COVID-19 and the Well-Being of the Homeless Population

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Abstract

A previous editorial by the Editor-in-Chief discusses public health and steps towards recovery from the COVID-19 disaster.1 In addition to the current public health disasters, and multiple disasters such as earthquakes, typhoons and hurricanes, worldwide recession, and global morbidity and mortality, the authors would like to highlight the need for responses to deal with the well-being of the homeless population due to their condition and vulnerability in the society. People who are experiencing homelessness are considered vulnerable and “preferential options for the homeless” must be considered.

The novel Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infection, which causes COVID-19, has reached 89571229 confirmed cases worldwide and caused 1924659 deaths as at January 10, 2021.2 Aside from increased morbidity and mortality, the COVID-19 pandemic has resulted in an increase in homelessness. People experiencing homelessness are at great risk of COVID-19 and could facilitate virus transmission.3 Moreover, homeless people do not have the means to acquire the “essential goods” during the pandemic since they lack the resources.

Undeniably, the pandemic has affected all people in the world. Due to unemployment, recession, and economic crisis, there is an increase in the number of people who are experiencing homelessness. In New York alone, there are 57000 people who experienced homelessness during the pandemic.4 This is a huge number knowing that the homeless people are left with few options for proper food, shelter, and care. Prioritizing the immediate action and response to the community, care, and intervention for the spiritual and mental health of the homeless population have been the response of the Church and other religious institutions.5 This is to assist the health care community in mitigating COVID-19.

Faced with the alarming implications for collective health and emotional functioning, it is important to monitor both the physical, as well as the spiritual and mental health of the vulnerable. This can be done by integrating support into general pandemic health care.6 In order to address this concern, collective efforts by the members of the community must be sought by providing basic needs as well as counseling session, spiritual direction, and mental health support to nourish the spiritual and psychological wellbeing of the homeless population.

In this time of the pandemic, the global community, be they religious, private, or public institutions are enjoined to help one another to lift up the condition of humanity with particular emphasis on the vulnerable and homeless population. As the medical community provides strong health care, global communities are called to intensify their action and response in recovering normalcy in the world.

References