protection elements —gloves, clothes, masks— as well as biosecurity and ethics protocols cannot be put in second place due to economic or budget saving policies. Caring for people who work in health centers is also caring for people in their health.

18. Finally, we repudiate the attitudes of violence, discrimination, and social stigmatization towards people who work in health centers and their loved ones as potential agents of contagion in society. That stigmatization not only intervenes in the efforts to overcome the current crisis but also generates a situation of fear and unnecessary anguish. At the same time, it minimizes the great effort that health personnel makes every day to care for the lives of all people.

Rejecting all forms of violence and oppression

- 19. From our spaces of faith communities, we denounce all kinds of violence and oppression.
- 20. First of all, we have seen with deep sadness, the increase in gender-based violence that in this period of total quarantine is exacerbated against women and LGBTTIQ+ people. The visibility of all violence makes us reflect and challenges us to raise our voices and work for the cessation of power mechanisms that coerce people in their families with food, shelter, and security for children. One of the reasons why many people do not report that their partners mistreat them is because outside of that violent relationship, they would end up living on the streets. In many cases, the abused partner is also dependent on access to medications and medical treatments that would otherwise be impossible to achieve. Laws enacted by many governments in Latin America for people to carry out quarantines have highlighted episodes of intra-couple and family violence. At the same time, children within households are affected. Caring for their rights is vital to the future of any society.
- 21. At the same time, we continue witnessing a very harsh reality, which is that there is not always effective compliance with the laws that guarantee a life free of violence. On the other hand, as part of the citizens of our countries, we ask that the control entities and judicial officials do not hinder reporting processes and the search for safe spaces for the victimized people. Nor do we remain silent in the face of the institutional violence exerted by the repressive apparatuses that use the context of the pandemic to continue perpetuating excesses of authority —especially in the impoverished neighborhoods— through police or other security forces' abuses at the national or local level.
- 22. Thus, we have also observed with grave concern the selfish and excessive hoarding of food and goods necessary for subsistence. That also shows its counterpart in those people who cannot access them not only because of the shortages it causes but simply because they have no job or economic means to do so. Many people and family groups who barely manage to subsist with the money they manage to collect day by day, find themselves at the limit of need since their informal livelihood curtailed with the necessary quarantines.
- 23. Through the years, we have been assisting to the naturalization of homelessness. We maintain that the streets are not a place to live, so it pains us to witness the immense number

of people who spend their lives on them. We are seeing a significant increase in the population living on the streets, as opposed to the decrease in social policies in various countries of the continent. Currently, these people during the pandemic do not have space to shelter themselves in quarantine periods.

- 24. We also consider it necessary to recall the attention to providing all the essential help and accompaniment to our migrant sisters and brothers. Fear of other people who are considered "foreigners" has already caused discrimination in different societies. Some people seek to install hateful, xenophobic, or racist speeches, during a crisis that affects us all equally. That reminds us of episodes that we have experienced in Latin America, such as the last cholera epidemic in the 1990s or other animal-human contagion diseases in the first two decades of this century: SARS, Avian Flu, Swine Flu, and now COVID -19.
- 25. To face the medium and long-term consequences of this crisis, our governments will have to make fiscal and resource adjustments. We ask that in deciding how to use those resources, they give priority to the most vulnerable individuals and groups. We condemn —as acts of violence against less favored individuals and groups— any corruption, misuse of resources, or the creation of laws to support the interests of those with vast fortunes.
- 26. We must transform all violence and different oppressions into forms of justice and social solidarity.

Conclusion

- 27. We appeal to empathy, solidarity, mutual and collective care to act responsibly, always, but especially at this time when the situation demands that we look after the common good.
- 28. Based on our various faith traditions, we commit our lives to serve all peoples. We do so by following the teachings of our sacred scriptures and beliefs as inspiration. Today more than ever, we affirm that our differences are richness that helps us collectively to care for and ensure the well-being, justice, equity, and health of all people. Our faith communities seek to be spaces where to accompany and respect all people
- 29. As we collectively write this statement, we do so in the spirit of camaraderie and empowerment in light of our commitment that we will not give way to hate speech or situations that want to antagonize us. It is from our beliefs that we understand ourselves as part of the same human family.
- 30. Because of this statement, we will raise our voices individually and collectively not only to denounce the injustices in our societies but also, mainly, so that all people can be treated equally amid a crisis that involves us as a species. The solutions to this crisis, as well as the health of all people, will come hand-in-hand from the joint work of all humanity.

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