Plain Anabaptists and COVID-19: A Distinct Response to Government Restrictions?

Michael Sauder
Penn Medicine Lancaster General Health

Follow this and additional works at: https://ideaexchange.uakron.edu/amishstudies

Part of the Public Health Commons

Please take a moment to share how this work helps you through this survey. Your feedback will be important as we plan further development of our repository.

Recommended Citation

This Essay is brought to you for free and open access by IdeaExchange@UAkron, the institutional repository of The University of Akron in Akron, Ohio, USA. It has been accepted for inclusion in Journal of Amish and Plain Anabaptist Studies by an authorized administrator of IdeaExchange@UAkron. For more information, please contact mjon@uakron.edu, uapress@uakron.edu.
Plain Anabaptists and COVID-19: A Distinct Response to Government Restrictions?

Michael Sauder, MD
Hospitalist Physician
Penn Medicine Lancaster General Health
Lancaster, PA

Abstract: Plain Anabaptists have a distinct way of relating to the government. Does that mean they would have distinct decision making processes in relation to government-promulgated public health restrictions regarding COVID-19? This essay argues that plain Anabaptist populations did not exhibit particularly unique decision-making and responses to COVID-19.

Keywords: COVID-19 mandates; mask wearing; vaccinations; opinion; decision-making; plain Anabaptists; Amish; Mennonite

Along with the rest of society, Amish and plain Anabaptists had decisions to make during the COVID-19 pandemic. How would plain Anabaptists respond to COVID, and especially the government’s directives meant to inhibit viral spread? Since Anabaptists have historically had a unique relationship with political powers, would their decision-making be unique? In this essay I will summarize aspects of Anabaptist history, and then address the pausing of church gatherings during the pandemic, decisions about face mask wearing, and vaccine uptake. I am not a sociologist and have not carried out formal surveys among plain Anabaptist groups. But in my contacts and experience as a physician, and in my conversations with other plain Anabaptists, I have not detected that plain Anabaptists had a substantially different decision-making process at work in regard to COVID response.

What about Anabaptist history might lead plain Anabaptists today to have distinct responses to COVID restrictions? Though plain Anabaptist congregations and denominations are varied, some generalizations are possible. Anabaptists developed out the radical reformation of the 1500s. They were called radical because their leaders insisted that Luther, Calvin and Zwingli had not gone far enough in their break from the Catholic church (Chadwick 1972). Those “magisterial” reformers had acted largely in concert with their local government authorities (“magistrates”) (Chadwick 1972, 84). Anabaptists instead emphasized adult baptism (the church should contain only “true” Christians), congregational autonomy in decision-making, and a distinct way of relating to the government. This essay argues that plain Anabaptist populations did not exhibit particularly unique decision-making and responses to COVID-19.
Making, and separation from worldly authority structures in regard to deciding church doctrine and practice. Quickly, the Anabaptist movement threatened understandings of church and state in both Protestant and Roman Catholic areas of Europe. Violence from all sides was widespread. Only gradually did Anabaptists gain a reputation as peace-lovers. Most avoided participation in government and refused military service. This distinct separation from earthly governments can be called the doctrine of the two kingdoms. Does this distinct relationship with government among plain Anabaptists affect their response to the twenty-first century COVID pandemic, particularly their response to government mandates?

I will first address the response of plain Anabaptists to government’s discouragement of large gatherings early during the pandemic. I do not claim exhaustive knowledge, or a systematic survey of plain Anabaptists. But from what I learned from my contacts in Lancaster County, PA, plain Anabaptist churches, along with mainline churches, stopped meeting. Even conservative Amish paused meetings for several weeks. Anabaptist groups tended to shut down for a shorter amount of time than was recommended, and shorter than other churches did. How many other churches stopped meeting? A large survey of American churches is available (Hartford Institute for Religion Research 2021). This study’s sample included a total of 38 Christian denominational groups and 2,074 responses, from mid-June to the end of August, 2021. Researchers found that the vast majority of churches—88%—suspended in-person worship for some time. Another survey in late 2021, of Protestant pastors, found that only 10% of congregations were meeting in April 2020, at the height of pandemic restrictions (Earls 2021). So even if the duration of closure was different between Anabaptist and non-Anabaptist groups, Anabaptist meetings did shut down for a time, like most other churches.

Did Anabaptist churches experience more controversy in regard to COVID decisions than other churches? Answering this would require truly fine-grained data. What I can report is that the survey cited above asked about intra-church conflict. As churches encouraged mask-wearing, recommended vaccines to their congregants, and endured closures, only 25% reported no conflict with regard to these mandates (Hartford Institute for Religion Research 2021). From various sources, including a private Facebook group of Anabaptist health professionals, I know that controversy in Anabaptist churches was certainly present. The research referenced above confirms that controversy was also widespread outside of Anabaptist groups.

What about wearing of face masks? Did plain Anabaptists have a unique approach to deciding whether to wear a mask for COVID prevention? Amish and other plain Anabaptists practice non-conformity in dress; is that relevant to face masks? Mask wearing is a complex decision, and many factors go into it. I will explore some of these factors, ending with a discussion of the significance of the “other-directed” nature of mask wearing. Because mask wearing is prominently about our relationship with others, you could hypothesize that Anabaptists would have a distinct position here.

Masks may be donned to prevent the individual from falling ill, or to prevent COVID spread to others, or for both reasons. Additionally, masks may provide a feeling of security. But wearing a mask is more than a medical action. It is a political decision, that is, an other-directed action concerning our relationship with those around us (Malina, et al. 2022). Because face masks are promulgated to protect self and to protect others, not donning a mask is both about myself (whether I fear contracting a disease) and an action that is interpreted by others to be about them. I am remembering a tweeted video depicting abuse of a grocery store shopper who did not mask. But one cannot, by looking at a mask-wearer, know why he or she is wearing a mask. Wearing a mask may show conformity with a directive but does not reveal whether the wearer thinks it protects him or others. Despite what might then be called the community significance of mask wearing, I’ve not been able to see Anabaptists have a unique response here. Plain Anabaptists are not more likely to conform to guidelines about mask wearing, or be uniquely rebellious. I’ve not seen that nonconformity in dress among plain Anabaptists is related to mask wearing. Nor do I see masking decisions reducible to a simple matter of obedience to authority. Many people who are not Anabaptist Christians also resisted wearing masks.

It’s both a small and large step to transition from discussing masks to vaccines. It’s a small
step in the sense that gathering for meetings, wearing a mask and/or accepting a vaccine have an other-oriented component. It’s a large step because a vaccine is a very different kind of intervention. What was termed vaccine hesitancy was widespread in North American culture during the COVID epidemic (Larson, et al. 2022). In my conversations and experience in counseling patients about COVID vaccination, I did not see Anabaptists using distinctive reasoning in regard to accepting these vaccines. There may be exceptions, as documented in more conservative or “closed” communities in Holmes County, Ohio (Stein, et al. 2022). This survey of Amish and Old Order Mennonites indicates that higher “group and individual closure” was associated with vaccine hesitancy. In contrast, a 2021 article in a Pennsylvania newspaper was titled “Amish Reaction to COVID-19 Vaccine Mirrors That of Rural Neighbors” (Strong 2021). It reported, “They’re following the same path as many other rural residents: They’re skeptical; resistant to the government mandating what they should do: but following along with shots, in some cases, when it’s easy and accessible” (Strong 2021).

What about hypotheses, then, that Anabaptists’ unique history and unique relationship with the government must lead to a unique response to COVID restrictions? Why were their decision-making processes not evidently different? First, I’m not sure that their information sources were very different. Through smartphones, some plain Anabaptists now not only have access to traditional media but also to thought currents sweeping social media. Secondly, apparently Anabaptists were not uniquely obedient to the government despite church teachings on obedience. The doctrine of two kingdoms teaches that obedience to government is required except when the obedience would contravene God’s teachings. “The powers that be are ordained of God” (Romans 13:1). So what about obedience to government-promulgated COVID restrictions, even without agreement that those restrictions were helpful? In my observation, Anabaptists were not outstandingly obedient. I even heard Anabaptist reasoning that we have less responsibility to obey depending on the personal morals of the government employee who was speaking.

Interesting in this regard are the insights from a pre-COVID paper arguing that public health responses in the United States are increasingly limited, due to patient autonomy movements (Galva, Atchison, and Levey 2005). The emphasis on individual rights in the past several decades is remaking the basic tenets of public health police power. “Under this new view, public health has no special status; autonomy is given a special force” (Galva, Atchison, and Levey 2005, 22). Reasons that I hear from plain Anabaptists for resistance to COVID public health measures are in line with this documented trend and without a strong basis in a unique Anabaptist approach to life. It reminds me of what I read in another paper on COVID vaccination (Eberl 2022). Though not focusing on Anabaptists, Eberl explores some Christians’ reasons to refuse COVID vaccination. What could be a Christian basis for refusing COVID vaccination? It is easy to verbalize that my conscience is opposed to vaccination, but could the true motivation for refusal be something more like a desire to choose for myself what could be good for me (Eberl 2022).

Overall, my conclusion may challenge how some plain Anabaptists see themselves. It also challenges how some researchers treat plain Anabaptists as a group, assuming that everything plain Anabaptists do must be informed or determined by that identity category. In my view, plain Anabaptists’ reasoning regarding COVID restrictions was in line with the broader culture. I am not able to discern a distinctly Anabaptist rationale about the COVID pandemic response.

REFERENCES


