

THE POST-COVID THEOLOGY PROJECT

The Covid context



The Post-Covid Theology Project: The Covid Context

“ **What are the most important questions that need our attention as churches in the post-covid era?** ”

The story so far

It might seem strange, even a little presumptuous, to set out on a project entitled post-covid theology when many nations around the world, including our own, are still seeing infection rates on the rise, hospitals under pressure and daily deaths are at a troubling level. Nevertheless, we are at a significant point in the pandemic to begin to think about some of the questions that have arisen and what we may need to continue wrestling with as churches.

During the last 18 months of the coronavirus pandemic there has been an explosion of blogs, essays, journal articles, books and other resources produced to help Christians come to terms with such an unforeseen event. There have been comparisons with other pandemics in history; whether the plagues of London in the 15th and 16th century or the Spanish flu in the early 20th. Since we are still in the midst of the pandemic globally it is far

too early to see what conclusions history will make about the impact of this pandemic.

Member Churches of Churches Together in England are collaborating in this project to reflect theologically on the changes, challenges and opportunities for English churches arising from the Covid-19 pandemic. Our aim is to provide resources for local churches, parishes and congregations, enabling them to think carefully about the implications for their life, witness and worship. We have in mind local leaders who need to make decisions about pastoral care, patterns of Sunday worship, mission initiatives and the use of their buildings.

In this document, The Covid context, we are reminded how the pandemic has unfolded since early 2020, with its profound impact on church and society.

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The Covid Context

A reminder of the reality we've lived through since early 2020...

Since early 2020, many aspects of life in England have been affected by the Covid-19 pandemic; increasingly so from March of that year, with **the introduction of stay at home orders** that closed businesses, non-essential shops, workplaces, schools and churches, and severely limited the numbers attending a funeral. It produced the deepest decline in economic activity for centuries. Meanwhile there were rapid increases in hospitalisations and deaths from Covid in both hospital intensive care units and care homes.

We grew familiar with a group of **scientists** – epidemiologists who study epidemics and virologists who understand viruses – and their advisory panels, SAGE and NERVTAG. And a hitherto unknown public figure, Prof Chris Whitty, recently-appointed as England's Chief Medical Officer, became a household name.

A small west coast USA start-up, **Zoom**, providing an easy-to-use video conferencing tool, suddenly came to the rescue of families wanting to maintain

contact, workers needing to communicate, and, yes, Churches Together in England (CTE) too, as we gathered representatives of our national Member Churches for a weekly conference call, 'The Coronavirus Roundtable'. Others stuck with Microsoft Teams, but one way or another, life 'went online'; unless you were a shop worker, a bus driver, a social worker, nurse or doctor, or other front-line professional, remaining vulnerable to infection.

This move online included **church life**, with church buildings closed even to their clergy. Services were live-streamed from kitchens and living rooms; small groups and church meetings moved onto zoom. Most of the population was **confined to their homes**, and neighbours greeted one another across the road or over the garden fence, with the nation instructed to stay at home apart from the hour of daily exercise (a sort of pedestrian ballet to keep 2 metres away from others in the local park). Suddenly the homeless were housed, and the work of food banks both increased, and moved to home deliveries.

We are so familiar with those draconian restrictions – accompanied by a remarkable degree of compliance – it is easy to forget just how extraordinary they were. Not even in the Second World War were such wide-ranging **restrictions on personal liberty**

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enacted; but here was an enemy that was invisible, initially thought to be transmitted on surfaces (oh how we washed our hands!), but soon discovered to potentially be present in the very air we breathe.

What we needed was a vaccine and treatments for the most severe symptoms; all we had was social isolation. Meanwhile, a programme of identifying those infected (some with no symptoms, or only very minor ones) was attempted, with a nation-wide scheme of quarantining – ‘**track and trace**’. Initially shambolic, it was only ever going to be effective when cases were very small, and during the weeks prior to the March 2020 lockdown, the virus had spread unchecked (infamously, the Cheltenham Festival in mid-March resulted in many infections and several deaths). Nonetheless, track and trace has remained a central element in the fight against the virus, with home testing (lateral flow) kits a familiar routine for the foreseeable future. Debate continues about how effective this programme has been.

Meanwhile, since early January 2020 – when the news first reached the international community about the novel pneumonia affecting the large Chinese city of Wuhan – scientists who create **vaccines** began their work, aided by the early analysis of its DNA sequence. This was initially completed by the Chinese scientists who isolated the virus, and who were subsequently punished by the Chinese authorities for making it available to the wider world, casting doubt on claims of Chinese transparency and the role of the WHO.

It is true that many of the vaccines we routinely use for other diseases such as yellow fever or typhoid took years to develop, test and authorise, but much was already known about the science behind new vaccines needed for coronavirus. **The extraordinary speed with which vaccines were developed**, tested and rolled out was not the result of any scant regard for safety (as some believed), but rather was the product of international cooperation, large financial investment from governments and the pharmaceutical industry, and emerging techniques to combat viruses developed during the decade before this new virus struck – all combining to produce not just one vaccine, but a number, all effective and ready to scale up in production.

Alongside this extraordinary success (imagine where we might be if this coronavirus – SARS-CoV-2 – had emerged and spread twenty years ago) were many who were cautious, or ideologically-opposed, or conspiracy theorists, who became a vocal anti-vax lobby. Churches worked with public health sectors to **counter anti-vaccine arguments**, and perhaps one of the single most significant contributions to the pandemic by churches was the weight placed behind the vaccination programme, with senior church leaders and Christians in the health professions speaking out through social media and specially-organised webinars.

For the churches in England, **Easter 2020** was like no other, with church buildings closed for public worship and even private prayer. Church leaders and networks like CTE supported the measures devised to protect public health, when the only tool we had was social distancing to reduce infection rates. As those rates peaked, then fell, conversations with Government ensured that churches were among the first public spaces to be re-opened; first for private prayer, and then for public worship.

The **closure of church buildings**, and the willingness of church leaders to comply, has been criticised, but it is easy with hindsight to argue that this was a misjudgement when elsewhere before lockdown, in March 2020, Germany and eastern France saw church gatherings identified as super-spreader events. Loving your neighbour meant protecting them from an invisible threat, and for many, the worship of God did not cease, even if it was confined to the home (where it should in any case be present at all times).

By the summer of 2020, **the catastrophic collapse in economic activity** (and so, tax revenues), accompanied by unprecedented levels of financial support from the public purse for furloughed workers and beleaguered industries, was countered by a gradual easing of restrictions. ‘Eat out to help out’ attempted to revive the hospitality industry, beaches were heaving and all seemed set for an autumn returning to normal.

Church buildings were open once again to socially-distanced public worship, although much that had been familiar about attending church – the greeting and chat beforehand, the singing of worship songs

in unison, the offering of refreshments after the service, even moving around the building – were all prohibited. Instead, fully masked, worshippers were directed immediately to their seat, where they sat silently until they left, equally directly, to the road home.

Many churches also **continued to meet online**, building on the lessons learnt during the steep learning-curve of the past few months. Indeed a significant number of churches reported an increase in numbers attending online, as technology enabled them to reach a far wider audience than before. Those who had previously felt excluded from church communities because of a disability or vulnerability were able to participate in services in new ways. Churches were not only adjusting digitally; they were often working in tandem with local authorities and charities to provide food for those who had lost jobs during the lockdown. A profound example of this was seen in Pastor Mick in Blackburn – as reported by the BBC¹.

In September, **schools returned** – with students placed in ‘bubbles’ to mitigate the threat of infection – and University students returned to their halls of residence. Then the infection rate began to rise again, rapidly, and a ‘short-sharp-shock’ lockdown during the October half-term break was proposed, then rejected. Whether or not that would have worked to reduce the R-rate is a matter of conjecture (and epidemiological modelling), but by November it was clear that only **another lock-down** would avoid overwhelming the health service while we waited for vaccines to be authorised for use. Plans for a five-day easing of stay at home restrictions for Christmas were eventually reduced to the 24 hours of Christmas Day, with some parts of the country denied even this.

So the nation endured a pretty continuous **second lockdown** from November 2020 to well into 2021. Even if church buildings remained open during this time, social distancing regulations restricted attendance. By this stage, the early attempts to broadcast church services had been widely improved, and **hybrid or solely online worship**, teaching and fellowship became the norm. Never

before had church ‘tech-teams’ been so vital, with teenagers teaching baby-boomers what to do with the cameras, computers and microphones all required to convey morning worship or mass into people’s homes.

Meanwhile, **the first person in the world to receive a vaccine** outside of a trial did so in the UK, and the programme to ‘double-jab’ all consenting adults was underway, with an increasing range of options available as more vaccines were authorised. This would be our way out of a cycle of lock-downs, since the vaccine reduced the severity of the disease (still predominantly a respiratory disease, but with increasing evidence that it not only attacked other major organs such as kidneys and heart, but also gave rise to a series of chronic conditions that lingered long after the acute phase had passed – so-called ‘long-Covid’).

This way out still seemed a long way off when **the larger second wave** of the virus travelled through the winter months of 2021, seeing a rise in hospital admissions. New medical interventions for the most seriously ill undoubtedly saved many who would have died in the circumstances of the first wave, but still the number who died rose inexorably to over 154,000 by September 2021 – peaking at a rolling average of 1,240 a day at the end of January, before dropping to just a few each day by May.

With the **relaxing of almost all regulatory restrictions** in July 2021, hospitalisations rose and death rates, too, but at much lower levels, with those seriously ill being largely the unvaccinated. The hope is that serious infections from Covid will remain at this lower level of about 5,000 in hospital and daily deaths below 100. It has recently been noted that some of those who are dying with a positive Covid test within 28 days (the criteria for a ‘Covid-19 death’) may well have died of other causes, such as heart failure or cancer, and may well have died anyway even if not infected with SARS-CoV-2.

Many are particularly concerned due to the **absence of a normal ‘flu season’ in 2020-21**, and the degree to which this will increase the severity of flu in the

¹ <https://bbc.co.uk/news/stories-55273677>

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2021-2 season (given an average flu season normally kills thousands each year, largely the elderly).

Although a campaign to widen the vaccination uptake for flu (or even a combined flu-and-Covid booster vaccination programme) could in fact see a welcome diminishing of the flu disease – which would assist in the attempt to reduce the backlog in other, non-urgent procedures.

Initially, it had been hoped that the vaccine might also severely restrict transmission of Covid-19, but with **the emergence of variants of the virus**, especially one named ‘the Delta variant’, it now seems that the viral load of the fully-immunised is only a little lower than that of those without any protection. This disease and virus will now be with us permanently, with the virus continuing to change in ways that make it harder to fight – even as we accommodate to it with modified vaccines. Eventually it will likely become another one of the

viruses, like flu and the common cold, that circulate in winter, becoming endemic².

The current coronavirus pandemic, still raging around the world, **will not be the last** to afflict humanity. We have been fortunate in many ways, as this virus emerging in China is much less deadly than, say, Ebola, with its much higher mortality rate. But Covid-19 has struck a chord with humanity at a time when we face a much more deadly peril – the effects of climate change that will make the earth uninhabitable across vast tracts of land unless we act swiftly. In western culture, wedded to the notion that medical science will fix every disease eventually, the pandemic has reminded us of our mortality, and that a tiny bundle of proteins that can survive outside its host for only a matter of days has the capacity to terrorise us, disrupt our lives and, for some, cause a disease so deadly that it kills us.

² There is evidence that a similar event occurred in 1892 – the first modern-day pandemic – named the ‘Russian flu’ and killing an estimated 1 million of the world’s population of 1.5 billion (0.1%). The current percentage of the world’s population to have died is approximately 0.06%, far smaller thus far. Russian flu is now believed by some to have in fact not been an H1N1 flu virus, but rather a coronavirus, called OC43, that also jumped species, and whose successors can still be traced among the viruses that now deliver a common cold each year (albeit a more severe kind of cold, and which is responsible for pneumonia in some elderly people).

See Robin McKie, “Did a coronavirus cause the pandemic that killed Queen Victoria’s heir?” The Guardian, 31st May 2020. <https://theguardian.com/world/2020/may/31/did-a-coronavirus-cause-the-pandemic-that-killed-queen-victorias-heir> and Todd Rozen, “Daily persistent headache after a viral illness during a worldwide pandemic may not be a new occurrence: Lessons from the 1890 Russian/Asiatic flu”, Cephalalgia Nov 4, 2020; 40 (13): 1406–1409. Cf Anthony King, “An Uncommon Cold”, New Scientist, 2020, May 2; 246: 32–35. <https://ncbi.nlm.nih.gov/pmc/articles/PMC7252012/>



The church in the post-covid world

The implications of this disruptive period for the church are many and varied...

Until 2020, government in England, both nationally and locally, was often suspicious of church involvement in community action. Born of a society that is secular (functionally, at least), distrustful and often ignorant of religion, and deeply wedded to the privatisation of religious belief, churches seeking a relationship with the civic authorities to address social ills were often met with a polite resistance. Churches engaged nonetheless; running food banks, winter homeless shelters and counselling centres; continuing to be the largest providers of youth work and at the forefront of ways to combat knife crime; but often this was in parallel with the policies of a government 'that doesn't do God', rather than in close association with Whitehall or the Town Hall.

With the pandemic that changed.

Local authorities came knocking at church doors, and Government departments, especially The Ministry of Housing, Communities and Local Government (MHCLG), were **keen to engage with faith groups**. New opportunities for collaborative working emerged, and the success of these may prove to be the beginnings of a new relationship between faith groups, especially the Christian church, and the secular authorities.

The implications of this disruptive period for the church are varied, and pragmatic responses are already embedded in some aspects of church life. For instance, a hybrid model of in-building (in-person) worship and online delivery is widely being continued, as churches realise the potential of connecting with new audiences through the online format, and of also making church programmes more accessible to those who are house-bound for various reasons. But some fear that this may be an anxious response to a longer-term decline in church attendance, and that a consumer mentality has been encouraged among church-goers. Will this new model deliver greater connectivity with those in society who have previously been uninterested in church, or will it weaken the community of those who previously regularly attended, but are now 'out of the habit'?

These are just some of the questions we hope to explore together through The Post Covid Theology Project.

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