

## Article

# Racializing the Religious during the COVID-19 Pandemic

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**Abstract:** In this article, we propose more research attention to an important dimension of social life that bears considerably on the racial patterns of the Coronavirus Disease (COVID-19) pandemic: religion. Drawing from recent insights into the complex relationship between religious affiliation and other intersecting social identities (namely race, gender and class), we argue that understanding the racial inequities of COVID-19 requires consideration of the religious beliefs, participation and the collective resources of racial minorities. We suggest that religion can simultaneously offer a salve for vulnerable communities during this outbreak and can exacerbate the spread of the disease without solving the problem of insufficient access to care. We describe how religion helps and hurts during these turbulent times.

**Keywords:** pandemic; race; religion; Black churches; health disparities; health inequity



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## 1. Introduction

Over the past year of the global pandemic known as the coronavirus (COVID-19) pandemic, researchers and journalists have drawn attention to the racially disproportionate impact of the disease in terms of health outcomes and healthcare. At the time of this writing, rates of infection and death are still increasing in some parts of the United States and declining in most states (Johns Hopkins University & Medicine 2021). A record-setting number of 312,488 cases were reported on 8 January 2021 (CDC 2021). According to the New York Times and several other media outlets, the Centers for Disease Control and Prevention did not make COVID-19 racial impact data available for analysis until lawsuits had been filed under the Freedom of Information Act (Oppel 2020). Once obtained, they found evidence of racialized patterns of infection and death. African Americans and Latinos were three times as likely to become infected and nearly twice as likely to die from the disease (Oppel 2020). While bio-chemical causes for these differences remain unapparent, we know several socio-environmental factors aggravate the spread of the disease and affect the consequences of the disease. The first consequence is the risk of exposing and infecting others; for this reason, health officials have called for reducing public exposure to the disease by reducing gathering spaces and opportunities, whether at work or leisure. The second consequence arises from adequate testing and treatment of the disease. Increased exposure risk and limited access to care are longstanding factors within racialized social systems even before this pandemic.

In this article, we propose more research into an essential dimension of social life that bears considerably on the racial patterns of the COVID-19 outbreak: religion. Drawing from recent insights into the complex relationship between religious affiliation and intersecting social identities (namely race, gender and class), we argue that understanding the impact of racial inequities of the COVID-19 pandemic requires considering religious beliefs, participation and the collective resources of racial minorities. We suggest that religion could simultaneously offer a salve for community vulnerabilities during this outbreak and yet exacerbate the spread of the disease and insufficient access to care. We describe how religious practice helps and hurts during these turbulent times.

## 2. Intersecting Race and Religion

Race and religion have a particularly complex relationship (Wilde 2018). “Racial categories are supported by institutions” like religion and “applied to bodies, marking them, through the explicit and implicit effects of power” (Lloyd 2013, p. 82). In this article, we will focus on the US context. According to Lloyd (2013), this approach demonstrates how a racializing logic produced blacks as a race in the Americas that depended on Christian ideas. As Yukich and Edgell have recently argued, religion is raced; that is, the racialized nature of social life in the US shapes religious identity and religious beliefs, as well as religious interactions and structures (Yukich and Edgell 2020). In much of the sociology of religion, normative assumptions, definitions and constitution of religious beliefs, behaviors and identity have centered on the White Protestant Christian experience (Bender et al. 2012; Joshi 2020; Lloyd 2013). Many scholars of historically Black Protestantism have already noted these variations, but that scholarship has often been overshadowed by the longstanding attention paid to White religious communities by White scholars. By interrogating the assumptions of White Christian norms, new scholarship could examine the intersection of race and religion by focusing on racial/ethnic groups that share a religious affiliation. Few studies have explored this intersection (Padela and Curlin 2013; Park et al. 2020; Yukich and Edgell 2020). Examining the racial inequities highlighted by this pandemic offers an opportunity to increase understanding of religion and health among members of predominately Black and other minority-dominant faith communities as a pathway to explore health disparities overall.

In this article, we use African American Christians and their churches as the primary example of racializing religious persons and we will include Asian and Latino examples where applicable. We make this distinction based on the unique history of the Black Church. Although Christianity had been practiced in parts of the African continent, large numbers of enslaved Africans were converted into the Christianity of white slaveholders mainly by force. While indoctrination was often aimed at quelling rebellion, African Americans synthesized their indigenous religious expressions with the theology foisted upon them, creating a unique cultural expression of Christianity (Raboteau 1995, 2004; Maffly-Kipp 2013). Black churches date back to the 1750s as religious and community hubs (Gates 2021; Fluker 2016; Lincoln and Mamiya 1990; Raboteau 1995, 2004). After the Civil War and the emancipation of African Americans, the shared faith between Black and White Christians could have presented an opportunity to integrate these different religious expressions (Raboteau 1995, 2004; Maffly-Kipp 2013). However, institutional racism within the church and broader society first created invisible institutions and later parallel religious institutions with separate historic Black denominations like the African Methodist Episcopal Church, National Baptist Convention and Church of God in Christ as well as within predominately White denominations like the United Church of Christ, United Methodist and Southern Baptist. Ultimately, African American renderings of Christian collective expression are institutionalized into the most enduring sector of the African American community (Barnes 2009; Fluker 2016; Gates 2021; Lincoln and Mamiya 1990; McCarthy 2020).

Given this very particular history of the Black Church’s origins, we note that racialization of religion manifests differently between those who participate in the Black Church and those who participate in other minority-dominant churches. Differences have also been noted within the Black church (Taylor et al. 2014; Mohamed et al. 2021). There are also within group differences for many religious Asian American and Latino Christians, their understanding of a religious community’s functions may vary considerably relative to the historically Black church. This is due in part to the expectations that immigrants may have based on their experience of religious communities in their country of origin and how social services operated (Ebaugh and Chafetz 2000). There is also a difference in that many of these communities are comprised of immigrants (Akresh 2011). Black and Asian Americans have experienced an increase in individual and community-level discrimination during the pandemic (Ruiz et al. 2020). In some cases, Asian religious communities faced vandalism and defacement. At the same time, religion can also serve as a central basis for

resisting racist injustice. For example, according to a recent study by the Pew Research Center, most Black adults regard opposing racism as essential to their religious beliefs (Mohamed et al. 2021).

Given the racialized dynamics of religious communities, we offer preliminary guidance to scholars on how to research religion's role in the disproportionate patterns seen in the pandemic. We first examine how religion can mitigate the risk of exposure and ways it could exacerbate risk. We provide examples of this from recent news coverage of minority-dominant churches. Second, we consider the ways that religion facilitates and perhaps obstructs access to healthcare. We then propose several potential lines of inquiry for research.

### 3. Racialized Religion and the COVID-19 Pandemic: Exposure Risks

As we mentioned briefly, there are two main areas of concern regarding the pandemic whereby religion could be an important factor to consider when researching racial disparities: risk of infection and access to treatment. African Americans are more likely to be exposed to adverse living and working conditions, particularly persistent patterns of residential segregation. These are typically neighborhoods with limited access to health care, healthy foods and reliable public transportation, as well as high housing density and high crime rates (CDC 2020; Williams and Cooper 2020; Yancy 2020). Based on BLS (2019) data, 30% of White workers and 37% of Asian workers could work from home if necessary compared to 19.7% of Black workers and 16.2% Latinx workers. Racial and ethnic minorities are also more likely to work in restaurants, grocery stores, health care settings and other essential services where the risk of exposure to the SARS-CoVA-2 virus is much greater than the general public (Williams and Cooper 2020; Yancy 2020). They are also most likely to have little to no sick leave, living from paycheck to paycheck and uninsured or underinsured. These same individuals are most likely to commute to work by public transportation and to live in close quarters. Both are conditions that make it challenging to practice social distancing. These racial disparities highlight “the compounding, elevated risks from our systems of housing, the labor force, health care system and policy responses” that result from systemic racism (APM Research Lab Staff 2021). Such clustering of disadvantages results in stigma and a vicious cycle of economic, psychological and physical distress (Yaya et al. 2020).

The infection rate of COVID-19 in predominately Black counties is more than 3-fold the rate found in predominately white counties (Yancy 2020). In predominantly Black counties, the death rate is 6-fold higher than in white counties. The most alarming patterns of black death rates have been noted in Illinois, Louisiana, Michigan, Wisconsin and New York (Thebault et al. 2020). When adjusting for age, the disparity increases and Black people, Native Americans, Latinos, and Pacific Islanders have a death rate of double or more when compared to COVID-19 death rates for whites (APM Research Lab Staff 2021). According to Yancy (2020), the disproportionate death rates of Black people in Chicago were concentrated in four predominately Black neighborhoods. Residential segregation by race/ethnicity is a primary driver of these health inequities in the US (Williams and Cooper 2020).

As media coverage noted that large gatherings appeared to be correlated with a greater risk of exposure, religious congregations were identified as virus “hotspots”. This first came to our attention in the US when the news stories like these were covered: In early March, two people attended a rural church in Arkansas infected with COVID-19 and spread the virus to over 30 congregants (James et al. 2020; Richard 2020). Of the 92 people exposed, three people died. Twenty-six people in the community infected with COVID-19 were traced back to the church. By April, a church choir in Washington State discovered just how deadly singing during practice could be even when social distancing. Forty-five of the sixty choir members were infected, three hospitalized and two people died (Kavanagh 2020). In June, a Pentecostal church in Oregon became the site of one of the largest coronavirus outbreaks with 236 people infected (Woodward 2020).

A funeral in Albany, Georgia attended by 100 people became the vector for cases in the surrounding county (Aschwanden 2020). For many religions, communal gathering for religious expression is a central feature of commitment to that faith. In the US, the dominance of Christianity has served as motivation for non-Christian groups to emulate communal gathering (Kurien 2002; Min and Jang 2015; Yang 2000).

Since large gatherings elevate potential exposure to the coronavirus, we expect that racial minorities that rely on religious communities face several simultaneous problems. In the Black church and other minority-dominant churches, the local congregation is the social hub and psychological resource for many within its radius. In descriptive terms, the religious community provides unique emotional energy through collective effervescence (Durkheim 1912; Collins 2004) that offers emotional and psychological benefits for participants. In the case of some immigrants, the religious community is also a social center for ethno-cultural communication and expression and building ties with same-ethnic peers (i.e., most immigrant religious communities consist of one ethnic group (Min 1992). Indeed, the largest store of social capital in the United States remains religious communities (Johnson and Kidd 2020; Putnam and Campbell 2010). Taken together, there is enormous social significance to co-presence in the local religious community for racial minorities, immigrants and native-born alike. To the extent that religious leadership and laity do not abide by CDC guidelines of restricting social gatherings, we might expect there to be more risk of exposure to the coronavirus for racial minority-dominant religious communities. At the same time, the “most segregated hour” of Sunday morning worship may have many buffering effects for members of racial minority-dominant congregations. It may also have harmful effects due to the compounding factors of being in another racially segregated space.

However, while these social pressures exist, it is also the case that empathy lies at the heart of most religions practiced in the US and elsewhere. For example, as the number of Black clergy deaths rose, Black churches took a more somber view and voiced concerns for public health and civic responsibility (Carrega and Brown 2020; Gecewicz 2020). Black churches preserved their communal care for their congregation and the broader Black community (Boddie 2021; Gates 2021; Lincoln and Mamiya 1990). Meanwhile, many White clergy voiced concerns for constitutional liberties and freedom to worship as an important first amendment right and the need to continue the regular in-person pattern of worship (Arthur and Chatter 2020; Schor 2020). For some White clergy, the call to empathy is arguably implied in their desire to congregate with fellow congregant members who may have suffered physically or economically from the pandemic. At work, behind these dynamics may be a conflict in authoritative knowledge. Black and conservative White church leaders may have weighed the scientific consensus and their religious mandate to congregate differently, with the latter dismissing scientific knowledge that could not be reconciled with their religious belief. From this vantage point, we might expect a countervailing effect that faith-based empathy might mitigate the pressure to congregate more so for the Black church and other minority-dominant churches.

Additionally, while some leaders debated about religious institutions receiving funds through the 2020 CARES Act, many Black congregations have not even had the chance to receive funding. Rev. James Perking of Greater Christ Baptist Church in Detroit, Michigan said that his church applied for the program but did not receive any funding. He also added that other Black pastors in Detroit whom he knew had similar stories when applying for the PPP (payment protection program) loans. Derrick Johnson, president and CEO of the NAACP, said that there has been a pattern across the nine major Black church denominations in the US. Most of these church leaders complained about banks not responding to them after they submitted their applications. Banks were noted to have prioritized clients with whom they already had relationships and this massively disadvantaged minority businesses and churches, as PPP loans had to be applied for through a bank. While many of these loans went to churches, it seems this distribution was not equitable (Gjelten 2020).



Still another consideration is the use of technology to mitigate exposure risk. While pandemics and other disasters are conditions of great peril, they are also disruptions that open new opportunities for individuals and communities to create solutions and responses to problems (Carter et al. 2014; Jones 2016). Such is the case for some, if not most Christian communities during the pandemic. Live streaming and recorded religious worship through online internet options approximate religious gathering without requiring individuals to be physically present in the same space. Where this possibility may reveal racialized patterns is in the more expressive dynamics of Black churches. For example, megachurch pastor John K. Jenkins Sr. and the First Baptist Church of Glenarden have a team of leaders orchestrate services to duplicate the call and response rhythms of worship while live streaming (Jenkins 2021). Arguably, creativity and innovation may also be rooted in empathy and here too, we might find those religious communities have different effects for racial groups that express their faith differently.

#### 4. Racialized Religion and the COVID Pandemic: Access to Care

In light of the racial disparities in risk of exposure, we expect racial disparities in access to care. Here, we provide a rationale for research that considers the role of religion, particularly religious practices that help obtain or discourage access to health care, mental health care and other services such as food assistance. Research to date has noted the higher rate of pandemic-related fatalities among racial minorities. The causes of this death rate have deep roots in a longstanding history of discrimination, particularly against African Americans and against immigrant groups among Asian Americans and Latinos. Neighborhoods more densely populated by African Americans and Latinos have limited access to health care and healthy foods.

Members of these communities are more likely to have inadequate health insurance, which discourages them from seeking treatment sooner. Due to a long history of medical mistrust, African Americans are likely to place more confidence in their pastors than health care providers and the new vaccine (Caffrey 2021). Some Latinos are doubly discouraged from seeking help due to the threat of ICE intervention and possible family separation and deportation (McNeel 2020). The coronavirus pandemic increases these concerns, particularly for asylum seekers, refugees and those still hoping to become citizens. Immigrant churches are helping those that are not eligible for unemployment or stimulus checks.

In Dallas, Texas, Friendship-West Baptist Church was among the first Black churches to offer free COVID testing (Cooper 2020). Black churches like Catalyst Church in West Philadelphia, Pennsylvania, recognize the emotional toll and the trauma of the pandemic and racial unrest on mental health from the pulpit (Pattini 2020). Browns Chapel African Methodist Episcopal Zion Church in Chester, South Carolina, hosted on Zoom and Facebook a “Focusing on the Mind” panel for Black churches that posted more than 2400 views (Banks 2020). In the Cleveland area, Black churches like The Word Church have been providing food to families, while others like Rhema Fellowship Church have been hosting webinars along with health professionals to educate parishioners about the pandemic (Washington 2020). Asian churches like New Story have formed a new partnership with a white megachurch church, enlisted 70 volunteers and now provide food for 800 families each week (Purpose Driven Church 2020). For some churches, this may be their first time leaving their comfort zone to provide such community services. Black congregations have a long history of providing community services with fewer resources and limited staffing (Boddie 2004; Chaves and Higgins 1992; Cnaan et al. 2002; 2006). Most notably, Black congregations are more likely to provide general health and substance abuse programs as compared to white, Asian and Hispanic congregations (Brown and Adamczyk 2009). Recognized by the Faith-based Initiatives of the Bush administration era, immigrant churches have emerged as providers of such services (Wilson 2008; Sinha et al. 2011). As the pandemic persists, will it invite religious groups to abandon exclusive forms of ministry and consider greater collaboration for the common good?

With three times the death rate as whites, Black people experience three times as many funerals (Peterson 2020). Black churches bear a significant burden of death and the grief associated with the loss of so many members (Chatters et al. 2020). One of the most devastating losses of the pandemic is the inability to grieve with others. The homegoing service tradition of the Black church is not easy to replicate using new technologies like Zoom or Facebook Live. These homegoing services are typically a day-long ritual, including viewing the body, the celebration of life, the internment and the fellowship meal (Hill 2021). After the funeral, comfort foods like fried chicken, greens and macaroni and cheese are served at the fellowship gathering. Digital memorial services miss the power of remembering and mourning in community.

As mentioned earlier, most world religions emphasize empathy as part of their underlying worldview and ethic. This is enacted at individual and communal levels through financial contributions to community-serving organizations and volunteer work. Sometimes these community organizations stand apart from religious congregations but more often, especially among Black and other minority-dominant churches, the religious community is the group and space for which social services are delivered. The communal gathering becomes a means by which an immigrant community, Christian or otherwise, provides social services to the extent that the leaders and community members have the skills, resources and cultural knowledge (Min 1992). In response to the historic and present-day discrimination many African Americans face in accessing healthcare, services provided within Black communities become vital sources of healthcare. In addition, in many cases, the local congregation is the space where such care is administered.

## 5. Future Research

While the provision of new services may be vital, especially to racial minority-dominant churches, at least two notable lines of inquiry emerge. The first line of inquiry is adaptation: most congregations using technology to deliver religious services and social programs are new. This is even more challenging for Black and other minority-dominated churches on the wrong side of the high-tech divide. For some religious communities, mainly immigrant religious communities, social service provision is not a central dimension of communal religious gatherings. As such, some communities struggle with conceiving the idea of delivering community services. Some exceptions have been highlighted in the media especially with regard to Sikh, Muslim and Buddhist charitable provisions during the pandemic. For Black churches used to offering services, many have pivoted to provide new services such as student laptop loans, grocery delivery, carry-out soup kitchens, drive-through food pantries and pop-up vaccine distribution sites (Banks 2021; Gecewicz 2020; Modell and Kardia 2020; Rigg 2020). Future research should examine the prevalence and nature of religious services and social programs in Black churches (and other minority-dominant churches). How have these churches maintained their Black church traditions while adapting to the challenges of these turbulent times? How well have these congregations improvised?

The second line of inquiry is resourcing: for most religious communities, emotional, physical and financial resources are offered during difficult times (Oviedo and Lumbreras 2020). In fact, when other resources are exhausted and uncertainty rises, religion remains a vital source of hope and meaning (Modell and Kardia 2020). Religious coping becomes invaluable during these times (Cummings and Pargament 2010; Johnson and Kidd 2020). This is particularly the case for African Americans affiliated with Black congregations and other minority-dominant churches whose members are more likely than their white counterparts to be in short supply of other resources. With limited financial and physical resources, these congregations still reach deep to serve the most vulnerable in their midst (Boddie 2004; Chaves and Higgins 1992; Cnaan et al. 2002, 2006). How are these congregations uniquely using their resources to continue religious services and to increase access to care? Are these congregations moving beyond their racial boundaries to work with

white congregations? Ultimately, how are Black churches and other minority-dominated churches living out their raced religion?

## 6. Conclusions

As social epidemiologists, David Williams and Lisa Cooper (2020) describe, “COVID-19 is a magnifying glass that has highlighted the larger pandemic of racial/ethnic disparities in health” (Williams and Cooper 2020, p. 2478). Readers of this journal need little reminding that racial health disparities were present in the US long before the current pandemic; what is new is the intensification of those disparities especially for underserved communities of color that experience religion. This framing calls attention to the ways race and religion interact and highlight how these interactions affect the exposure rate and healthcare provision for Black and minority-dominated congregations during extreme conditions such as those COVID-19 has created.

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