General Assembly 3 (GA3)

The question of the role of religious rituals and gatherings during epidemics

Research Report

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Introduction

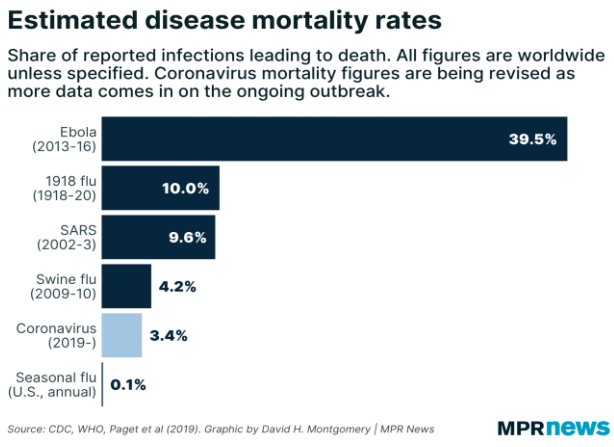
Ever since the very beginning of mankind religion, fate and worship of divinity have been a fundamental aspect of communal human life. Both nations and global communities, as well as smaller ethnic groups and closed societies have been founded, have evolved and have thrived due to the fact that the majority of individuals concerned are of the same religion. Religious rituals, such as customary gatherings, mass prayer callings, and celebratory or mourning events, have been the foundation of relationship-building among people of the same religion.
The vitality of religious rituals does, however, come to question, when an area in the world faces a health crisis detrimental enough to be deemed an epidemic. Mass unprotected religious gatherings, though vastly important for the upkeep of religious ties, facilitate the rapid spread of diseases and viruses. Thus, the role of religious rituals at times of an epidemic is a topic of global concern.

Definition of Key terms :

Epidemic :
A disease affecting or tending to affect a disproportionately large number of individuals within a specific population, community, or region at the same time.

Pandemic:
A pandemic is when a disease makes its appearance on a global scale by infecting a big number of countries.

Religion :
The meaning of religion is believing and praising any kind of system related to god or gods.



Ritual:
A ritual is a religious service or other ceremony which involves a series of actions performed in a fixed order.

Religious Leader:
A person who is recognised within a particular religion as having authority within that body.

Traditional and Spiritual healers:
A traditional healer is a person that the local community identifies as the person responsible for the health problems that might occur in the community; a traditional healer does not have medical training. On the other hand a Spiritual healer is the one that tries to heal a person without even the use of medicine but with the use of only physical methods, mostly spiritual healers are a part of religious rituals or general part of religion and culture.

General Overview

On 10 December 1948, the Universal Declaration of Human Rights (UDHR) was implemented by the UN General Assembly and constitutes one of the most fundamental documents in the history of human rights. Article 18 of the UDHR states:

"Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance."

As of then, it was globally established that all people have the right to exercise their religious belief of choice, as well as organize, practice and take part in all customary religious rituals. Thus, to prevent one from participating in a religious ritual of their choice would be illicit under international human rights law. The UDHR does, however, provide no solution regarding the issue at hand - at critical times, such as those of an epidemic, should it be possible to limit the extent to which the aforementioned right is valid? Where should the line between religious freedom and public health consciousness be drawn?

In the years since the UDHR was established, multiple epidemics have severely plagued numerous parts of the world. A number of prime examples would be the various Cholera outbreaks throughout the past years, the Ebola epidemic at various instances and countries, as well as numerous measles outbreaks worldwide. Such epidemics have each brought tens of thousands people to death and are considered alarming health crises. During the period of an epidemic, emergency measures are

usually taken by national governments, in order for the spread of the respective disease to be mitigated and minimized. The aforementioned measures often affect multiple aspects of daily life, such as schooling, public services and transportation. In many instances, however, such as the one at hand, universally declared human rights and freedoms need to be limited, in order for emergency health measures to be applicable and effective. The clash between public safety and the right to practice one's religion has been especially intense, as both large and small religious communities express immense dissatisfaction with limitations regarding the free practice of religious rituals, even at times of an epidemic. Thus, governments worldwide have not yet taken a particularly decisive stance towards mitigating the conduction of religious rituals at times of health crises. That is due to the alarmingly intense unrest such governmental attempts have instigated in the past, with the vast majority of religious citizens and religious leaders opposing those restricting emergency measures.

The main concerns regarding the conduction of religious rituals and gatherings at times of an epidemic are the following:

- **Large-Scale religious gatherings facilitate the rapid spread of disease**
  An important aspect of religion is that it brings people together, as they all participate in specific large-scale religious public events together. Prime examples of such events would be the islamic Hajj and the Hinduistic Kumbh Mela. The aforementioned religious gatherings, similarly to many others across the globe, require that an immense number of people gather in a specific place for religious purposes. Thus, many nationals as well as foreign people who worship the respective religion convene in a certain religious site and engage in prayer or other religious activities. It is more than evident how harmful such large-scale gatherings could be at times of a health crisis such as an epidemic, with thousands of people coming in close contact with each other.

- **Small, common worship gatherings facilitate the rapid spread of disease**
  The vast majority, if not all, religions, incorporate prayer and worship as a daily duty of the people faithful. Thus, communal prayer gatherings are often held in most religious communities. People attend such prayer gatherings and ceremonies weekly, daily, or even multiple times in a day. Widespread religions such as Christianity, Islam, Hinduism, Judaism, as well as less common regional religions, all have specific communal prayer schedules and sites for the faithful. Even during critical times, such as an epidemic, those gatherings are rarely suspended or altered in a more health-conscious way. Most previous attempts by governments to make such changes, have been met with intense public outrage by the faithful and their leaders. Thus, common worship gatherings pose an important threat to public safety at times of an epidemic and facilitate the quick spread of disease among the large number of people concentrated in specific spaces for the purpose of prayer.

- **Misinformation can be facilitated in religious gatherings**

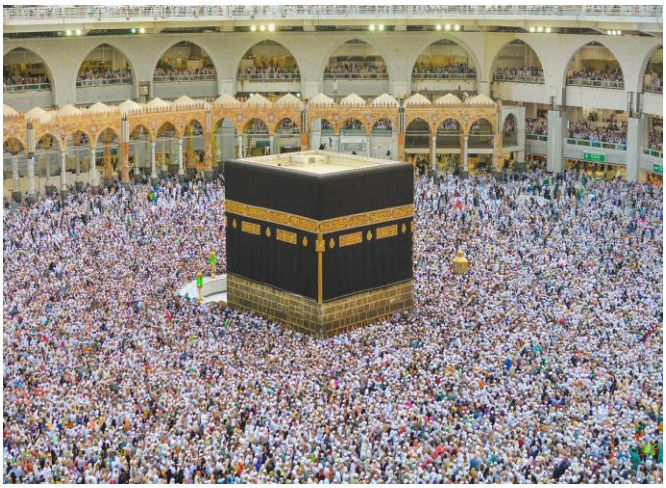
In many religious communities worldwide the role of religion, faith and communal gatherings, goes further than the simple worship of divinity. People feel a strong sense of belonging in their religious communities and resort to them for amenities such as information, advice and guidance. Especially in significantly closed-off, traditional religious communities, religious leaders and representatives constitute the sole source of information for the faithful regarding multiple issues, often completely unrelated to religion. Even in more modern and open religious communities, the word of religious leaders on current affairs reportedly influences the opinion of the faithful to a significant extent. In religious gatherings, especially in regions where modern media is not widely accessible, religious gatherings are the way for information to be spread among people. That, however, comes with the threat of misinformation - biased, non-pragmatic, unscientific and incorrect information, which the faithful receive as a matter of fact, can pose a great threat to public safety.

In the past, there have been many instances of religious leaders and communities promoting dangerous incorrect information, thus putting public health at risk. Endorsing spiritual healing and traditional medicine over modern alternatives is a prominent example of harmful opinions that are commonly endorsed by religious leaders, especially in smaller communities, ethnic groups, indigenous groups and small traditional societies. Furthermore, there have been many reports of religious representatives endorsing beliefs such as the misconception that immunity from disease will be granted to those who worship divinity. At times of an epidemic, instances of misinformation through religious gatherings such as the aforementioned can prove to be incredibly harmful to public health.

Overall, religious rituals and gatherings can negatively influence public health and safety in times of an epidemic for multiple reasons. The prospect of establishing common emergency measures, restrictions and fundamental alterations regarding the conduction of religious rituals and gatherings at times of a healthcare crisis should be discussed among UN member nations. Throughout such contemplation, the welfare of all people and the non-violation of fundamental human rights should be the main area of focus.

Major Parties Involved

Saudi Arabia



The most fundamental islamic religious ritual is the Hajj. It requires that once every year, Muslims from all around the world gather together at Mecca, also known as the holy town of Islam in Saudi Arabia, in order to perform various religious rituals. All muslimes are required to take part at the Hajj at least once at their lifetime and every year, approximately 2.5 million muslim visitors attend the Hajj. During the six-day-long Hajj, people can pray communally, celebrate and come together as one under the guidance of the islamic God. Thus, the mass concentration of people in a single town and the communal activities they engage in can constitute an immensely easy way for a disease to be spread.

Throughout the past years, little to no safety measures have been implemented during the Hajj, at times when various epidemics had plagued Saudi Arabia or the area of Mecca at large. Though fundamental for the upkeep of the islamic religion, the Hajj poses a great threat to public health - not only does it facilitate the spread of disease in Saudi Arabia, but also worldwide, since the vast majority of attendants are foreign Muslims who later return back to their home countries. For this year's Hajj, only a limited number of vaccinated muslims living in Saudi Arabia have been allowed to perform the ritual.

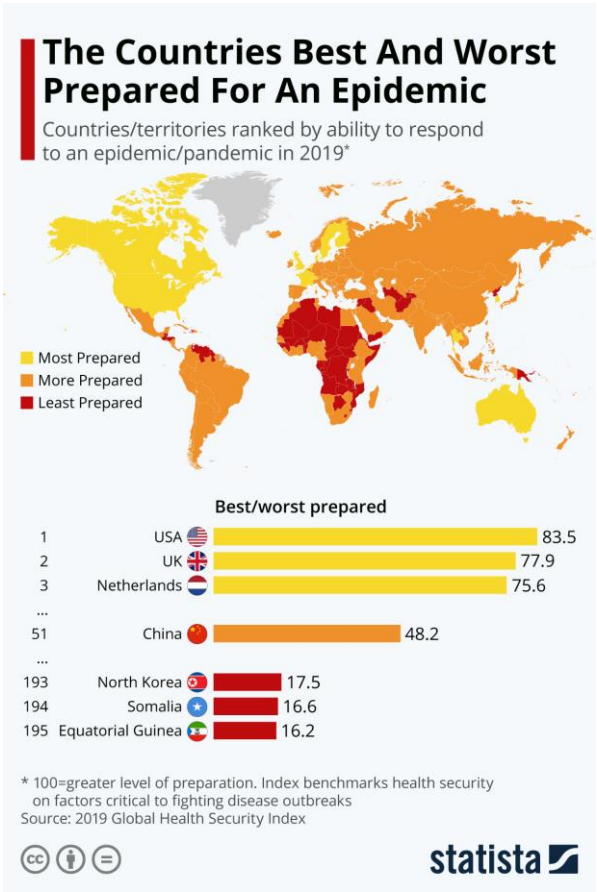
India

Hinduism, which constitutes the dominant religion among Indian citizens, has a very important ritual called the Kumbh Mela. This ritual happens every 12 years and takes place in the four Holy Hindu places in India. More specifically, people from all around the world, as well as Indian natives, come to the Holy Hindu places in order to take part in this ritual, where they believe bathe in the sacred waters on the day of the big moon will exonerate them and their ancestors from their sins. Recently, the 2021 Kumbh Mela did indeed take place in India, even though the world is going through the Covid-19 pandemic. The Indian government put minimal regulations in place regarding Covid-19 safety and an astounding 9.1 million native and foreign visitors attended. Over the years, the Kumbh Mela has been known not only as one of the largest religious gatherings in the world but also as the ritual that facilitates the spread of disease the most, both on a national and global scale. The Indian government has shown reluctance to implement disease-safety measures numerous times in the past, even at times of ongoing epidemics. The Hepatitis B epidemic of 2009 constitutes a grand example of the aforementioned - the disease spread rapidly throughout the country during the conduction of the Kumbh Mela, as well as worldwide, since

foreign visitors carried it back to their home countries

African Continent

One of the most dangerous epidemics to ever occur is the Cholera epidemic in Nigeria in 2001. Cholera was an epidemic of approximately 83,000 cases, many of which resulted in death or long-term untreatable health implications. In the African continent as a whole and especially among ethnic groups and smaller independent societies, religion plays a major factor in the peoples' way of life. Religious leaders constitute not solely religious, but also judicial, executive and jurisdictional actors in such small societies. Thus, though religious leaders did make attempts to spread awareness concerning the Cholera epidemic, they made minimal effort to minimize direct contact between people. Religious rituals continued to be conducted without safety measures and the spread of disease among ethnic groups was vast. The need for public safety from the disease clashed with the fundamental dependence of Nigeria on religion and tradition.



Countries in West Africa, such as but not limited to Guinea, Liberia and Sierra Leone, were also plagued by a similar instance, specifically the Ebola Epidemic of 2014-12015. In the year of 2014 there were 26.000 reported cases of Ebola infections and 10.000 deceased persons. One of the main reasons for the astoundingly high number of deaths was the fact that a majority of people in those countries were dependent on religious communities and leaders as their sole source of information. Those closed religious communities believed in traditional medicine and put faith in traditional and spiritual healers regarding disease treatment. People resorted to traditional healers who, as religious leaders claimed, were able to heal Ebola with the aid of the Gods. Thus, modern medicine was largely neglected as a means of disease treatment and many local African people succumbed to death in the hands of unauthorized traditional healers. Thus, the performance of traditional healing practices and common religious healing rituals facilitated the spread and thriving of the Ebola epidemic.

United States of America

The United States of America could be characterised as one of the most culturally and religiously diverse countries worldwide, due to the fact that it hosts people with many various religions and beliefs. Large religious communities of American natives, immigrants and foreign refugees make the USA a multi- Another case of religion and religious gatherings facilitating the spread of disease would be that of the Whooping Cough epidemic in the United States of America during the years 2010-2014. The Whooping Cough is an illness that causes terrible cough attacks which are able to last for months and have serious health implications for the infected. The risk of catching this disease was very high as it was highly contagious. The government did, however, make no effort to restrain the conduction of religious rituals, even though in a multi-religious country like the US an immensely vast number of religious gatherings happen daily. Thus, the spread of the disease was only further facilitated rather than minimized.

Furthermore, the aforementioned religious gatherings influenced the spread of a disease in another way as well. When vaccination did eventually become an option, the newly created vaccine was met with much uncertainty by the public. One of the factors that played a big role in the acceptance of the vaccine, was the insistent disapproval expressed by religious leaders in mass religious gatherings at the time. In a country as multi-religious as the US, the opinion of religious leaders holds significant influence over the vast majority of religious people from different social backgrounds, communities and ethnicities. Thus, during the uncontrolled constant religious gatherings at time of a national health crisis, not only was the disease further spread through person-to-person contact, but also because they made the spread of harmful, anti-vaccination opinions of religious leaders easy and quick.

Other countries:

Asian countries vary in their responses. In India major Hindu festivals were allowed to continue with some restrictions, such as social distancing, but rarely enforces the restrictions. China on the other hand imposed one of the strictest lockdowns in response to COVID-19. All gatherings were forbidden, including gatherings for religious purposes.

In South Korea a 61-year-old member of the Shincheonji Church of Jesus was infected with COVID-19 and developed a fever, but attended services anyway. According to the Korea Centers for Disease Control and Prevention (KCDC), approximately two-thirds of the more than 7,500 cases in the region could be traced to this patient. South Korean authorities asked the Shincheonji church for a list of all members and later locked down churches in the capital and local prosecutors are investigating criminal charges against the founder of Shincheonji Church for homicide by willful negligence and obstructing efforts by the government in containing the virus. He was later acquitted in january 2021, months after being charged.

Many European countries have struggled with the question of whether to impose

restrictions on religious gathering and rituals. The Dutch government called upon mosques, synagogues and churches to use online platforms, but otherwise did not step in when churches ignored their pleas. In Italy churches were closed during the first lockdown, ending in May 2020, but remained open when the country entered a new lockdown in fall 2020, though social distancing was mandatory. The Czech Republic banned religious events with more than 30 attendants.

In Bolivia churches were officially closed during lockdown, whereas Brazil had no national restriction on religious gatherings or rituals for COVID-19, but local authorities could impose restrictions.

Timeline of Events

1796	Declaration of religious freedom
2001	Cholera in South Africa
2006	Malaria in India
2009-10	Meningitis in West Africa
2006	Cholera in Yemen
2017	Seasonal Influenza in the United States
2018	Ebola in Congo
2019	Global COVID-19 pandemic

Possible solutions

First and foremost, in order to determine the line between upholding religious rituals and customs, a common legal framework regarding the issue shall be established. Nations shall come together and discuss the creation of such a provisional legal framework, which all nations are urged to implement as mandatory in times of an epidemic. The content of such a legal framework could contain certain ground rules, safety measures and limitations to the extent to which religious rituals can actually be conducted during a national health crisis.
Furthermore, national governments could be urged to become drastically more involved in the conduct of large religious rituals in their respective country. In

cooperation with religious leaders, governments can set specific measures regarding safety measures during both commonplace, as well as large-scale religious rituals.
In addition, a panel of UN experts and specialists in disease protection and public safety could be created. Those experts would act as unbiased actors and help governments and religious leaders adapt customary religious rituals in a way that public health is not threatened at times of an epidemic.
Lastly, measures could be taken in order for the misinformation regarding medical facts in religious gatherings to be minimised. In contrast, unbiased experts could visit such gatherings of closed off religious communities and provide the faithful with legitimate facts about the ongoing epidemics. In order for the aforementioned to be possible, though, ways need to be established, in which the trust of the faithful will not only lie in religious leaders, but also in scientists.

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