



D. Gareth Jones

A Christian Perspective on New Zealand's Response to COVID-19

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The COVID-19 pandemic has had horrendous consequences for much of the world with huge swathes of serious illness and alarming rates of premature death. Surprisingly, some of the most affluent and technologically sophisticated countries have been the worst affected. The current article aims to investigate this counterintuitive state of affairs by reference to a small country, New Zealand, that has escaped the worst effects of the pandemic. Some of the lessons that emerge include the prominent role played by science in undergirding political decision-making, decisive empathic leadership, and the subsequent high level of trust placed by the community in the political decision makers. The willingness of political leaders to listen to scientific advice and enter into dialogue with public health specialists and epidemiologists stood out as exemplary.

The dominant messages coming from the political leadership at the height of the pandemic highlighted the importance of community, the interests of one's neighbors, and the need to treat each other with kindness and consideration. While these were not put forward as Christian standards, they bear striking resemblance to the Christian values of loving one's neighbor, living for each other, putting the interests of others before one's own interests, and demonstrating the gifts of the Spirit. It was these that enabled the country to live through an early very harsh lockdown aimed at "eliminating" the virus from the population. While the New Zealand situation cannot be precisely replicated in much larger countries, many of the lessons coming out of the New Zealand experience throw considerable light on how reliable, insightful science and responsible leadership can bring glory to God and protect human dignity and worth.

In the midst of the horrific ongoing effects of the COVID-19 pandemic that has ravaged the world, a few countries have stood out as having coped remarkably well with controlling its worst effects. One of these is New Zealand, and as someone living there, it is possible to provide an insider's perspective on the measures that were taken, and continue to be taken, to accomplish this degree of control. This, in turn, provides an opportunity to reflect on the values lying behind these measures, and the extent to which they reflect Christian priorities. While New Zealand's response does not represent the only one that could have been taken, it serves as a useful model from which general lessons

can be gleaned. It also shows the power of public health measures. Important as vaccines will undoubtedly prove, even in their absence, a great deal can be done to protect whole populations. This was discovered by people such as Martin Luther five hundred years ago, even though he and others were ignorant of the accumulated wisdom of public health experts.¹

When a plague struck Wittenberg in 1527, Luther remained to minister to the sick and the frightened, in spite of being

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surrounded by death. Misunderstood as he was for this, he wrote a now famous letter: "Whether One May Flee from a Deadly Plague."² The bottom line for him was caring for one's neighbor and the community, and taking all necessary steps to protect others. He was driven by the centrality of serving. Even though he accepted that it was not necessarily wrong to flee from death, his first considerations were his community and family responsibilities. For Luther, people are bound to each other and are not to forsake others in their distress, and this led to an obligation to assist and help others. As a result, Luther urged people to take medicine, to disinfect their homes, and if at all possible, to avoid people and places in an effort to confine the disease.

Luther had found that elusive middle ground between panic and foolhardiness.³ His pragmatism is striking since he possessed none of the epidemiological and public health knowledge available today. Strikingly, he was driven by his theology and biblical insights. His insistence that we have a duty toward our neighbor, even at the expense of our own health, stemmed from the fundamental premise that, as those bound together in Christ's body, we are to serve our neighbors both inside and outside the church. His biblically based actions aligned remarkably well with the scientifically based measures underlying contemporary public health policies.⁴

In his own way, he was demonstrating the close alliance of science and faith. He would probably not have thought in these terms, and yet, with hindsight, what he did was utilize the rudimentary scientific principles available to him and apply them to protect his parishioners as those made in God's image. This was the science-faith duopoly in action, public theology at its best.

When large numbers of lives are at stake, the question of what measures at our disposal will best protect and enhance human life and dignity, and uphold the value placed upon human life, becomes central. A pandemic calls attention to the need to protect life after birth, especially the aged, those in long-term care facilities, those with a range of underlying health conditions, essential workers, minority populations, and the less affluent. The pressing question for Christians is what will uphold the dignity of human life at a community level as opposed to an individual level? This is not a new

dimension, since the suffering of entire populations as a result of starvation and endemic diseases, like measles and malaria that could be eradicated but are not, brings us face-to-face with the same dilemma. Unfortunately, these situations tend to be confined to impoverished countries and tend to be overlooked by those in the more affluent parts of the world. A pandemic serves as a learning moment for the affluent in that it confronts the privileged with needless misery and death. What ethical and theological tools do we have for addressing them using the ethical categories we regularly employ at the beginning of life?

Background

A small country like New Zealand has achieved global recognition for its sterling response to the COVID-19 pandemic. In this, it is not alone but sits alongside a number of Asian countries such as Taiwan, Thailand, Vietnam, and Singapore. Each has had different characteristics, but all have followed well-known public health measures.

New Zealand has experienced one of the lowest cumulative case counts, incidence, and mortality among higher-income countries in its first wave of COVID-19. It achieved the lowest death rate in the Organization for Economic Co-operation and Development (OECD) from the pandemic, equivalent to about 2,000 lives saved compared to the OECD average.⁵ It was the only country to articulate an unambiguous "elimination" strategy which was achieved.⁶ With twenty-five (now 26) deaths, the death rate was 54 times lower than the average for other island nations in the OECD, although it has to be admitted, that Taiwan had only seven deaths and a smaller number of cases.⁷ The New Zealand result was brought about by early implementation and rapid escalation of national COVID-19 suppression strategies.⁸

Chief among these were border closures as a crucial means of reducing the burden of imported disease.⁹ This commenced fifteen days after confirmation of the first case. Within two weeks, lockdown was associated with a substantial reduction in daily case infection rate and improving response performance measures. Most cases were detected by contact tracing, and there were decreasing average times to case notification and isolation, along with increasing population testing with effective targeting of higher-risk

groups. In terms of the degree of economic harm, New Zealand falls into the mid-range among OECD countries.¹⁰

It is fascinating to see that *Nature*, the world's leading multidisciplinary science journal, has included the New Zealand Prime Minister, Jacinda Ardern, as one of the ten people to shape science in 2020, even though she is not a scientist. On March 14, 2020, at a time when just six people in the country had tested positive for COVID-19, all linked to overseas travel, she announced a series of strict measures to slow the outbreak, including two weeks of self-isolation for everyone arriving in New Zealand, closure of sea ports to cruise ships, and restrictions on travel to vulnerable Pacific neighbors. Less than two weeks later, New Zealand entered a nationwide all-encompassing lockdown. This decisiveness has characterized all her subsequent decisions. As a consequence, New Zealand has twice stamped out community outbreaks, limiting cases to just over 2,000 and deaths to twenty-five.¹¹ To put this in perspective, the United States death toll when adjusted for population size is more than 170 times higher.¹²

This is not to suggest that the New Zealand response has been flawless. Commentators have pointed out how it could have been better if the country had been more prepared for a pandemic. Taiwan outshone New Zealand with its better border control early on, its extensive use of masks, and its superior use of digital technologies to support pandemic control.¹³ Taiwan even managed the pandemic without a lockdown, although it is unlikely that New Zealand could have done the same in light of its inadequate prior preparation for a pandemic. New Zealand's lack of preparedness for a pandemic is illustrated by the fact that it ranked thirty-fifth out of 195 countries in the 2019 Global Health Security Index, which assesses countries' health security and capabilities, with a poor overall score of 54/100. This compared with first ranked United States, with an overall score of 83.5/100. This demonstrates how remarkably well the New Zealand government did, led by its Prime Minister, Jacinda Ardern, with her strong crisis leadership.¹⁴

The lack of prior advance planning shows very forcibly the central importance of specialist expertise, willingness to follow well-recognized effective agenda management, and eschewing any personal

ego.¹⁵ Repeatedly, the response to the crisis was framed as "our" response, to indicate the importance of national unity. As a result, "flattening of the curve" became a national challenge, with breaches deemed unacceptable. In one high profile case, a breach, on the part of a leading government minister, led eventually to his demotion. Framing the lockdown in terms of the "team of five million" served as a very effective message to "nudge" citizens' behavior.¹⁶

Another temptation that New Zealand resisted was opening up its borders and internal activities too early in response to demands from the business community, including tourist interests. In hindsight, not only did this save lives, it also allowed the economy to recover far more quickly than was generally forecast.¹⁷

In responding to the pandemic in this manner, the New Zealand government was probably influenced by equity considerations; some have argued that these provided the impetus for the COVID-19 elimination strategy.¹⁸ The reasoning behind this assertion is that this strategy minimized cases and deaths that were widely expected to have a disproportionate effect on Māori and on those belonging to low socio-economic groups. A more general discussion of the ethical principles needed in a pandemic has highlighted solidarity, equal moral respect, equity, autonomy, vulnerability, and trust.¹⁹ While these may not have directly informed the decision makers in New Zealand, the similarity between them is striking.

Overview of the New Zealand Response to COVID-19

New Zealand consists of two major islands and a large number of smaller ones. It is both small, with a population of five million, and isolated in the Southwestern Pacific Ocean. It is a bicultural nation with a formal treaty relationship (the 1840 Treaty of Waitangi) between the indigenous Māori and the British Crown. It is a developed nation, with legislative authority vested in an elected unicameral parliament, based on the British system. The majority of its population (around 70 per cent) is of European descent, with the indigenous Māori constituting the "first" peoples and the largest minority, followed by Asians and Pacific Islanders. There is also a growing cohort of Middle Eastern, Latin American, and African ethnicities.

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Christianity is the predominant religion, but with a prominent secular strand running throughout the society. On Bloomberg's market crisis management index, New Zealand ranks very strongly for political stability, economic recovery, virus control, and social resilience.²⁰ This has proved beneficial for business continuity planning, even though the primary focus of the country's response was to limit the negative health effects of a rampant virus.

The first case of COVID-19 was reported in New Zealand on February 28, 2020. Prior to this, the government had been following the outbreak in a number of other countries, so that on February 3, 2020, entry from China was denied for foreign travelers, with only New Zealand citizens and permanent residents permitted to enter the country. The earliest reported cases were returning nationals and passengers from cruise ships. On March 21, the prime minister announced the establishment of a four-stage "alert" level system: level 1 (prepare; the disease is contained in New Zealand), level 2 (reduce; the disease is contained but the risk of community transmission remains), level 3 (restrict; high risk the disease is not contained) and level 4 (eliminate; likely the disease is not contained).²¹

On March 23, 2020, an epidemic notice was issued, and level 3 was announced with significant restrictions on personal movement, social contact, and travel. Two days later a national state of emergency was declared, about twelve hours before a move to level 4. At this most stringent of the levels, the entire population was to remain in their homes and associate with only their immediate family or household (their "bubble"). All public gatherings of any size, including funerals, were banned. All non-essential businesses, including educational institutions, bars and restaurants, hairdressers, and churches, had to close. Essential workers, who included health and residential care workers, first responders, grocery store and food distribution workers, and the media, were permitted to work under strict protocols. The border was closed, and all international and domestic air travel was suspended, except for relief flights and the transport of cargo. All arrivals were (and still are) required to undertake a fourteen-day government supervised quarantine. The intention of this harsh lockdown was to "eliminate" the virus from New Zealand.²²

This level 4 lockdown was in place for four weeks, with the following two weeks at level 3. In effect, this meant that, for most people, it lasted for at least six weeks. Following this, it was decreased in stages to level 2 and then level 1, which is essentially normal existence except that the borders remain closed. Any recurrence of community transmission was addressed by an escalation back to levels 3 or 4. This has occurred twice in the country's largest city Auckland, and the case numbers were controlled within a few days or weeks.

Closure of the borders is not insignificant since numerous citizens originate in other countries and have relatives and friends in other countries, including nearby Australia. Consequently, the present near-normal state of affairs is not without its drawbacks, with families separated and unable to meet up even in times of grief, or indeed for celebrations of all kinds.

A particular feature of the handling of the pandemic for many weeks was the 1 pm press conference each day on both radio and TV. These daily briefings undertaken generally by the Prime Minister and Director-General of Health emerged as a major highlight with their openness and communication of hard data. The impression was given that there was nothing to hide and that all measures possible were being undertaken by the government and public health authorities to protect the public. The atmosphere of these press conferences was one of empathy and understanding, encouraging a mutuality of response across the whole country.²³ It was recognized that lockdowns were onerous and debilitating, but that they were aimed at protecting the citizens of the country and looking after their welfare.

Underlying these responses was close liaison between the government officials and their public health advisors, and the academic specialists and epidemiologists.²⁴ Differences of opinion between experts were freely aired and discussed publicly leading to positive discussion rather than acrimonious debate. Academic specialists were regularly featured in the media and this contributed to a general acceptance of what was a temporary suspension of civil liberties. A response of this severity was feasible on account of considerable public trust in central government and the media in times of crisis, so that public health messages that were clearly explained

were largely positively received. Much of this was made possible by the small size of the country and by its isolation, with ongoing border controls and extensive use of isolation facilities. Efforts to keep the virus out of the country at the borders proved demanding and on occasion failed.

Significant Messages

The main messages to emerge have been the ability and willingness to close the country's borders early, to have quick and very firm lockdowns when required, the extensive use of contact tracing, the concept of bubbles and staying within them, and the clarity of all official messages. The underlying messages propounded ceaselessly by the Prime Minister were "to be kind" and to remember that "we are a team of 5 million." No matter how these messages sound to those from other countries, they proved very powerful for the citizens at the height of the pandemic. They were reiterated repeatedly and were backed up by financial support for businesses suffering from border closures.

Underlying these responses was an ethical framework drawn up a few years earlier following the SARS epidemic,²⁵ with the object of reflecting the culture and beliefs of New Zealand and in particular significant Māori concepts. The emphasis upon kindness and the notion of the team of 5 million reflected ethical principles enunciated in that document, as did the commitment to openness and transparency evident in the daily briefings.²⁶ These responses were made possible by the solidarity evident among the community, a central ethical value for pandemic planning.²⁷ This is possible only if the population is united behind the decision makers and especially the politicians. The role of scientists has been to provide research-based information, and that of bioethicists to assess policies, but both have to recognize that ultimate decisions are political ones and reside in the politicians' court. This is an expression of solidarity that works only when there is respect and trust among all parties and an openness to productive dialogue and free discussion.

New Zealand was fortunate in being able to benefit from cross-national learning, since other countries had been affected earlier. This gave New Zealand policy makers time to absorb lessons emerging from these other countries. Consequently, they had access

to sufficient modelling data and medical expertise to know that the only way of stopping widespread infection was to impose a very severe lockdown.²⁸ This was the only viable option if the country was to avoid a catastrophe, and if hospitals were not to be overrun with COVID-19 patients. In reality, this was a far from easy option politically. The business community was only too aware of the massive financial consequences of closing not only the borders but also most commercial ventures. Hospitality and tourism would be especially hard hit, since the country was heavily dependent upon international tourists, and there was little doubt that the tourist industry (New Zealand's biggest export industry) would be decimated. The decision to go "hard and fast" was a rational, but also a value-based decision for the Prime Minister. The following six-week lockdown under alert levels 3 and 4 was the most severe in any democracy, but accompanied by a huge spending package to support employees and businesses; it generated 87 percent public support.²⁹ There have been numerous challenges in the post-lockdown period, but the government's continued reliance upon ongoing expert advice, and willingness to make repeated tough decisions, have proved crucial.

The New Zealand response rejected any hint of populism and no hint whatsoever of a denigration of expertise. There was time to reflect on the best way forward, that is, a way based on research and serious analysis of data. Little room was left for political ideology or emotive responses, even when momentous decisions were being taken that would affect the lives of many people. One word that has been used to encapsulate this response has been "resilience," the ability to rely on experience with adverse consequences and the ability to develop a capacity to learn from the harm and bounce back.³⁰

Essential Characteristics of the Response

A number of features emerge as crucial for a successful response to a pandemic such as COVID-19. While these are not explicitly Christian in nature, they align seamlessly with Christian imperatives. Prior to analyzing what these are, listing the features will set the scene for a Christian analysis of the response.

The enveloping context is that of trust in the government(s) and its decision-making, especially

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when the latter will restrict the freedoms normally expected by citizens in a democratic society. All do not have to agree with every decision being made, but there has to be a level of acceptance that the decisions are aimed at protecting the society and its citizens. The readiness with which people will respond in this way is greatly assisted by empathic political leadership, whereby the leaders give the impression to citizens that the measures being implemented are for their good and apply to them personally as much as to everyone else in the country.³¹ Any hint of personal ambition or disregard for the welfare of certain sections of society undermines trust and solidarity.

The political leaders must be seen to be led by science and not principally by political considerations. While there may be differences of scientific opinion, there should be opportunity for constructive open debate between appropriate scientific experts in public health, epidemiology, and virology. Once again, this calls for trust and respect among all concerned, the goal being to provide the highest standard of advice to government and political decision makers.

The expectation is that leaders will take advice from people knowledgeable in their respective fields, and be ready to respond to the changing realities that crop up from one day to the next. The last thing required is dogmatism based on preconceived ideas, that may have little to do with emerging data on viral spread. This requires astute scientific advice and a readiness of the authorities to respond with alacrity and decisiveness as well as humility on the part of decision makers, and a willingness to learn and adapt as infections spread and as detailed scientific and genomic sequencing evidence becomes available.

There is no set rule for the spread of a pandemic beyond having available the most detailed science possible and being prepared to shut down whole societies and sections of society as necessary, and communicating what is being done to those affected. One example of how science was used is the extensive application of genomic sequencing to reveal where a specific case had come from and whether it was related to others in an outbreak. For instance, during the first wave in New Zealand, it was revealed that there had been 277 separate introductions of the virus out of 649 cases analyzed. These data helped to

quantify the effectiveness of public health interventions, and led to extensive use of sequencing of all cases identified at the border.³²

These processes work only when most of the population is prepared to accept advice based on expert opinion—from public health professionals, epidemiologists, and those skilled in data analytics, to social scientists and policy makers, and on to leaders within numerous fields within the community, including religious leaders. This is the surest way of combatting the appallingly divisive effects of those pushing conspiracy theories and contributing to the infodemic.³³ While conspiracy theories concerning the COVID-19 pandemic are present in the community, they were not featured in the decision-making of the political leaders, who have been guided by scientific evidence. Strong empathic leadership is central, making difficult evidence-based decisions decisively and quickly when required.

Why did New Zealand act as it did? What does it tell us in Christian terms? New Zealand is a liberal and largely secular society characterized by considerable skepticism toward Christian/religious things. And yet it responded to COVID-19 in a way that has a great deal in common with Christian values. Additionally, closing churches was largely accepted with very little pushback, with a handful of possible exceptions—one church held clandestine prayer meetings during lockdown, and these became the source of a super spreader event, much to the chagrin of the church. However, this was atypical of the general responses of churches. In general, churches were not seen as being exceptions to the general rule of lockdown; they did what everyone else was doing and that was act in a way that would protect citizens and their health.

Unpacking a Christian Response

When asked what is the greatest commandment, Jesus reminded his listeners that it is to love God with every element of their being and to love their neighbor as themselves,³⁴ with its basis in the Old Testament law.³⁵ On another occasion, in response to the question of who is my neighbor, Jesus responded with the parable of the Good Samaritan.³⁶ Here, a man severely beaten was left by the roadside probably to die unless rescued by a passing traveler. The surprising and even shocking aspect of this story is

that those who would have been expected to assist walked past, leaving an alien, a Samaritan, to help and look after him. Together, these two incidents highlight the importance of looking after others, our neighbors, whoever they may be, those who may be affected by our actions and our attitudes in our communities and farther afield. Above all, we are to look beyond ourselves and our own individualistic interests. Like the Samaritan, the New Zealand response was that of a largely secular government determined to rescue the citizens and protect them from an unknown level of harm.

We are to use whatever means are available to protect those around us, those for whom we have responsibility. There are to be no exceptions. The applications of this teaching for the COVID-19 pandemic are legion. The well-being of the community is to be our first priority; we are to do everything possible to protect our neighbors from the vicissitudes of a rampant viral infection, a task that falls to everyone, since all are members of the community. In Christian terms, we are all members of the one body, so exquisitely demonstrated by the church as the body of Christ.³⁷ While this cannot be directly applied to those who are outside the church, and are not members of Christ's body, it points to the helpful notion that if one suffers, all parts of a community suffer. It also points to the contribution that all are to make to the well-being of the community, including the knowledge that experts bring to discussions about the best way forward.

The question that arises is how we best look after community interests when faced with a viral pandemic for which there is no immediate therapy in the form of effective vaccination. This is an obligation that rests upon all, especially those of the household of faith. The example provided by the New Zealand response is that this is accomplished by a rigorous application of the available science in the form of public health measures and epidemiology, and ultimately by the development of vaccines that will be safe, effective, and inexpensive, so that they can be made available very widely across all countries and populations irrespective of the weakness of their health systems. While Christians have no privileged roles in directly influencing public policy, they should be advocating for the good of their fellow believers in impoverished countries with failing health systems.

Lessons to Be Learned

The argument of this article is that the New Zealand response is inherently, if not explicitly, Christian.

Lesson 1: Taking science seriously

A scientific approach is not only amenable to Christian approaches, but is crucial when confronted with a creation that is broken and is groaning in its brokenness.³⁸ In Christian terms, public health and allied measures contribute to a partial restoration of creation, including the partial redemption of the bodies of human beings.³⁹ Consequently, Christians should support these efforts, no matter where they find themselves, as members of society, pastors, teachers, or lawyers. Those in public health, epidemiology, or virology should be encouraged to utilize their expertise to inform decision makers as best they can.

Lesson 2: The supremacy of truth

This should come as no surprise since Christians believe in the supremacy of truth, and a scientific approach to overcoming a viral pandemic is an illustration of discovering that which is truthful and factual. As a result, Christians should be the first to oppose falsehoods including "fake news" and conspiracy theories, as they are grateful for the scientific abilities made possible by God as a reflection of his providence.

Lesson 3: Good leadership

However, the availability of the necessary scientific expertise is of limited value if it remains unutilized. This points to an allied necessity, that of strong informed leadership, so amply exhibited in New Zealand by the dual political and health leadership of the Prime Minister and Director-General of Health. Once again, this is a manifestation of God's providence, regardless of the religious position of the leaders, who are acting on behalf of God when they seek the good of the whole population.⁴⁰

Leaders who act in ways that protect and provide for God's creation are a sign of God's blessing. On the other hand, if leaders serve their own interests or the interests of certain sections of the public at the expense of the interests of ordinary people, including their health and well-being, they are failing to serve God.⁴¹ All resources at our disposal during a pandemic come from the providence of God. That providence, which lay behind the daily supply of

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manna to the Israelites,⁴² has been expressed throughout history in human creativity and ingenuity. Good leadership shines through all the more clearly in an extreme situation like a pandemic and is particularly evident at the political level. Poor, uninformed leadership can lead (and has led) to many deaths that could have been avoided if the situation had been better handled. The derision shown in recent years in a number of countries toward “experts” has resulted in a lack of attention being paid to the one group of health experts that matter in this instance—public health specialists and epidemiologists. They do not have all the answers, and there are other inputs that have to be taken into account, but when politicians think that they can interpret trends better than appropriate experts, trouble is inevitable. This should be of deep concern to Christians.⁴³

Lesson 4: Valuing human life

The practical relevance of valuing human life is obvious, as evidenced by the extensive loss of lives in some countries and the relatively small loss in others. This should be of profound concern to Christians with the high value they generally place on human dignity. As an illustration, compare Wales (population, three million) and New Zealand (population, five million): as at April 8, 2021, there had been 5,527 deaths in Wales compared with twenty-six in New Zealand.⁴⁴ This is not intended as a critique of the Welsh response (which differs in many respects from a country such as New Zealand), but as a broad indication of the lives saved by the New Zealand response. Whatever the precise factors in each instance, the New Zealand response has protected the health of numerous people. This depicts a willingness to put to good use means provided by God to overcome a destructive and debilitating force. For Christians, this is an apt illustration of the integration of science and faith.

Lesson 5: Living for others

Lockdown means living for others and providing a means of protecting them. It means acting for the community. All are united in a common purpose, namely, opposition to the virus and support for each other. There is no room for individualism, either by government ministers or churches. In responding to a pandemic, individualism and individual rights have to be sidelined, as the good of the population

is placed above that of the autonomy of individuals. Once again, the Christian emphasis shines through.

It is fascinating that the New Zealand Prime Minister's mantras, “be kind to one another” and the “team of five million,” are manifestations of Christian values. Kindness is one of the fruits of the Spirit,⁴⁵ and the team notion points indisputably to community interests. Alongside kindness can be placed other fruits of the Spirit, including forbearance, goodness, gentleness, and self-control. Each of these serves as an important contributor to the best way to respond to the restrictions imposed by stringent public health measures. In other words, Christian values shone through the New Zealand response, even if not explicitly articulated. It is not known whether the leaders were aware of the Christian roots of what they were advocating, although one of the two main spokespeople has a Christian background and the other is a practicing Christian.

Emphasis upon the centrality of the health and well-being of the community has an inevitable consequence, namely, rejection of individualism with its self-centered interests and thoughts only of oneself. Mask wearing, when required, reflects the significance of the “other,” and hence it is an indication of the importance of the other as individuals made in God's image. An unexpected implication is that, important as vaccines are, they should not be viewed as the sole answer to pandemics, and definitely not as a savior. Nevertheless, efficient and safe vaccines are most definitely to be desired, but must not serve to obscure humanity's fundamental ills of excessive individualism and self-centeredness.

Lesson 6: The enduring relevance of vaccination

Most Christians accept that, historically, vaccination has been transformative for whole societies. They rejoice as they recognize God working through the creativity of scientists and the expertise of the medical profession. This follows from God's own creative nature, and from Paul's plea that the followers of Christ are to be transformed by the renewal of their minds.⁴⁶ Their thinking is to be transformed, and they are to gladly accept the healing of the body and mind through medical intervention, and the protection of whole populations by scientifically based responses to a pandemic. In this regard, the

COVID-19 pandemic fits into a long tradition of illnesses that Christians have had to face over the centuries, and have developed tools to combat them.

Any society that appears to readily accept the death of large numbers of its citizens demonstrates that it has lost touch with the possibilities opened up by God, who never wants any to perish needlessly. There is no virtue in suffering if remedies are available, vaccination included. Refusal to accept the principles of public health and virology, and now vaccination, amounts to rejection of means made available by God; it is the antithesis of a mark of spiritual maturity.

But enormous care has to be taken to ensure that worldwide vaccines are as evenly distributed as possible; otherwise inequality will be substantially worsened.⁴⁷ This is the heart of the Christian ethos—serving one another and laying down one's life (rights) for others. Countries like New Zealand that have coped well with the pandemic illustrate this truth, even if they have not done it ostensibly on Christian grounds. Nevertheless, this is Christian social responsibility in practice.

New Zealand, in part due to its success at keeping COVID-19 largely at bay, has been slow in obtaining and subsequently distributing vaccines. However, once this process gets under way, the government recognizes its responsibility to ensure that six Pacific Island nations (which have been shielded from the worst effects of the pandemic) receive adequate numbers of doses of vaccines for their populations.⁴⁸

Lesson 7: Lockdown and consequences for mental health

As countries have striven to protect their populations from the pandemic, lockdowns of varying intensity have been employed; one feature is the closure of schools, even though children are not as severely affected by COVID-19 as other sections of the population. It has become clear that this has had short- and long-term psychological and mental health implications for children and adolescents.⁴⁹ Although the likelihood of such repercussions did not appear to feature in New Zealand's decisions about lockdown, confining them to a matter of weeks and avoiding too many repeat lockdowns meant that any negative mental health issues were less than might have been expected following months of long lockdowns. Little

evidence is available to back up this statement, but it has become apparent that lockdown as a protective measure has debilitating effects on educational, psychological, and developmental attainment, especially for children with preexisting mental health conditions, and also on the economically underprivileged. Christians should welcome the message that the less lockdown the better, even as they strive to protect children and their parents from the ravages of a pandemic.

Concluding Remarks

The approach taken in this article is not the usual one encountered in Christian publications dealing with the COVID-19 pandemic. Others hone in on questions revolving around God's purposes in bringing about, or allowing, this particular coronavirus to run rampant throughout the world. This is akin to asking why there is cancer in the world, or why populations are ravaged by malaria, dengue fever, dysentery, or even widespread malnutrition. We live in a broken world, and the important theological question is what humans can do to rectify that which has gone wrong, and correct these problems to the best of our abilities. Humans, as God's creation, have all the attributes necessary to ameliorate these conditions—at least to a limited degree. We are to help where we can help, and correct where we can correct.

A basic failing so often encountered is that we do not utilize the instruments placed at our disposal by God, to cure where possible and always to care for those in need. While this is usually seen as a driving force behind conventional medicine, we are not used to thinking in these ways at a population level. We tend not to regard preventive medicine, that is, public health measures and epidemiology, in the same light as chemotherapy or surgery for cancer. We are often remiss in privileging the treatment of individuals above that of populations, failing to realize that serious threats to populations affect numerous individuals within them—hence, the importance of vaccination.

Approaching the COVID-19 pandemic in these terms enables us to see why Christians should make use of public health measures as the most effective way of controlling the virus in the absence of widely available and effective vaccines. It is not as alien a creature as we often make it out to be. Neither is it completely

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beyond our control, if only we take seriously what we know from fundamental public health principles. The example of Martin Luther is a salutary one; he used the knowledge at his disposal, limited as that was from our perspective five hundred years later. Unfortunately, we have become so addicted to technological control over both our environment and ourselves that we have underestimated the value of the relatively low technological approaches of public health. It is also deeply to be regretted that as societies we tend to be impatient: an impatience and self-centeredness reflected all too clearly in political and business leaders who open up far too early in a forlorn attempt to protect the economy.⁵⁰ Western societies have also failed to take note of recent previous pandemics, such as Ebola, Zika, SARS, MERS and H1N1 influenza,⁵¹ and of the manner in which they were responded to, mainly in a handful of Asian countries. It is a sad indictment on the church that it has failed to exercise its influence in modelling the Christian virtues of community, servanthood, and respect for truth and integrity.

A small, isolated country like New Zealand cannot be taken as the perfect example of how to respond to a pandemic; that would be naïve. And yet, much larger, less isolated countries have also responded amazingly well, mainly in Asia where they learned from their previous bitter experience of recent epidemics. As argued elsewhere, COVID-19 demonstrates that science has to be taken seriously.⁵² The biblical writers cannot provide a direct answer that will alleviate the social and health dilemmas surrounding us, but they are fundamental in helping Christians confront the fear and uncertainty created by a viral pandemic. Public health measures and ongoing scientific enquiries are indications that God is at work in controlling nature and are integral to his provisions for humankind. Science and faith are vital partners in seeking ways in which faults in natural processes can be healed and a return to wholeness effected.

The focus in this article has deliberately been on New Zealand, and yet for larger countries to ignore its success in coping with the pandemic would be foolhardy. To date the death rate from COVID-19 in the US has been 1,529 deaths per million of population, and in the UK, 1,820 deaths per million of population.⁵³ The corresponding figure for New Zealand is five per million of population. This is not a simple

aberration, but a direct outworking of public policy based on science, the positive response of the public to harsh lockdown measures, and an awareness of the need to protect the health of the community even at the expense of some individual liberties.

It may be argued that New Zealand's geographic isolation has protected it far more than other countries. However, its borders prepandemic were porous, since international air-based tourism was the country's biggest export industry, contributing twenty per cent of total exports. Additionally, around 110,000 New Zealanders travel overseas every year. It is also one of the most globalized economies and depends greatly on international trade, all of which expose the country to a viral pandemic.

As countries now move to the next stage in pandemic response, and the use of vaccines, many of the same principles apply. The trust in government and public policy that enabled New Zealand to act as it has done, is vitally important for the rollout of vaccines. The growth of vaccine hesitancy is an indication of lack of trust in political and scientific expertise and advocacy.⁵⁴ What is required within Christian circles is a mix of education about the safety of the vaccines, and teaching about the importance of our responsibility toward the well-being of the community. Achieving herd immunity through vaccination (not community spread of the pathogen) is integral to this, pointing as it does toward protection of, and love for, one's neighbor.⁵⁵ Vaccination alone is not the sole answer, spectacular as the scientific progress on vaccine development has been and for which Christians should be exceedingly grateful, since so many lives have already been lost. †

Notes

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- ³⁶Luke 10:25–37.
- ³⁷1 Cor. 12:12–28; Rom. 12:5; Col. 2:19.
- ³⁸Rom. 8:19–23.

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³⁹Rom. 8:23.

⁴⁰Rom. 13:1-4; 1 Peter 2:13-17.

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To each is given the manifestation of the Spirit for the common good. –1 Cor. 12:7

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