

Facing the Pandemic with Love and Resilience

. . . and a Vaccine

by Father Emmanuel Kahn

Part I: What Impact Will COVID-19 Have on My Life?

During the past five months more than 4.6 million people have been infected with the virus that causes COVID-19 disease; and more than 308,000 have died. We each rightly wish to know the answers to four questions: (1) How can I avoid being infected? (2) How can I know if I am now infected or have already been infected? (3) How can I be healed if I am infected? and (4) How can I help others while protecting myself?

To avoid infection the basic answer is clear: Stay home and wash your hands carefully. If it is appropriate to leave home for some important purpose, it is advisable to wear a face mask.¹ Infection to the virus will be largely determined by the formula “Exposure to Virus x Time,” so confined indoor areas and toilets are especially dangerous.² Keep your distance from other people and avoid situations in which it is impossible to keep a safe social distance of at least two metres (six feet). However, this basic answer still leaves many questions for which we each have to develop our own answers: Is a hospital visit for a pre-existing condition worth the

¹ Mark Mendelson, Professor of Infectious Diseases at the University of Cape Town in South Africa, demonstrates mask techniques and explains how people can protect themselves and healthcare workers in a video at: <https://youtu.be/nJ5oJY9M7II> [CTRL + Click gives link to reference].

² Erin Bromage, “The Risks—Know Them—Avoid Them,” May 14, 2020 at: <https://www.erinbromage.com/post/the-risks-know-them-avoid-them>. This article could save your life. NHS guidelines are at: <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>. The World Health Organization (WHO) also recommends that loss of smell is an early important indication of infection; and this is supported by strong evidence from the Kings College COVID-19 now being used on a daily basis by 3 ½ million people in the UK and USA as explained at: <https://www.kcl.ac.uk/news/loss-of-smell-and-taste-a-key-symptom-for-covid-19-cases>.

risk of infection on the journeys to and from the hospital or in the hospital itself? Should I return to my job or is the risk of infection too great to return at this time? How long can I stay home and still have enough income to live frugally?

To find out if you are currently infected with the virus causing COVID-19, it is necessary to test for antigens³ with nose and throat swabs. To find out if you have previously been infected it is necessary to test for antibodies⁴ by having your finger pricked for blood. At first, the reliability of these tests was unclear,⁵ but Public Health England has now approved two diagnostic kits for antibodies to detect past infection and potential immunity.⁶ Testing for current infection and subsequent antibodies, supported by tracing and isolating of contacts, can guide public health interventions to limit the spread of COVID-19.

The answers to the third and fourth questions—"How can I be healed if I am infected?" and "How can I help others while protecting myself?"—are not yet fully clear. In trying to develop our own personal answers to all four of these important questions, we face a choice: Will I respond to this pandemic with fear and panic or with love and resilience? The dictionary definition of resilience is "the ability to recover readily from, or resist being affected by, a setback or illness." In seeking to develop resilience it is important to distinguish "between what you can and cannot change." In his book, *Developing Resilience*, Michael Neenan reflects that when we are confronted with change—especially change that we did not wish to experience (such as a global pandemic) we can respond in three quite different ways; "(1) If the situation (or aspects of it) can be changed, then take steps to do so; (2) If the situation (or aspects of it) cannot be changed, then work on changing your emotional reaction; and (3) if the situation (or aspects of it) can be changed but your current level of emotional distress stops you from seeing this, then it is

³ Antigens are molecules, usually from a bacterium or a virus, that stimulate the body's immune system to produce antibodies.

⁴ Antibodies are proteins that are produced by certain white blood cells in response to the presence in the body of an antigen and form an important part of the body's immune response.

⁵ See <https://www.telegraph.co.uk/news/2020/05/06/coronavirus-covid-antibody-test-home-kit-order/>

⁶ See <https://www.ft.com/content/14b69e2b-c55b-48e0-8c66-2232f2e857df>

important to reduce your level of distress before you undertake any practical problem-solving steps.” Neenan has worked at the Centre for Stress Management and Centre for Coaching; and he points out that: “Being able to find some positive meaning from your misfortune is a key factor in resilience.... No life experience has to be wasted if you are open to learning from each one but what is learnt usually emerges over the longer term, not immediately.... Rising to meet the challenge of adversity [that is, the challenge of an event that causes trouble or sorrow] can tap into unexpected abilities which change the way you see yourself—for example, [drawing you] from nervous insecurity to steady determination,” concludes Neenan.⁷ However, it should be noted that given the present lack of understanding about this new coronavirus, working out how to behave is especially difficult, whatever our initial emotional response.

We are each deciding how to respond to this pandemic. We need to calm ourselves and discern our own hopes and fears and intentions. The choice between fear and anxiety, on the one hand, or love and resilience, on the other hand, is a choice we now make many different times every day. Increasingly, we are confronted with balancing public health needs with economic needs in social and political environments where fear can lead to the wrong decisions at the wrong times.⁸ There are no easy answers, but we do need to search for facts and safe options for how to live in this dangerous time.

A respected Russian Orthodox Bishop and dedicated pastor, Bishop Pitirim (Tvorogov), the Rector of the Moscow Theological Academy, got the coronavirus “despite strict adherence to hygiene standards by all faculty and staff at the Academy.” In order to stop rumours, he explained what happened. Here are a few

⁷ See *Developing Resilience: A Cognitive-Behavioural Approach*, 2nd Ed. (Routledge, 2018).

⁸ See Gina Kolata, “How Pandemics End” NYT May 10, 2020 at:

<https://www.nytimes.com/2020/05/10/health/coronavirus-plague-pandemic-history.html>

passages from his extensive diary: “April 17. What can be said about this infection, based on personal experience? It is very insidious, and one can never guess whether it will spare you or kill you. The hardest thing is the psychological stress of the uncertainty. It is very easy to get infected. I got infected in church during services... by airborne droplets. This is the answer to all those who hold that you cannot get infected inside church walls. You can, and how!... Many thanks to those who came up with the idea of posting complete services online! Most importantly: take care of yourselves and others; do not leave your houses.... And may God grant that everyone be fortunate enough to have it in mild form. April 23... I myself have almost recovered and go out for five-minute walks in deserted places to breathe some fresh air. April 25. I was heavily criticized for calling upon people not to come to church during the epidemic. People even demanded ‘ironclad evidence’ that I caught the infection specifically in church and not somewhere else. At this moment, the course of my illness is accurately known, so let’s try to trace its genesis. Throughout Great Lent, I served at all the Liturgies, as is customary. During the last weeks of the Fast, Hierodeacon Innocent and the newly-tonsured monk Micah, being the most zealous ones, served with me. Innocent fell ill first, followed by me, then Micah. The very first at the Academy to contract the coronavirus was a graduate student who sang in the [monastery] choir. Most of the students who became infected were members of the choirs, where the conditions were ideal for the spread of infection.... On the morning of Great Monday, the gates of the [monastery] were closed. Outside was an agitated crowd, demanding that the [monastery] be opened. The protestors were behaving very aggressively, even to the point of swearing. In response, [the Abbot] opened the [monastery] for all of Holy Week and Pascha. The pestilence struck on Great and Holy Friday. The finest of the clergy got sick, some quite seriously.... On Holy Friday, as is fitting, we were all ‘nailed to the cross’ while down below ... the crowd was demanding a miracle. But no miracle occurred. We are being reproached for abandoning the people. This is not true. We responded in the only way we could—by getting sick ourselves, so that people seeing our torment, would take pity on those who were still healthy,

would take pity on their bishops, priests and choristers....We, the clergy and church workers, are the ones getting sick most often; take pity of us! After all, the words of the Lord are addressed to everyone: ‘I [desire] mercy, not sacrifice, ’” concludes Bishop Pitirim, quoting the words of the Gospel of St Matthew, chapter 9, verse 13.⁹

Bishop Pitirim has provided a vivid commentary on the experience of being infected with the coronavirus, and how Christians can avoid that infection by staying home, and if necessary, not coming to church.¹⁰ Bishop Pitirim’s warning about how easily this infection spreads in choirs has been supported by documented experience of choirs in England and the USA.¹¹ COVID-19 can spread easily, but affects different people in different ways.¹² Antiviral medicine and treatment with oxygen can often help, but healing will depend not only on prayer, but also on the discovery and mass production of an effective vaccine, as explained below in Part 2 of this essay. Until that vaccine is readily available, we will each have to make careful and informed decisions based on the best available facts about when to leave home, how to wear face masks and precisely why we are risking our lives by leaving home.

Bishop Pitirim has also referred to the “‘corona-horror’ that has befallen us.” That is a powerful description of the challenge now facing millions of us. Yet the problem of “innocent suffering” is ever with us today, as in the Old Testament with

⁹ A Russian Orthodox bishop describes his first-hand experience with COVID-19. (Full text in Russian at: <http://www.pravoslavie.ru/130546.html>).

¹⁰ See also Alan Cross, “What Churches Really Think About Opening Up,” *New York Times*, May 14, 2020 at: <https://www.nytimes.com/2020/05/14/opinion/coronavirus-churches.html>

¹¹ See <https://www.bbc.co.uk/news/health-52589449> “Coronavirus doctor’s diary: The strange case of the choir that coughed in January,” BBC News, 10 May 2020; and David Waldstein, “Coronavirus Ravaged a Choir, but Isolation Helped Contain It,” *New York Times*, May 14, 2020 at: <https://www.nytimes.com/2020/05/12/health/coronavirus-choir.html> and Zach Finkelstein, “NATS Panel of Experts Lays Out Sobering Future for Singers: ‘No Vaccine, No Safe Public Singing at: <https://www.middleclassartist.com/post/nats-panel-of-experts-lays-out-sobering-future-for-singers-no-vaccine-no-safe-public-singing?fbclid=IwAR1elucV5hH7ZIV2n1bPVD1UdixpPOR4JgAq98FlscQnmbn3EVc-H09i8g0>

¹² For a powerful description of infection and recovery, see virologist Peter Piot’s experience at: <https://www.sciencemag.org/news/2020/05/finally-virus-got-me-scientist-who-fought-ebola-and-hiv-reflects-facing-death-covid-19?fbclid=IwAR0JnN2Byx64uVq2Rq43LWnp6wtNk5DRdJRh0ssOfXeD-AIMbLT8PNQU5IA#>

Job and in the New Testament with the life of Jesus Christ Himself. Bishop Alexander (Golitzin) of the Orthodox Church of America, Diocese of the South, has reflected that whenever we face pain “God Himself is there in that pain, in that moment. God Himself has made [that pain His] own; and in [great pain], if we are open to it, we may meet Him.”¹³

In the midst of this pandemic, let us pray in the words from the Akathist of Thanksgiving, “Giving Glory to God in All Things”: “The breath of Thy Holy Spirit inspires artists, poets and scientists. The power of Thy supreme knowledge makes them prophets and interpreters of Thy laws, that reveal the depths of Thy creative wisdom. Their works speaks unwittingly of Thee. How great art Thou in Thy creation! How great art Thou in man.”¹⁴

Part 2: Why Vaccines Matter: History, Misinformation and COVID-19

The search for the causative agent of a disease is challenging and requires considerable research and testing before any vaccine can be discovered and mass produced. With the influenza pandemic of 1918-1920, even ten years later scientists were still debating whether the cause of the pandemic was a bacterium, as initially believed, or an unknown virus, as proved to be the cause.¹⁵

The dictionary definition of “vaccine” is precise: “a preparation containing killed or weakened bacteria or viruses, or serum containing specific antibodies, used in vaccination to confer temporary or permanent immunity to a bacterial or viral disease by simulating the body to produce antibodies to a specific bacterium or virus.”¹⁶ Disease crises can lead to a deeper sense of community, but only if we calm

¹³ Stephen Muse, James Burg and Halina Woroncow (Eds.), *Pain, Suffering and Resilience: Orthodox Christian Perspectives* (Sebastian Press, 2018), p. 18.

¹⁴ See <http://www.saintjonah.org/services/thanksgiving.htm>.

¹⁵ See John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin, 2018), p. 418. For a comparison of the death rates of the annual flu, the 1918-1920 influenza pandemic and COVID-19 see the website of *Our World in Data* at: <https://ourworldindata.org/spanish-flu-largest-influenza-pandemic-in-history>.

¹⁶ *Chambers 21st Century Dictionary* (Edinburgh: Chambers, 1999).

our fears and seek facts. Before considering the challenges we now face with COVID-19 it is important to understand both the history of vaccination and the dangers of misinformation.

History of Vaccination

One of the most infectious diseases in world history has been smallpox which impacted humanity for some 12,000 years; and even in the 20th century led to 300 to 500 million deaths.¹⁷ We hear little of smallpox today. Why? Because, happily, a vaccine was developed; and smallpox was eradicated throughout the world by 1979. This work took many years and much research by many different people. A combination of curiosity, a search for evidence and a desire to help others was essential in this early work. Understanding this history is helpful to reduce our fear of vaccinations.

Prior to research into vaccination for smallpox, a procedure was developed called variolation (or inoculation) in which a small amount of cowpox was deliberately pushed into the nose. The aim was to cause a mild infection of smallpox and thereby stimulate an immune response from the infection. However, it was difficult to determine how much of the cowpox virus should be used; and if too much was used the inoculation could lead to death, not immunity.¹⁸

Rev. Cotton Mather (1661-1728) and Dr. Zabdiel Boylston (1669-1766) made variolation popular in the American colonies. “When a ship from the West Indies carried persons sick with smallpox into Boston in 1721, an epidemic broke out in Boston and other parts of Massachusetts... [and] approximately half of Boston's

¹⁷ See “Smallpox: 12,000 Years of Terror” at: <https://www.infoplease.com/math-science/health/diseases/epidemics-of-the-past-smallpox-12000-years-of-terror> and “History of Smallpox” at: https://en.wikipedia.org/wiki/History_of_smallpox .

¹⁸ For a vivid, short re-enactment of variolation, watch the BBC-produced video on the work of Edward Jenner at: <https://www.bbc.co.uk/programmes/p015gmdn>.

12,000 citizens contracted smallpox. The fatality rate for the naturally contracted disease was 14%, whereas Boylston and Mather reported a mortality rate of only 2% among variolated individuals. This may have been the first time that comparative analysis was used to evaluate a medical procedure.”¹⁹

Throughout the dairy-farming areas of the southwest of England it was well known that milkmaids and other farm workers who contracted cowpox from handling cows’ udders became immune to smallpox. One of the first people to vaccinate against smallpox was Benjamin Jesty (1736-1816), a farmer at Yetminster in Dorset.²⁰ “When an epidemic of smallpox came to Yetminster in 1774, Jesty decided to try to give his wife Elizabeth and two eldest sons immunity by infecting them with cowpox. He took his family to a cow at a [nearby] farm that had the disease, and using a darning needle, transferred pustular material from the cow by scratching their arms. The boys had mild local reactions and quickly recovered but his wife's arm became very inflamed and for a time her condition gave cause for concern, although she too recovered fully in time. Jesty's experiment was met with hostility by his neighbours. He was labelled inhuman, and was ‘hooted at, reviled and pelted whenever he attended markets in the neighbourhood.’ The introduction of an animal disease into a human body was thought disgusting and some even ‘feared their metamorphosis into horned beasts.’ But the treatment's efficacy was several times demonstrated in the years which followed, when Jesty's two elder sons, exposed to smallpox, failed to catch the disease.”²¹

¹⁹ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200696/>. Stephan Riedel, “Edward Jenner and the history of smallpox and vaccination,” *Proceedings (Baylor University. Medical Center)* 2005 Jan; 18(1).

²⁰See “Benjamin Jesty: new light in the dawn of vaccination,” *The Lancet* 203 Dec 20;362(9401):2104-9 at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200696/>.

²¹ “Benjamin Jesty” at: https://en.wikipedia.org/wiki/Benjamin_Jesty.



Blue Plaque commemorating Jesty's pioneering work at Upbury Farm at Yetminster.²²

The work of Jesty and many others was built upon and strongly promoted by Edward Jenner (1749-1823), an English physician. Jenner recognised that “cowpox not only protected against smallpox but also could be transmitted from one person to another as a deliberate mechanism of protection.... [This insight led to] the first scientific attempt to control an infectious disease by the deliberate use of vaccination.”²³ In May of 1796, following the approach of Benjamin Jesty twenty years earlier, Jenner took matter from fresh cowpox lesions on the hands of a young dairymaid, Sarah Nelms, and inoculated an 8-year-old boy, James Phipps. Then in July 1796 Jenner inoculated the boy again with matter from a fresh smallpox lesion. When no serious disease developed from either inoculation, Jenner rightly concluded that the lad was completely protected. Although Jenner was honoured in his lifetime far more than Jesty, Jenner too was subjected to rejection and ridicule. However, “it was Jenner’s relentless promotion and devoted research of vaccination that changed the way medicine was practiced.”²⁴ It is striking to see that it was the desire of Jesty to protect his own family and of Jenner to protect immediate neighbours that led to the discovery of a vaccine that saved the lives of millions of others.

There is often competition between specific researchers on how best to develop a vaccine, as happened with the independent work of Jonas Salk and Albert

²² Photo Credit: See footnote 12 above.

²³ Stephan Riedel, footnote 5 above.

²⁴ Stephan Riedel, footnote 5 above.

Sabin, which led to the near eradication of polio.²⁵ It is helpful to understand that “it is extremely rare that a single individual or experiment generates a quantum leap in understanding; this “lone genius” paradigm is potentially injurious to the research/investigation, but small steps by investigators supported by an informed public can build toward a giant leap, as the story of smallpox eradication clearly demonstrates.”²⁶ This would also be true for the near eradication of polio and the development of many other vaccines. However, there is sometimes suspicion, especially of new vaccines, so it is important for those who are not scientists to learn how to weigh up the evidence about whether a specific vaccine is now safe.

Misinformation and the Search for Truth

We now live in the midst of “an infodemic—an over-abundance of information—some accurate and some not—that makes it hard for people to find trustworthy sources and reliable guidance when they need it.”²⁷ The excellent two-page essay listed in footnote 13, “Here’s How to Fight Coronavirus Misinformation,” offers six guidelines for separating truth from fantasies: “(1) Consider the source and consider the source’s sources; (2) Check your own biases; (3) Ask yourself if you’re being constructive before you share something; (4) Be emphatic, but also empathetic (your goal shouldn’t be to be right, but to be helpful); (5) Remember that anxiety is natural but it’s also viral; and (6) Be patient, kind, deliberate and fact-based. More people will listen.”

²⁵ See David M. Oshinsky, *Polio: An American Story* (Oxford: Oxford University Press, 2006, Second Ed; and Gilbert King, “Salk, Sabin and the Race Against Polio,” *Smithsonian Magazine*, 3 April 2012 at: <https://www.smithsonianmag.com/history/salk-sabin-and-the-race-against-polio-169813703/>.

²⁶ See <https://www.ncbi.nlm.nih.gov/pubmed/9831677/>, G. P. Gross & K. A. Sepkowitz, “The myth of the medical breakthrough: smallpox, vaccination, and Jenner reconsidered,” *Int J Infect Dis.* 1998 Jul-Sep; 3(1):54-60.

²⁷ Andy Carvin & Graham Brookie, “Here’s How to Fight Coronavirus Misinformation,” *The Atlantic*, March 29, 2020 at: <https://www.theatlantic.com/ideas/archive/2020/03/heres-how-fight-coronavirus-misinformation/608914/>.

One of the reasons that some people now distrust vaccines is because of a 1998 research paper by Andrew Wakefield in which he wrongly linked the vaccine for MMR (measles, mumps and rubella) to autism. Although Wakefield's license to practice medicine was taken away from him, and all of his co-authors and *The Lancet* journal withdrew the paper, Wakefield himself continued to promote anti-vaccination campaigns. Those who distrust vaccines would do well to read the facts in this footnote carefully, explaining that Wakefield's paper was based on eight children, whose data was falsified.²⁸

Sometimes people deliberately share information they know to be false, but often the information being shared is simply wrong; and those sharing it are not well informed. For example, consider the recent criticisms of Bill Gates. He gave a concise eight-minute TED talk in March 2015 warning of the dangers of a pandemic for which the world was not prepared.²⁹ However, five years later this has been twisted into many falsehoods, either deliberately or ignorantly.³⁰

The dictionary definition of "epidemiology" is "the study of the distribution, effects and causes of diseases in populations and the means by which they may be treated or prevented." Of course, this is of critical importance in understanding and alleviating COVID-19. However, as the essay cited in footnote 13 concludes: "You don't have to become an epidemiology expert—the medical professionals and journalists will do their jobs. You do have to make an effort to not spread rumours

²⁸ Jonathan D. Quick, MD, MPH and Heidi Larson, "The Vaccine-Autism Myth Started 20 Years Ago. Here's Why It Still Endures Today," *Time*, February 28, 2018 at: <https://time.com/5175704/andrew-wakefield-vaccine-autism/>; and Fiona Godlee, Jane Smith and Harvey Marcovitch, "Wakefield's article linking MMR vaccine and autism was fraudulent," *BMJ*, January 6, 2011 at <https://doi.org/10.1136/bmj.c7452>.; and Sarah Boseley, "How disgraced anti-vaxxer Andrew Wakefield was embraced by Trump's America," *The Guardian*, June 18, 2018 at: <https://www.theguardian.com/society/2018/jul/18/how-disgraced-anti-vaxxer-andrew-wakefield-was-embraced-by-trumps-america>

²⁹ https://www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready#t-10054.

³⁰ Daisuke Wakabayashi, Davey Alba & Marc Tracy, "Bill Gates, at Odds with Trump on Virus, Becomes a Right-Wing Target," *New York Times*, April 17, 2020 at: <https://www.nytimes.com/2020/04/17/technology/bill-gates-virus-conspiracy-theories.html?smid=em-share>.

or falsehoods, or anything else that could make a public-health response harder for those around you. Lives depend on it.”

Our Future and the Future of COVID-19

Slowly, people in many different nations are becoming aware that recurring waves of COVID-19 could be with us for several years or longer unless an efficacious vaccine is found quickly.³¹ These waves of virus can be mitigated by temporary lockdowns, but when lockdowns are relaxed COVID-19 can return. Therefore, novel approaches to work safely before a vaccine is available are being trialled, for example in Austria and Israel, with 4 days on the job followed by 10 days of home isolation.³² At this time, we simply do not know how this coronavirus will behave,³³ nor how long it will take to find a vaccine, nor how demanding and time consuming the process of mass production will be, nor our own human abilities to live for extended periods of lockdown with all the emotional and financial constraints this will entail.³⁴ We will each have to learn to live with continuing uncertainty for months or possibly years.

Each of us has become “a historical source—that future historians might want to ask you about what you saw and lived through.... What have [you] been a witness

³¹ Siobhan Roberts, “This is the future of the pandemic,” *New York Times*, May 8, 2020 at: <https://www.nytimes.com/2020/05/08/health/coronavirus-pandemic-curve-scenarios.html>

³² See Uri Alon, Ron Milo and Eran Yashiv “10-4: How to Reopen the Economy by Exploiting the Coronavirus’s Weak Spot,” *New York Times*, May 11 at: <https://www.nytimes.com/2020/05/11/opinion/coronavirus-reopen.html?smid=em-share>. Enter “Financial Times Coronavirus Lockdown” into any search engine to see latest data by country.

³³ For the many different manifestations of COVID-19, see Clive Cookson, “From blood clots to ‘Covid toe’: the medical mysteries of coronavirus,” *Financial Times*, May 7, 2020 at: <https://www.ft.com/content/be7e66c0-1243-45dd-829f-8b192c18acff?shareType=nongift>

³⁴ See the impressive, calm approach of Dr. Amy Acton, Director of the Ohio (USA) Department of Health in the seven-minute video by Sanya Dosani & Adam Westbrook, “The Leader We Wish We All Had” at: <https://www.nytimes.com/2020/05/05/opinion/coronavirus-ohio-amy-acton.html?referringSource=articleShare>

to?”³⁵ It is true that it could be helpful for many of us to reflect and write about our experiences during the pandemic (or to develop new hobbies); our central concern is to learn how to live through it. In the context of how we relate to each other, it may well be that: “The challenge of viral isolation is forcing us to be ever more creative in how we engage each other in any medium—be it science, literature or just plain conversation—and this may prove to be a silver lining to the whole ordeal.”³⁶

The impact of isolation certainly applies not only in a general sense to our future human relationships, but for many of us as Christians in a specific sense to how we will live in the future as Christians. Many sincere people are attracted to the human nature of Jesus, but it is even more important to pray, to read the Bible carefully, to attend church services available online and to experience the impact that the divine nature of Jesus Christ has on each of us. When we receive the Eucharist—the body and blood of Jesus Christ—we “abide” in Him and He abides in us (John 6.56). That word “abide” is drawn from translations by Orthodox, Roman Catholic and Protestant scholars.³⁷ Its meaning has many nuances including “to endure,” “to face, encounter, withstand,” “to suffer,” and “to put up with.”³⁸

The Southern Baptist pastor, Alan Cross, is certainly within Orthodox Tradition when he writes in the midst of this pandemic: “The belief in Christ’s resurrection

³⁵ Benjamin Markovits, “Escape the Morass: Learning and Teaching during Lockdown,” *TLS, The Times [of London] Literary Supplement*, May 1, 2020 at: <https://www.the-tls.co.uk/articles/learning-and-teaching-during-lockdown-essay-benjamin-markovits/>

³⁶ Khalil Thirlaway, “More than just a game: How games and play might help us understand, and fight, disease,” *TLS, The Times [of London] Literary Supplement*, April 24, 2020 at: <https://www.the-tls.co.uk/articles/how-games-and-play-help-understand-and-fight-disease-essay-khalil-thirlaway/>. Note especially the free science puzzle game in which players construct and fold simulated protein molecules at: www.fold.it/portal/node/2003714.

³⁷ David Bentley Hart, *The New Testament: A Translation* (New Haven and London: Yale University Press, 2017); *The Orthodox Study Bible* (Nashville, Thomas Nelson, 2008); *The Zondervan NASB Study Bible*, (Grand Rapids, Zondervan, 1999); and *Douay-Rheims Catholic Bible* (Gastonia, NC: Tan Books, 2009).

³⁸ *Shorter Oxford English Dictionary* (Oxford: Oxford University Press, 2007, Sixth Edition), Vol. 1, pp. 4-5.

that we recently celebrated at Easter reminds us that light breaks through darkness, and death has been undone. Believing that can help us wait patiently with hope for all things to be made new.”³⁹ St John Chrysostom preached about how St Barnabas and his colleagues “accomplished their work “through small means ... and bestowed their care on everyone, treating the entire world as a single household.”⁴⁰ That is a powerful phrase—“treating the whole world as a single household”—and today, as we face the spread of COVID-19, there is a deep sense of “we’re all in this together.” Amen - may it be so!

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³⁹ See footnote 10 above.

⁴⁰ St John Chrysostom, *Homilies on the Acts of the Apostles 25, Ancient Christian Commentary on Scripture, New Testament V* (Downers Grove, IL: InterVarsity Press), p. 147.