***Reflections on Covid-19*. From Revd Bernard Hughes**

This present crisis of Covid-19 reminds me of the time when as a hospital chaplain, working in St. Stephens Hospital, Chelsea, we faced an emergency when a mysterious virus began to appear that affected mainly young gay men, namely the acquired immune deficiency syndrome – AIDS. The sudden impact of this illness created alarm and a massive advertising campaign by the government was made for the public to be self protecting. The entire private section of our hospital was given over for the intensive care of patients and protective clothing was authorised for treatments and for any contact with patients. This included visits by the chaplain.

Speaking at a conference at The Mildmay Hospital in East London that specialised in the care and treatment of HIV/AIDS, I expressed the weakness and helplessness that one felt when visiting patients, for each individual person had their own special need and concern. We had to learn, to listen, to pray, to trust and to love.

I clearly remember visiting a ward and there was a side room and I felt compelled to enquire who was there. It was a young man suffering the final stages of AIDS and I spoke to him about our Lord the Good Shepherd. After a while I ask him if he minded that I spoke to him in this way. He responded in words I shall never forget. ‘I want to hear it’ he said.

Visiting the isolation rooms became a priority for the chaplains and we often shared the anguish and grief of the partner. It was Cardinal Benedine of Chicago who famously said, and I quote “The gay community is a grieving community…we must be at hand to share that grief”. No doubt the chaplains of our hospitals and care homes today are very much in the same situation with this present pandemic as they endeavour to bring comfort and hope to patients and relatives.

Things gradually improved over the years especially with the development of retroviral medication, so that by the time the Chelsea and Westminster Hospital opened in 1992, built on the site of the old St. Stephens Hospital, there were less in-patient beds and an increase of out-patient treatment with much improved prospects for healing, although there is not a complete cure for AIDS, the retroviral medication has kept it under control.

Even after thirty-four years a vaccine has not yet been found, and it is still present in the world especially in developing countries. Covid-19 is no doubt regarded as something that could revive. Viruses mutate. Year by year we create safeguards against the influenza virus. In 1957 many lives were lost to that epidemic. At present the government is preparing ways for us to come out of lock-down, but we will still need to be aware of the presence of this virus throughout the world.

A distressing aspect for Christians at this time is the loss of personal fellowship and worship in Church. The fact that this virus has a hidden presence makes one fearful of meeting up with others. We are thankful for the internet and smart phones and for telephone conversations whereby we are able to maintain some form of contact, and we are grateful to Ann and the ministry team for their help in keeping our Benefice together.

We long for our Churches to be re-opened and to share in worship and the Eucharist. But in spite of this absence, our faith, our love and our hope enable us to know God’s presence and the loving purposes of his will. This was what one endeavoured to share with those who suffered the AIDS epidemic. Today we are, one way or another, affected by Covid-19. We continue to pray for scientists and researchers, NHS staff and all key workers in public services. May our Lord give us his loving help, healing and grace.

Rev Bernard Hughes