Child health and COVID-19: How Mark 10 can inform a Christian ethic

Hannah Giunta-Stibb
University of Rochester, USA

Joshua Stibb
Evangelical Lutheran Church in America, USA

Abstract
The COVID-19 pandemic created unprecedented challenges for children and families. While most of the public debate surrounding the pandemic naturally focused on mainstream concerns, vulnerable groups, including children, with unique concerns were pushed to the periphery. The fact that COVID-19 continues to impact these vulnerable groups gives Christians an opportunity to right past wrongs. In this article, we first describe the biblical priority Jesus gives to children as members of God’s kingdom by exploring Mark 10:13–16. We then highlight specific ways in which the consequences of public responses to COVID-19 disproportionately burdened children. Finally, we present two case studies through which we reimagine how Christians can respond to the collateral impacts of COVID-19 on children in a more biblically faithful manner.

Keywords
children, COVID-19, kingdom of God, Mark 10, vulnerability

Introduction
The COVID-19 pandemic has caused a fundamental shifting of social priorities and a restructuring of social institutions. Nowhere is this shift more impactful than in the lives of children growing up amid this pandemic. Scripture is clear that Christians are to prioritize the needs and protect the rights of vulnerable populations, especially children. Christians are specifically called to think first of the needs of others rather than their own fears and needs. Unfortunately, some of the voices speaking loudest about children during the pandemic rarely considered children’s unique needs and conversations frequently devolved into petty political fights rather than thoughtful analyses of how to mitigate the disproportionate impact the pandemic might have. While some groups remained mindful of children, the overwhelming public attention was paid to the impacts the pandemic had on adults and their economic and social concerns. One does not have to look far for evidence. Consider a February 2022 newspaper article that described the increase in disruptions at Florida...
school board meetings. The article describes cases in which audience members had to be escorted off school premises en masse and in which some attendees were arrested. These behaviors disrupted school board meetings and prevented discussion of issues impacting children. Rather than showing up to discuss critical issues that affect children and families, the protesters showed up to fight for their own political objectives. As the newspaper article makes clear, these activities were certainly not confined to the state of Florida.

COVID-19 did not generally have immediate health impacts on children. For instance, a 2020 review noted that the average age of COVID patients early in the pandemic before the availability of a vaccine and the emergence of new therapies was 50, and most children did not have severe symptoms. COVID-19 had a variety of deleterious impacts on children, however, that will last far beyond the pandemic years. The purpose of this reflection is, first, to consider how the biblical call to protect children influences the modern understanding of how Christians ought to respond to threats to children’s health and well-being. Second, we consider specific threats to children’s health and well-being during the COVID-19 pandemic, including how COVID-19 disrupted routine pediatric health care, services for children with disabilities, educational progress, mental wellbeing, and the social safety net. Finally, we consider two case studies through which we imagine how Christians might respond to the needs of children in a more biblically faithful way. The pandemic is not behind us, and Christians have opportunities for more faithful action moving forward.

The value of children in Mark 10

From the first calls for careful stewardship in Genesis to the final promise of total salvation in Revelation, the biblical worldview of God’s people requires the faithful to love and support each other, especially vulnerable, marginalized, and oppressed communities. Among the most regularly identified communities are aliens/outsiders, widows, the poor, and children. When identifying the scriptural calls for the protection and welfare of children, the applicable verses are too numerous to list. For the sake of brevity, we restrict our view to Mark 10:13–16, one of Jesus’s foundational teachings about children. In this passage, Jesus takes the opportunity to teach his disciples and followers about the kingdom of God in a minor social interaction with some seemingly insignificant children.

In this text, Jesus welcomes children to him against the protestations of the disciples. In this act, Jesus is doing something new and unexpected. By making the children the paradigmatic recipient of the kingdom of God (v. 14), Jesus is lifting up everything for which childhood stands as something to be celebrated, emulated, and protected. An important distinction between the ancient world and contemporary postenlightenment thinking must also be made. When Jesus tells his followers to be like a child, Jesus is not identifying the qualities of purity, innocence, or sweetness as most contemporary listeners would likely assume. Instead, Jesus is highlighting their vulnerability, marginalization, and utter powerlessness.

1. Staff, “Disrupted Florida School Board Meetings Now Common in Age of COVID and Mask Debates,” Ocala Star-Banner, February 25, 2022, https://www.ocala.com/story/news/education/2022/02/25/school-board-florida-parental-choice-mandatory-covid-mask-mandates/6922775001/.
2. Luis Escosa-García, David Aguiler-Alonso, Cristina Calvo, Maria José Mellado, and Fernando Baquero-Artigao, “Ten Key Points about COVID-19 in Children: The Shadows on the Wall,” Pediatric Pulmonology 55.10 (2020): 2576–86.
3. Richard Swanson, Provoking the Gospel of Mark (Cleveland, OH: The Pilgrim Press, 2005), 220.
4. For an in-depth discussion of familial relationships and the identity of the church as surrogate kin, see Joseph H. Hellerman, The Ancient Church as Family (Minneapolis: Fortress, 2001).
In the time and place of Jesus, honor and shame were the most important components for determining behavior. People would be excited to welcome someone of high status into their midst because it would increase their own honor and social equity, but children were of low status. Children were yet-to-be adults without true personhood, autonomy, and little societal value beyond their potential. No perceptible value existed in welcoming children in the midst of a growing ministry that would supposedly need honor to grow and thrive. So Jesus’s lifting up children as the exemplar of the kingdom of God flies in the face of that which society valued as most important (i.e., the fully matured and responsible adult man as head of family). This reversal of expectation is exactly what Jesus is trying to teach his disciples: to make the insignificant indispensable, to create a new center on the margins of society, and to value and love what society deems unimportant. In short, Jesus is saying children need to be loved, protected, and celebrated as important members of the community, if one is going to be his follower. Jesus’s saying that the kingdom of God belongs to the little children (and all they stand for) is nothing less than a complete reversal of ancient society and an imperative for all future Christian ethics. This imperative is so influential and world-altering that it would lead some scholars to assert that Christian philosophy basically invented the postenlightenment concept of children, including an understanding of development, autonomy, and personhood.

To the contemporary reader, this shift in attitude is subtle, if not completely unremarkable. In the postmodern world, it is easy to look back at the antiquated views of the first-century families and sneer while taking pride in the more enlightened perspective through which children are supposedly respected, understood, and cherished. In this day and age, one can commonly hear parents declare “children are the center of my world,” while scheduling their entire life around the needs of their children, or hear churches assert that “children are the future” while catering nearly all their ministries toward family and children’s ministry. A sad irony is apparent if one considers how often these attitudes are purported, yet, much like the first-century culture, children are often reduced to objects and valued for their potential in achieving an adult’s goals. Anyone familiar with children’s ministry knows this struggle. A common example is children’s education programming: often some parents are not concerned in the least with their child’s religious education but are instead looking for a free babysitter. Of course, some parents need a short break, and many churches are happy to provide that support as a ministry to the parents; if, however, the true priority is the faithful education of the children, how different would that children’s ministry look? And what amazing benefits would that entire community receive if children were valued right now as full persons, instead of as adults-in-waiting?

The impact of the COVID-19 pandemic on children

Ideological commitments are often tested in times of crisis when people must act on the abstract values they profess. The COVID-19 pandemic required quick actions in response to evolving conditions. When confronted with uncertainty and risk, the decisions people make reveal the true condition of their hearts and highlight what they actually cling to as most important. This

5. Adam Winn, “Resisting Honor: The Markan Secrecy Motif and Roman Political Ideology,” *JBL* 133.3 (2013): 583–601 (586).
6. Reider Aasgaard, “Children in Antiquity and Early Christianity: Research History and Central Issues,” *Familia* 33 (2006): 23–46.
7. For a full treatment of children in the early church and the notion of childhood as a Christian concept, see O. M. Bakke, *When Children Became People: The Birth of Childhood in Early Christianity* (Minneapolis: Fortress, 2005).
phenomenon is not new. In Matt 6:21 Jesus tells the crowds, “Where your treasure is, there your heart will be also.” The allotment of one’s resources reveals one’s true priorities. In an ideal world, the desire of one’s heart would correspond with what one intellectually professes as one’s values. But, if that were the case, Jesus would have said, “Where your heart is there your treasure will be also,” and many struggles caused by self-prioritization and greed would be gone in an instant. Alas, in this broken creation, people are faced with the harsh reality of the harmful status quo. With that observation in mind, the opportunity arises to look back and to see where the community’s professed values were misaligned with the actual outcomes. Here, we consider how children have been impacted by COVID-19 and the role decisions about resource allocation played in these outcomes.

COVID-19 had a negative impact on access to pediatric healthcare services. With clinics and hospitals closed or repurposed for treating COVID patients, children were unable to access routine preventive care or ongoing care for complex medical needs. The American Academy of Pediatrics recommends all children have frequent visits with healthcare providers to receive standard immunizations against serious infectious diseases and to identify medical and developmental problems as early as possible. These visits occur every few months in the first 2 years of life and then continue at least annually until young adulthood. Early identification of health problems provides an opportunity to mitigate negative impacts on future health and development. Given the fact that most children receive at least some routine care, measures of vaccination administration serve as an early surrogate marker of children’s access to health care. Early in the pandemic, researchers noticed a precipitous decline in the administration of routine childhood vaccinations. Using provider ordering data from 10 high-performing geographical jurisdictions, Murthy et al. found that vaccine administration was significantly lower across all vaccine categories from March to May 2020 compared to 2018 and 2019. Murthy and colleagues also noted that, after initial lockdown restrictions were lifted, vaccination rates increased slightly but were not sustained. A follow-up case–control study involving eight major health systems across the United States demonstrated declines in vaccine delivery from January to October 2020 compared to 2019. Vaccine rates were disproportionately low among Black, non-Hispanic children. In a systematic analysis of data from around the globe, SeyedAlinaghii et al. found evidence of reduced vaccination rates in many countries during the COVID-19 pandemic and suggest an urgent need for catch up vaccination. Reduced vaccination rates leave children vulnerable to preventable infections. Without access to appropriate preventive care, children are at risk in the coming years of excess morbidity and mortality.

8. “AAP Schedule of Well-Child Care Visits,” HealthyChildren.org, American Academy of Pediatrics, August 30, 2022, https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx.
9. B. P. Murthy, E. Zell, K. Kirtland, N. Jones-Jack, L. T. Harris, C Sprague, J. Schultz, et al., “Impact of the COVID-19 Pandemic on Administration of Selected Routine Childhood and Adolescent Vaccinations—10 U.S. Jurisdictions, March–September 2020,” Morbidity and Mortality Weekly Report (MMWR) 70.23 (2021): 840–45, https://doi.org/10.15585/mmwr.mm7023a2.
10. M. B. Desilva, J. Haapala, G. Vázquez-Benitez, M.F. Daley, J. D. Nordin, N. P. Klein, M. L. Henninger, et al., “Association of the COVID-19 Pandemic with Routine Childhood Vaccination Rates and Proportion Up to Date with Vaccinations Across 8 US Health Systems in the Vaccine Safety Datalink,” JAMA Pediatrics 176.1 (2022): 68–77.
11. S. A. SeyedAlinaghii, A. Karimi, H. Mojdeganlou, S. Alilou, S. P. Mirghaderi, T. Noori, A. Shamsabadi, et al., “Impact of COVID-19 Pandemic on Routine Vaccination Coverage of Children and Adolescents: A Systematic Review,” Health Science Reports 5.2 (2022): e00516.
Every child needs access to preventive care. Some children also need ongoing therapeutic services that have also been disrupted by the COVID-19 pandemic. The lack of access to timely care impacted the time to diagnosis of serious health conditions during the pandemic as well as the ongoing provision of treatment for illnesses identified before the pandemic. With so much focus on the needs of COVID patients, other groups of patients who could not speak for themselves, including children, received limited attention even when they had identified health needs. Children thankfully tend to be healthy generally, but delayed diagnosis of serious illnesses can be life-threatening. Pediatricians in New Zealand reported at least 55 instances in which acutely needed care was delayed or compromised and most children had moderately severe or severe health consequences as a result of this suboptimal care.12 Pediatricians in the United Kingdom noted that children presented to emergency departments with more severe symptoms, and this late presentation to care was a contributing factor in at least nine cases of pediatric deaths secondary to malignancy and sepsis.13 Pediatricians in Italy highlighted the fact that children presented later for emergency treatment despite having symptoms that concerned their caregivers and sometimes after receiving an incomplete evaluation via telehealth.14

Consider two feared diseases in children, cancer and Type I diabetes, that, if not detected early, can prove fatal. Physicians at the Children’s Hospital of Philadelphia and at Lucile Packard Children’s Hospital at Stanford reported five instances between March and May 2020 in which children presented in extremis before subsequently being diagnosed with cancer. These children required care in the ICU because they were so ill by the time they presented to the hospital.15 A review article prepared by the American Society of Clinical Oncology highlighted restrictions placed on pediatric cancer care during the pandemic and specifically pointed out barriers to continuing clinical trials. Many children with cancer receive some of their care through collaborative clinical trials that recruit subjects across the country.16 This decrease in availability in turn slowed the availability of new therapies and interrupted the treatment of current pediatric patients. In addition, an alarming increase occurred in the number of children with Type I diabetes presenting in diabetic ketoacidosis (DKA). This condition is a life-threatening complication of diabetes in which blood sugar levels rise precipitously and acid builds up in the bloodstream. If not promptly treated, diabetic ketoacidosis can result in coma, brain swelling, and death. An increase in

12. Mavis Duncanson, Benjamin J. Wheeler, Timothy Jelleyman, Stuart R. Dalziel, and Peter McIntyre, “Delayed Access to Care and Late Presentations in Children during the COVID-19 Pandemic New Zealand-Wide lockdown: A New Zealand Paediatric Surveillance Unit Study,” *Journal of Paediatrics and Child Health* 57.10 (2021): 1600.
13. Richard M. Lynn, Jacob L. Avis, Simon Lenton, Zahin Amin-Chowdhury, and Shamez N. Ladhani, “Delayed Access to Care and Late Presentations in Children during the COVID-19 Pandemic: A Snapshot Survey of 4075 Paediatricians in the UK and Ireland,” *Archives of Disease in Childhood* 106.2 (2021): e8.
14. M. Lazzerini, E. Barbi, A. Apicella, F. Marchetti, F. Cardinale, and G. Trobia, “Delayed Access or Provision of Care in Italy Resulting from Fear of COVID-19,” *The Lancet Child & Adolescent Health* 4.5 (2020): e10–e11.
15. Y. Y. Ding, S. Ramakrishna, A. H. Long, C. A. Phillips, R. Montiel-Esparza, C. J. Diorio, L. C. Bailey, et al., “Delayed Cancer Diagnoses and High Mortality in Children during the COVID-19 Pandemic,” *Pediatric Blood & Cancer* 67.9 (2020): e28427.
16. Daniel C. Moreira, Gerard C. Millen, Stephen Sands, Pamela R. Kearns, and Douglas S. Hawkins, “The Care of Children with Cancer during the COVID-19 Pandemic,” *American Society of Clinical Oncology Educational Book* 41 (2021): e305–e314.
pediatric Type I diabetes patients presenting in severe DKA was seen in many countries, including Poland,\textsuperscript{17} Israel,\textsuperscript{18} Italy,\textsuperscript{19} and the United Kingdom.\textsuperscript{20}

Children with disabilities and complex medical needs have fared particularly poorly since the start of the pandemic. These children receive many of their supportive services through the healthcare and educational systems. Therefore, the closure of health care facilities and schools predictably had a disproportionate impact on these children and their families. As Houtrow et al. point out, children with disabilities were marginalized before the pandemic and were subsequently neglected during the pandemic. They liken the experience of children with disabilities and their families to groups weathering the same storm together but with differently outfitted boats. Children with disabilities immediately lost home health services, therapies, and access to supportive services at school and in their community. They then faced the harsh reality of possible discrimination due to their disabilities as local health leaders struggled to triage COVID-19 patients. Standard solutions for continued services during COVID-19, including online schooling and telehealth, left children with disabilities behind because the solutions were designed for typically developing children without consideration of those students with special needs.\textsuperscript{21}

Routine care that children with disabilities receive is not as optional as it may first appear. Real harm was done to these children. A survey of over 300 parents of children with neurodevelopmental disabilities revealed that 64.5\% of children had worsening of their neurological disorders or psychiatric comorbidities. Three-quarters had diminished health and well-being secondary to COVID-19 and associated restrictions.\textsuperscript{22} Many children with disabilities require daily therapies to maintain their comfort and mobility and to optimize their long-term developmental outcomes. For instance, a survey of caregivers for children with motor impairment found that, although 90\% of these children received therapies pre-pandemic, only around 50\% received regular therapies during the COVID pandemic. A lack of access to routine therapies negatively impacted children’s mobility and physical condition and placed stress on caregivers.\textsuperscript{23}

Other children need time-sensitive services. Consider the situation of children with cochlear implants. Among these children, parents reported difficulty accessing speech and language services. Children with hearing loss who receive cochlear implants need a connection to speech processors that provide continuous auditory stimulation.

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17. Katarzyna Dżygało, Jedrzej Nowaczyk, Alicja Szwilling, and Agnieszka Kowalska, “Increased Frequency of Severe Diabetic Ketoacidosis at Type 1 Diabetes Onset Among Children during COVID-19 Pandemic Lockdown: An Observational Cohort Study,” Pediatric Endocrinology, Diabetes, and Metabolism 26.4 (2020): 167–75.
18. S. Goldman, O. Pinhas-Hamiel, A. Weinberg, A. Auerbach, A. German, A. Haim, A. Zung, et al., “Alarming Increase in Ketoacidosis in Children and Adolescents with Newly Diagnosed Type 1 Diabetes during the First Wave of the COVID-19 Pandemic in Israel,” Pediatric Diabetes 23.1 (2022): 10–18.
19. Lazzarini et al., “Delayed Access.”
20. Lynn et al., “Delayed Access to Care.”
21. Amy Houtrow, Debbi Harris, Ashli Molinero, Tal Levin-Decanini, and Christopher Robichaud, “Children with Disabilities in the United States and the COVID-19 Pandemic,” Journal of Pediatric Rehabilitation Medicine 13.3 (2020): 415–24.
22. A. Masi, A. Mendoza Diaz, L. Tully, S. I. Azim, S. Woolfenden, D. Efron, and V. Fapen, “Impact of the COVID-19 Pandemic on the Well-Being of Children with Neurodevelopmental Disabilities and Their Parents,” Journal of Paediatrics and Child Health 57.5 (2021): 631–36.
23. E. N. Sutter, L. S. Francis, S. M. Francis, D. H. Lench, S. T. Nemanich, L. E. Krach, T. Sukal-Moulton, et al., “Disrupted Access to Therapies and Impact on Well-Being during the COVID-19 Pandemic for Children with Motor Impairment and Their Caregivers,” American Journal of Physical Medicine & Rehabilitation 100.9 (2021): 821.
can permanently alter speech and language development. Parents reported difficulty with remote therapies and equipment malfunction and breakdown that put children’s speech development in jeopardy.24

No issue was more divisive during the COVID-19 pandemic than school closure and reopening. School closures profoundly impacted all children’s mental and educational development. Even children in ideal circumstances demonstrated diminished educational achievement that will have continuing impacts on their eventual academic trajectories. Consider the Netherlands as one of the best-case scenarios. The Netherlands enjoys equitable school funding, and the nation shut down schools for a relatively brief period of time. The Dutch also have widespread broadband internet capabilities, and most children have access to the necessary technology for distance learning. Still, Dutch children lost about one-fifth of a school year in educational progress, the exact amount of time lockdowns forced schools to remain closed.25 In countries with more disparate baseline educational outcomes, disadvantaged students fared far more poorly than their advantaged peers. Children with learning issues were also more negatively impacted by school closures.26

Closing down major social health and educational institutions profoundly influenced mental and emotional health. The mental health of children and families was often neglected, and this occurred despite previous research during other epidemics that suggested social isolation and lockdown when combined with adverse childhood experiences was associated with an increased risk of mental health problems, including anxiety, post-traumatic stress disorder (PTSD), and depression, and longer-term risks of poor health in adulthood, substance abuse, cognitive impairment, and other noncommunicable diseases.27 During the COVID-19 pandemic children and adolescents experienced significant increases in anxiety, depression, disturbances in sleep and appetite, and impairment in social interactions.28 Newlove-Delgado et al. reported that youth in England were unable to access mental health care. They frequently lacked basic resources to maintain their normal routines, including access to places to study and access to the internet.29

The COVID-19 pandemic occurred against a backdrop of disadvantage and inequality. Children were more likely to face hunger and other adverse conditions during lockdown. For example, many large urban school districts had to scramble to deliver meals to hungry children. American children often receive the majority of their meals at school. The four large urban school districts of Houston, Los Angeles, Chicago, and New York City had to restructure their food service delivery systems completely. When shutdowns were imminent in 2020, Congress provided increased funding for school lunch programs, but these resources were not enough for equitable distribution of food to

24. Mohammed Ayas, Ahmad Mohd Haider Ali Al Amadi, Duaa Khaled, and Ahmad Munzer Alwaa, “Impact of COVID-19 on the Access to Hearing Health Care Services for Children with Cochlear Implants: A Survey of Parents,” *F1000Research* 9 (2020): 690.
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27. Liubiana Arantes de Araújo, Cássio Frederico Veloso, Matheus de Campos Souza, João Marcos Coelho de Azevedo, and Giulio Tarro, “The Potential Impact of the COVID-19 Pandemic on Child Growth and Development: A Systematic Review,” *Journal De Pediatria* 97.4 (2021): 369.
28. S. Meherali, N. Punjani, S. Louie-Poon, K. A. Rahim, J. K. Das, R. A. Salam, and Z. S. Lassi, “Mental Health of Children and Adolescents Amidst Covid-19 and Past Pandemics: A Rapid Systematic Review,” *International Journal of Environmental Research and Public Health* 18.7 (2021): 3432.
29. T. Newlove-Delgado, S. McManus, K. Sadler, S. Thandi, T. Vizard, C. Cartwright, and T. Ford, “Child Mental Health in England Before and during the COVID-19 Lockdown,” *The Lancet Psychiatry* 8.5 (2021): 353.
hungry children. School districts frequently had to change distribution plans and were unable to distribute food in all high-need neighborhoods. Families lacking access to transportation were limited in what they could bring home at any one visit. Nutritional quality also was suboptimal in some districts. Distribution strategies frequently changed, and districts struggled to provide accessible food. Children’s nutritional needs were not always met outside the school setting. Without usual social support services, children also were at increased risk of maltreatment. March through July 2020 saw an increase in maltreatment with a notable increase in emotional and mental neglect compared to baseline. While adults made decisions about institutions, children were forced to live with the consequences of these decisions.

In summary, responses to the COVID-19 pandemic frequently considered the needs of the dominant majority. Facing the prospect of an onslaught of COVID patients, health systems limited what they considered to be elective services. Yet, children, vulnerable individuals who had no say in these decisions, frequently had to go without necessary services. Adults often forget that pediatric services may be far more time-sensitive than similar adult services. While everyone had an opinion about school plans, few news outlets covered how to maintain essential services and supports for children. With children isolated at home, their needs were considered even less than they might usually be considered.

**Case studies**

Although no one can turn back the clock and change earlier responses to the pandemic, COVID-19 is likely here to stay. The pandemic has also highlighted previous inequalities (childhood hunger, inadequate services for children with disabilities, etc.). Christians will have future opportunities to right past wrongs. Christians must therefore consider how to respond to future circumstances in a more biblically faithful way. Here, we consider two case studies. First, we look at school closure and how Christians can advocate for the needs of vulnerable children. Second, we consider how Christians can support children with disabilities and their families.

Children are currently returning to in-person learning. Rising COVID numbers may, however, prompt a return to distance or hybrid learning strategies. As mentioned earlier, extreme behavior is becoming more common at school board meetings in which children desperately need a voice in decisions about educational policies. We first examine some current examples of how debates about COVID actually played out and then consider how Christians can participate in civic discourse while advocating for children and prioritizing their needs in a biblically faithful way.

As reported by *ABC News*, communities around the country struggled with how to mitigate the spread of COVID and educate students. Adult opinions about what students needed frequently dominated discussions, rather than viewpoints on practical measures to mitigate inequalities related to COVID. In Arizona, the state banned masks in classrooms and required a return to in-person learning, even as case numbers rose. Arizona districts were required, without consideration of local needs or desires, to adopt these practices to remain eligible for financial incentives. Florida and Texas enacted similar mask bans but were challenged as case numbers rose by parents and districts.

30. G. M. McLoughlin, J. A. McCarthy, J. T. McGuirt, C. R. Singleton, C. G. Dunn, and P. Gadhoke, “Addressing Food Insecurity through a Health Equity Lens: A Case Study of Large Urban School Districts during the COVID-19 Pandemic,” *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 97.6 (2020): 759.

31. S. Sharma, D. Wong, J. Schomberg, C. Knusden-Robbins, D. Gibbs, C. Berkowitz, and T. Heyming, “COVID-19: Differences in Sentinel Injury and Child Abuse Reporting during a Pandemic,” *Child Abuse & Neglect* 116 (2021): 104990.
On the other side, Louisiana enacted a mask requirement due to a rapidly rising case count, but legislators faced angry crowds at public meetings.32

The problem with these reactions to school closure was not that people had passionate but disparate views. The real issue was that neither side considered the true needs of children. Those advocating against mask mandates did not consider how rising infection rates might impact teacher availability or how it might keep children out of the classroom. Children who had to frequently quarantine would miss significant amounts of instructional time and risk falling behind. Passionate antimask advocates also did not consider how the COVID-19 infection differentially impacted certain groups. Children with serious health conditions faced different risks than their healthier counterparts. As previously discussed, any need to close school doors with rising infection rates would disproportionately impact the services offered for disabled students. On the other side of the debate, those advocating in favor of masks and other COVID mitigation strategies frequently did not consider the harm to children from closing school doors and limiting access to public services. They were concerned about COVID but neglected the downstream impacts. Fear led to neglect of other competing objectives. In all these debates, nuance was lacking.

So, how might Christians respond? First, Christians must refocus on the needs of children rather than on their own opinions about the state of politics today. There is a need for both mitigation of COVID and also advocacy for children who need and deserve an education right now. Both increases in COVID infections and school closures negatively impact children. A more biblical, child-centered approach would select available COVID mitigation efforts that maximize benefits and minimize burdens for children while rejecting the idea that mitigation is not needed. Christians can also respond by bringing the needs of those most disadvantaged to the forefront and filling crucial service gaps. If schools need to shut down again, imagine the good Christians could do by providing healthy food, increasing access to technology, or supporting students through tutoring and mentoring.

Finally, one must acknowledge that no absolute Christian answer solves all the problems of mask mandates, school closures, and politics. No panacea or supreme resolution exists to solve the problems of every community, because infection numbers, population differences, and myriad other factors change constantly, even within the same communities. Instead, the journey is as important as the destination. The process by which Christians, especially ones centered in Mark 10, come to the conclusions about solutions is as important as the solutions themselves. Uncertainties lie at the heart of the pandemic. There is no linear way through. Rather, humankind is wading together through undulating waves of fear, discovery, and change. The Christian path should endeavor to uplift the Christ-centered needs of the vulnerable children above those waves of the unknown. What makes these stories of school closures and mask mandates so unbearable to retell is that so many parents, legislators, and administrators did not even seem to try to address these needs. What is fatal to a faithful Christian process is not a lack of authority to the law (natural or otherwise), but a lack of communal pedagogy fixed upon the powerless and vulnerable. Changing the locus solely to the plight of the children would calm the anxieties in the process, put the political needs of the adults in the backseat, and make way for a just and equitable solution. In short, if science has offered one consistent answer throughout the pandemic, it has been, “I don’t know. Let’s work hard to find an answer together.” Why could Christians not similarly respond, “I don’t know. Let’s work faithfully to find the right answer”?

Turning now to the second case, we previously considered the negative impacts COVID-19 mitigation measures had on children with disabilities and their families. Children with disabilities were routinely put on the proverbial back burner to make way for the needs of adult patients, and

32. Marlene Lenthang, “How School Board Meetings Have Become Emotional Battlegrounds for Debating Mask Mandates,” ABC News, August 29, 2022, https://abcnews.go.com/US/school-board-meetings-emotional-battlegrounds-debating-mask-mandates/story?id=79657733.
services critical to their health and well-being were seen as elective rather than essential. COVID has highlighted a collective lack of attention to disabled children, and Christians have an opportunity to reconsider the needs of these children for the future.

Christians can advocate for children with disabilities in biblically centered ways in at least two areas. First, they can acknowledge the reality that resource allocation decisions cannot be all or none. Of course, patients who are severely ill with COVID-19 deserve access to medical treatment. Reserving most or all beds for COVID patients, however, reduces the availability of critical pediatric services. Christians know they are to be good stewards and to prioritize the vulnerable, and this stewardship may mean allocating more resources to children even amid a resource crunch in other areas. Second, with the introduction of effective vaccines, Christians must consider how personal decisions to defer vaccination may inadvertently take resources away from the vulnerable. This statement is not a universal call for vaccination of those with medical or religious objections but a demand for acknowledging that preventive actions are one way to protect the vulnerable. Each individual must make their own decision but also must acknowledge the impact that decision has on resource allocation for others. Resources deployed to fight COVID come at a cost to other groups, at least in the current health care environment. The situation is akin to the constant theological struggle of identity. Is one’s Christian identity found inside themselves, in their own aspirations, their own works, their own salvation? Or is it instead found in the other, in the needs and wants of the other, the imago Dei just below the surface waiting to be revealed in relationships with each other?

Concluding remarks

In this reflection piece, we have considered how COVID-19 presents unique obstacles to child health and well-being. A closer look at Mark 10 reframes the understanding of children and the inherent value Jesus places on them. Although COVID-19 negatively impacted access to pediatric health care, services for children with disabilities, education progress, mental well-being, and the social safety net for disadvantaged children, Christians will have many future opportunities to begin to right past wrongs as society continues to grapple with the pandemic’s continuing course. We have presented two case studies in an attempt to reconsider how Christians can, moving forward, live out their biblical commitments to children. We urge readers to reconsider how they respond to politically charged conflicts involving children by maintaining a truly biblical focus on children as valued members of the kingdom of God, and not as mere pawns in adult disputes.

Author biographies

Hannah Giunta-Stibb is currently completing her neonatology and pediatric pulmonology fellowships in Rochester, New York. She was raised in Peoria, Illinois, and graduated from Bradley University with a BS in cell and molecular biology and a BA in psychology. She received her osteopathic medical degree, her PhD in philosophy with a focus in bioethics, and her MPH from Michigan State University. She then completed a pediatrics residency at Mayo Clinic. Her research focuses on pediatric bioethics with significant interests in the ethics of invasive technologies, family decision-making, end-of-life care, and health equity. When not at work, Giunta-Stibb enjoys spending time with her husband and sheltie puppy as well as spending time outdoors, reading, and cooking.

Joshua Stibb is an ordained pastor of the Evangelical Lutheran Church in America. He attended Wartburg College in Waverly, Iowa and Luther Seminary in St. Paul, Minnesota. He currently serves at an Episcopal church in Henrietta, New York. Previously he served congregations in Las Vegas, Nevada, Nebraska, and Wisconsin. Stibb has also served as director or board member of organizations and nonprofits focusing on immigration and refugee services, domestic violence, and urban food security. He enjoys spending time with his wife Hannah Giunta-Stibb and their dog Zephaniah. When they have the time, they enjoy visiting the Finger Lakes to kayak and fish.