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Cilehane: Shifts and Challenges to the Spiritual Life offered by a Pandemic

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The prophet Moses withdrew for forty days on Mount Sinai. The prophet Jesus Christ withdrew to the desert for forty days. The prophet Muhammed withdrew to the cave on Mount Hira. The echo of these revelatory encounters resonates in the Sufi discipline associated with the *cilehane*, the withdrawal usually when one reaches the age when the prophet Muhammad’s life came to an end, a forty days seclusion with olives appointed for nourishment for each day, silence, fasting, prayer and contemplation, a time to nourish one’s soul (*nafs*) to taste the rich flavours of divine presence. Jews, Christians and Muslims alike set aside a portion of each day and each year in remembrance, a focused discipline where the rhythm of the days and nights invite the depth of the soul to surface and the breath of God to be one’s “all in all.”

Over the last year much, virtually all, of the human family has been in the grip of a pandemic. Large populations have been encouraged to isolate, live under curfew, wear masks in public and socially distance, all as an expression of solidarity with their neighbours. “Stay together by staying apart” has become a clarion call. The elderly, living together in care-homes and assisted living accommodations, have been cut off from their loved ones and many have died of loneliness, isolation and heart-break. While we do not know for certain, it seems likely that isolation has deepened depression and many have given up on life as a result of medical and political responses to the viral infection. Often, they die alone or holding the hand of a nurse if they are fortunate. Normal funeral services are curtailed or entirely prevented. churches, mosques, synagogues and temples have been closed or put under substantial restrictions for the attendance of the faithful. Some healthcare professionals working directly with COVID 19 patients have witnessed many more deaths and caregivers in homes for the elderly have presided over the suffering and dying of high percentages of those they care for. Many schools have been closed. Businesses have failed. Some predict a mental health crisis will follow in the wake of the pandemic. Political leaders have leaned on national and regional directors of public health who have argued for restrictions based on “models” of what may develop. Science has been elevated in public discourse and doctors given authority usually reserved for religious and political leaders.

In this essay I will examine the religious and spiritual implications of how we have handled and organized our response to the pandemic. How do these responses reflect our understanding of what it means to be human? Does our personhood exist or is our biology the only matter to be considered? Is this enforced period of solitude, our curious time when whole populations have been forced into a medically induced “*cilehane*” likely to bring to the surface the depth of the soul, enlarge our neighbourliness and will to care for the vulnerable? What do

religious traditions teach us about the art of suffering and the art of dying in the midst of what seems like a collective trauma? I will ground my reflection in the wisdom and teaching of the Christian East and particularly in its anthropology, its understanding of what it means to be human. Obviously, we are biological creatures. Each of us is *in statu viatoris*, “in the state of being on the way”, becoming new every day through encounters and communion with others. Our biological life is intimately bound to our personhood. It is at best, as we are taught by revelation and our spiritual fathers and mothers, to unfold throughout our life from birth through maturity until we take our last breath in the sanctification of our personhood. *Bios* is longing for the holiness at the centre of the *zoe* of all creation, the longing to become united with the will, purpose and *telos* of all God’s creation.

The Human Face and the White Horse of the Apocalypse

The COVID 19 pandemic reached Canada in March of 2020. At this writing we have 1.41 million diagnosed cases, with 1.38 having recovered and 26,175 being listed as having died as a result of the infection, in a population of 37.59 million. Mass vaccinations are unfolding. Protests against government regulations are building. Rumours abound. Statistics give us information. Behind all numbers is an ocean of story. Let me give you one that puts a human face on what so many have encountered this last year.

I was sitting in my garden around noon on Saturday April 26th, 2020. I called my sister Muriel, my eldest, to see how her day was unfolding. Muriel was diagnosed with Lupus, an autoimmune disease that affects muscle tissue and organs, when she was twenty-five. The demands of the disease have been enormous but she has lived well with and through it and is now in her eightieth year. She has lived on her own since her husband left this world over two decades ago, lived well, active and engaged and full of the enjoyment of life together attending to her many and varied friends. We talked briefly and I thought her conversation a touch odd. She was tired and going to have a nap so I said I would call again in an hour. Within the hour I received a call from her medical alert service telling me she had fallen and the ambulance was on its way and would I be able to meet them at her apartment. I arrived in twenty minutes and the emergency personal, dressed in personal protective equipment (PPE) were monitoring her various vital signs and sorting out what actually had occurred. Muriel was confused, uncertain of where she was and what had happened that led her to press her alarm. She was taken to the University of Alberta hospital and, later that day, I was told she had a serious bladder infection and it was likely the cause of her cognitive confusion.

In March our hospitals had been placed under careful restrictions due to the pandemic. All the personal were wearing PPE; no family or visitors were allowed to enter; all was on high alert, both inside and surrounding its entrances; the shadow of the first horseman of the apocalypses, the White Horse of pestilence and plague, patrolled its precincts.

Three or four days later I was able to speak with a doctor about Muriel’s situation. I was told that bladder infections in older women often caused cognitive confusion. In seventy percent of the cases, it lifted when the infection was under control. In a small percentage of cases it remained for several weeks or months and, in ten or fifteen percent, it remained unabated.

It took a month before the doctors settled on what had unfolded in my sister’s life. The geriatric

doctor called on May 29th. She discussed the challenge they faced with patients with cognitive challenges and how dependent they were on families for understanding the cognitive and behavioural base-line of the patient. Given the pandemic and the restrictions it had become very difficult to assess and properly and quickly diagnosis exactly what was taking place. She suggested that my sister, a bright and active person, likely had been moving toward some form or another of dementia and that the bladder infection brought to the surface. They had done what was possible and we would have to insure someone was with Muriel 24/7. The cognitive issues were apparent as I drove my sister to her home. Paranoia and periodic psychotic episodes including obsessive/compulsive behaviour were the combined result of the surfacing dementia exacerbated by the trauma of a month's isolation from all that was familiar during her stay in the hospital with its restrictions as instituted by Alberta Public Health in response to the pandemic.

In August when restrictions were partially lifted, we were able to move Muriel into an Assisted Living suite where there was on-site Home Care. We were fortunate since in the Fall of 2019 Muriel and I had toured several assisted living accommodations and she had decided on which one would be suitable for her when the time came to make this move. Her anxiety and trauma had lifted and she was ready to make this move. Together we had sorted through her earthly belongs and chosen the familiar things she wanted in her new home. On moving day she spent the day with friends and we made the move and arranged furnishings, hung her favourite wall hangings, arranged photographs and books so that by five o'clock we could bring her over into a settled place she recognized and took delight in.

From March 2020 through February 2021 over 80,000 residents in 2,500 care homes in Canada were infected with COVID-19 with 14,000 deaths directly related to the virus. This amounted to 69% of all COVID-19 deaths, substantially above the world-wide average of 41%. Statistically we had 2,273 more deaths in care homes than was the average for the five years prior to the outbreak of the virus.

Various restrictions were initiated by Alberta Health Services to limit the spread of infection. For lengthy periods all residents were confined to their suites. Two designated family members (DFM) could be selected if, for some reason, a visit with the resident was deemed imperative. The reality was that through most of this period, from November to March, the DFM were precluded from visiting. Periodically there was an outbreak of the virus in my sister's residence. The virus was brought in by the staff. A number of residents succumbed to the virus and all residents and staff experienced the trauma wrought by the shadow of the first horseman of the apocalypses, the White Horse of pestilence and plague. Only when all residents and staff received the vaccine in February and March were DFM allowed to visit once weekly by appointment "if needed."

The White Horse of the Apocalypse, Trauma, Isolation, and the "Idolatry of Life"

A number of issues and themes associated with the spiritual and religious life have surfaced from the experience of the pandemic, government and medical responses to it, and its likely legacy for good or ill. In Canada and likely elsewhere the pandemic and our response are in a particular and largely unconscious religious context, albeit deeply secularized. Over the last seven decades the religious culture and the spiritual disciplines of most Canadians has withered. There has been a rise in the number of Canadian citizens who identify as "nones", claiming no religious tradition,

as well as a dramatic drop in participation in religious communities and spiritual disciplines. One of the gifts of religious and spiritual disciplines is the cultivation of the “art of suffering” and the “art of dying.” During the same period the bonds of family and community thinned. Many hospital and healthcare institutions such as retirements and care-homes, founded by religious organizations have become part of the public system or part of corporations running them for profit. Even hospital chaplains has been professionalizing and confined by institutional rules and regulations. They have been replaced by private for-profit institutions and government run institutions for the treatment of those who are sick and for the care of the aged and infirmed. What families and religious communities previously understood as their responsibility and opportunity to care for their loved ones and for strangers when they needed help has been replaced by an industrial and professional model. Religious communities have historically cultivated the art of suffering and dying and provided a context in which the understanding of personhood was large enough to include the infirm, those with disabilities and the dying. The final days of life were seen as the unfolding of Gethsemane moments, a time when “God is passing near-by.” With the new industrial and professional medical model of both health-care and care for those who need assistance because of disabilities and infirmity the spiritual dimensions of suffering and dying including the Gethsemane moments at the end of life are marginalized. Economic expediency and the reduction of human beings to biology reshaped these institutions. This institutional shift takes place in the context of another remarkable “advance” in medicine. The gifts of our scientific and medical science has created what Ivan Illich has called a “post-human longevity” in which “our biological self” remains functioning while our personhood is starved. Biological life has become an idol and the person is reduced to chemistry. Even at the “hour of our death” where loved ones were normally present the new cult of care breaks in and banishes the “last friend.” “In the hour of dying God goes unrecognized and passes by unnoticed.” This later matter, of course, predates the pandemic.

COVID-19, Climate Change, Living with and Learning from a Pandemic

In response to the pandemic the Ecumenical Patriarch Bartholomew, in the chair of the Apostle Andrew located in Istanbul at the Fener, initiated the “Halki Summit IV – COVID-19 and Climate Change: Living with and Learning from a Pandemic.” Patriarch Bartholomew is called “The Green Patriarch” because of his life-long work on issues of environmentalism and climate change. The invitation to attend Halki Summit IV describes its mandate in this way: “COVID-19 has lowered carbon emissions; but it hasn’t slowed climate change. Our response to COVID-19 has precipitated the discovery of a vaccine; but it has left the world with a staggering number of deaths. The pandemic of Covid-19 has permanently affected our planet and altered our lives. The world has wrestled to survive and learned to live with the coronavirus. But what are the lessons that we have learned? What have been the impact on nature and the environment? What have been the implications for healthcare? And what have we understood about the relevance and importance of science.” For three days, January 26 – 28, 2021, a series of seminars and discussions were held on Zoom anchored by the questions of the pandemics “impact on nature?” the “importance of science?” and the “implications for health?” In what follows I will draw forth what the participants flagged as key implications of the pandemic and the lessons we may learn.

The keynote address by His All-Holiness Ecumenical Patriarch Bartholomew framed the purpose of the Summit and his aspiration that it would prove a vital step in dialogue and partnership leading to a “radical transformation of the way we perceive and treat the world.” He noted the spiritual root of climate change and of the pandemic as a symptom and consequence of our

disordered relationship to the created world. “We must be ready for costly surrender and sacrifice. As the Prophet David says in the Book of Samuel: ‘I will not offer to the Lord my God a sacrifice that costs me nothing’ [2 Samuel 24:24]. Such sacrifice is a fundamental religious and spiritual value. It is also a fundamental moral and existential principle.” We must listen and learn from each other, to care for our own and for all others as part of the human family. The pandemic is larger than individual concerns, the concerns and aspiration of the church and of all political and national interests. The pandemic shows us in the most graphic way that our notion of progress founded as it has been since the advent of industrialization on the assumption that we can mine the planet seeking to use nature’s gifts without regard has led to the destruction of the environment. It has also become clear that the excessive “intrusion” into nature (deforestation, urbanization, intensive farming, wide-spread chemical contamination) has combined with our policies of globalization, leading directly to the spread of viruses moving easily from animal to animal and into the bodies of human beings. Speaking directly to the ideology of all too many religious fundamentalists he says, “The pandemic is not an act of ‘revenge’ by God, but it is a desperate call to a much more respectful approach to nature by all of us. We pray above all that the God of love and mercy, creator of heaven and earth, maker of all things visible and invisible, physician of our souls and bodies, will give rest to those who have lost their lives, strengthen the sick in their suffering, console their family and relatives, and support the selfless service of healthcare and essential workers.” In concluding his remarks, he points out that this time in the enforced *cilehane*, as I have called it, some have discovered the depth and interconnection of all life and have come to see anew the gift of life and health and the wonder of the world. They have gained a renewed sense of sacrifice and of our need for an enlarged solidarity, across the false boundary of science and religion, with others and with all of the natural world.

John Chryssavgis, the Archdeacon of the Ecumenical Patriarch, animated a conversation “on the impact of the pandemic for climate change” with Bill McKibben, Jeffrey Sachs and Mary Evelyn Tucker. Sachs noted that since the publication of the *Wealth of Nations*, Adam Smith’s seminal work published in 1776, the West increasingly placed the development of capital and the generation of wealth at the centre of human life. Society and politics were reoriented in service to this aim. Commodity trading floors, stock markets and international banks became the new temples in this society. Notions of the common good and of human well-being were increasingly marginalized in education and in political and public discourse. This combined with the enormous development of industrial models of production, has brought us into the age of the Anthropocene, a world in which human beings (a select group) are bringing about changes to the ecological balance of the earth that science argues is unsustainable. Sachs, drawing on the work of the Ecumenical Patriarch and of Pope Francis, argues that we have come to this crisis as a result of the runaway appetites of human beings. At its root this is a spiritual matter and our only way to move forward is through the pathways of sacrifice. “Sacrifice” is not primarily about “giving up”; rather, it is to act in a way that “makes sacred” again that which we have deeply marred, deeply profaned. Sachs noted with some appreciation a new common cause that science and religion need to take up: the new economic and ecological order rooted in revolution brought about by the *Wealth of Nations* and its proponents calls for the best of religious teaching, the best of science, both, of which, call us back to properly order the human relationship to the earth and its gifts. It will also lead to a richer life together.

Tucker spoke of our common “ecological sin” and the need to repent (“turn around” from the Greek word *μετάνοια*), seek forgiveness and work to repair the world. We see how sick human

beings have become during the pandemic. It speaks a word of warning to us: people cannot be health, when we have made and now live on a sick planet.

Importance of Science

The second session of Halki Summit IV – COVID-19 and Climate Change focused on the “Importance of Science”. Why this focus? The Ecumenical Patriarch has engaged scientists in virtually all his work on climate change. The pandemic surfaced issues framed as a conflict between science and religion. This has captured the imagination of small but growing groups of Christians, both within the Orthodox sphere and also and vividly in various Protestant communions notable among American evangelicals and has led directly to both climate change deniers and a range of rumours about the COVID-19 virus and vaccinations. This issue is grave enough it required the Summit to address it both in spiritual terms and through the gifts that science brings to the table.

This session was opened with a keynote by Metropolitan John of Pergamon (John D. Zizoulas), an eminent Orthodox theologian. Metropolitan John flagged three key lessons emerging from the experience and actions associated with the pandemic. First is the connection between the pandemic and our avaricious exploitation of nature. We have given economic growth pride of place in our industrial society and it stands alone as a modern ideal. This has led to agricultural production that has upset the “peaceful coexistence of the various natural species built up over millions of years of natural evolution.” The heavy price of the pandemic, its harm to persons around the world and to economies, alerts us to the limits of our assumption “that we are masters and proprietors of nature but called by God to protect and cultivate it by respecting its laws and its integrity, and honoring its Creator.” The limits of science is the second lesson he highlights. The unrestrained approach of science, particularly its “biotechnological interventions into nature, verging on the boundaries of species and threatening their variety and their right to existence . . . as if the rest of nature existed simply in order to serve the needs of humanity,” exposes a form of “naturalism” rooted in the dual reduction of nature to perceived short-term human need and banishes the transcendent and its restraining gift that insures a modicum of humility in all our pursuits of knowledge. “The rights and power of science have their limits.” The vaccine, gift that it is, is presented as a form of salvation and invites us to assume, yet again, that we can control nature in all its variants. We are tempted to ignore the lesson that “nature is not our property.” Being inattentive to or ignoring religious teaching on the gift of knowledge and its limitations brings a heavy cost. The third lesson is addressed to a tendency in some religious people to disregard science. Some have used healthcare guidelines to deepen an entrenched ideology rooted in the fear that governments are seeking to impede religious freedom and the right of association. The “pandemic has brought to the surface a long-standing need for dialogue between religion and science, which would help each side to appreciate the other’s role and significance.”

Father John Chryssavgis engaged three scientists discussing what science has taught us about the relationship between the pandemic and climate change and on the larger matter of the relationship between science and religion. Nadia Abuelezam, epidemiologist and professor at Boston College, and public health scholar, Katharine Hayhoe, atmospheric scientist and professor at Texas Technical University, and Gayle Woloschak, molecular biologist and professor at North Western University and the University of Chicago were at the table.

Each spoke about the intimate connection among those who deny climate change and also deny the realities of the pandemic. A common political identity is at work. It has captured plenty of confessing Christians and moved them into a political silo that trumps their religious beliefs and relieves them of the need to examine how our society has come to worship the false god of the unlimited development of our economy at the expense of common sense.

Professor Woloschak addressed the origin of the pandemic and the rumour that it was deliberately developed by the Peoples Republic of China at a laboratory in Wuhan. Her own work in developing viruses for experimental purposes led her to examine the evidence from the genetic character of the virus and she noted that laboratory viruses carry a distinct marker easily traceable. The CORONA-19 virus does not have this marker. Her best assessment, having examined the current state of the scientific record, is that we are looking at an example of virus movement from bats to humans, likely through the harvesting of bats in the region of Wuhan and using them as a food source. The virus comes from wild, not domesticated, animals. This is also noted in the genetic record. Two matters are at work in this movement of virus from animals to humans. We have expanded land use dramatically in the last fifty years and many of the “wild places” now are devoured or tight against human habitation. Our insatiable appetite for new land for our industrial forms of agriculture make us vulnerable in new ways to these types of infection. The second issue is globalization along with rapid transportation and the movement of populations around the world making the rapid infection from one country to another a new norm. All ecological systems are porous and now layered on top of each other.

Why do so many of our fellow citizens wish to identify the virus with another racial or national group? Professor Hayhoe spoke of how uncomfortable many people are with the complexity of science and with the growing pluralism of our societies. They seek easy explanations to assuage their discomfort, explanations rooted in an ideology of fear and blame which places all responsibility on others. Several on this panel discussed how ideological thinking works: it bundles various issues indiscriminately. Some who have been fighting the “cultural wars” in America adopt, the pro-life battle in the courts, struggles over the banishing of Christian prayer in schools, the right to home-school and fears about the encroachment of government on freedom of worship. They now see the rapid development of the vaccines through this prism and adopt conspiracy theories that bundle all these concerns together. They may have been vaccinated in childhood for various diseases and use birth control medications, all of which have higher rates of reaction than the COVID-19 vaccines. Scientific evidence comes to be demonized when put up against these ideological silos that provide a curious kind of counter-cultural identity. This is a new chapter in the longstanding debate in America that pitted science and a particular form of fundamentalist Christianity against each other. The politicization of the virus and the vaccine polarize and mask what is unfolding, deepen fear and promote a kind of political and religious tribal isolation.

America is marked by both scientific and religious illiteracy. Both give cover to those who do not wish to see the deep spiritual meaning of endless economic growth and globalization. Our common responsibility for how we have shaped the world through the period of rapid industrialization and rampant material appetite is set aside and blame is placed on those seen as enemies, convenient scapegoats.

The scientific community also bears some largely unrecognized responsibility. The assumption

that science and technology offer an answer and solution to whatever problems arise is shared by a large number of people. This form of scientism, like religious fundamentalist ideologies, makes it easy to ignore our common responsibility. The deeper issues of why climate change is such a profound problem and why the pandemic has unfolded with more likely to come are set aside by those who see science as our salvation. This stance fails to attend to the limits of science and feeds the arrogance driving our devouring of the world's resources. A new cooperation is needed where scientists need to see their work in the larger context of what is appropriate for human beings to thrive.

The panel called for religious leaders to help their congregations think through the challenges unfolding. Lay persons with a variety of expertise need to be called forth to engage communities of faith in both fielding fears and inspiring them to consider the opportunity to reorder our way of living, on behalf of those most vulnerable to both climate change and the pandemic and for the sake of future generations. At the centre of Christian Orthodoxy is the theological teaching that we are all part of God's creation and that healing (the Greek word we translated as "salvation" means rescue and healing) is not solely an individual or disembodied spiritual matter. Life is a living communion and "we are all responsible for everyone and for everything."

Implications for Health

The third evening of Halki Summit IV focused on the implications for health during and flowing from the pandemic and climate change. Fr. John Chryssavgis asked Sotiris Tsiodras, physician and specialist in infectious diseases and the lead on the COVID-19 pandemic team for the Hellenic Republic to opening this session. This was followed by a conversation with Metropolitan Nathanael of Chicago, a bioethicist who also holds degrees in theology and in public health; Sandra Mathosiah, a pharmacist serving in the United States military who was deployed to Liberia during the Ebola outbreak of 2014-2016; and, George Stavros, professor of Pastoral Psychology, clinician and researcher in the Danielsen Institute, Boston University.

In his key-note, Sotiris Tsiodras spoke of the solidarity in Greece and the confidence in the political and scientific leadership during the first wave of the pandemic which positioned the country well and as a model of how to address this matter. In October and November of 2020, however, the virus spread rapidly and public anxiety grew and solidarity was tested. He had previously confessed his fears as the virus spread and public health guidelines were implemented. He feared the infected would be stigmatized; that some would fixate on partial facts and ignore the whole truth of what was unfolding even to the point of endorsing lies and conspiracy theories; that ideological debates would come to dominate public discourse giving warrant to ignore science and public health advisories; that the quarantines necessary would lead to isolation including the possibility of that loved ones of those who were dying would not be allowed to be present with them, to weep or sing in this singular Gethsemane moment. There are lessons to draw from this experience. He hoped it would deepen human solidarity, bring us to reassess our lives and see ourselves as an intimate part of the whole of the human family. The pandemic also calls for a renewed conversation between science and religion so we may come to an new appreciation of what makes up the whole of a human life and how best, together, to nurture well-being.

The panel discussion that followed brought a number of the most demanding and difficult issues to the table. Metropolitan Nathanael spoke of what bioethics and public health share and

what distinguishes them. Both fields are interdisciplinary, bringing science, ethics, religion and law together in discussion. Bioethics focuses on the impact of medicine and treatment and on the complex judgement need for the withdrawal of treatment. Public health examines the larger context of health and illness as it exists in communities of various kinds, including neighborhoods and nations, factory workers in close proximity and vulnerable communities, as well as global transmission such as we see with the pandemic.

George Stavros spoke of the pandemic as a slow-moving trauma affecting everyone across the world and causing disproportional serious illness and death within vulnerable communities. Healthcare workers are suffering a “moral injury” resulting from an over exposure to suffering and dying in medical situations where lack of staffing and equipment leads to what they see as “unnecessary” consequences. Healthcare workers are trained to help but the events of the pandemic places them in circumstances where they, through no fault of their own, “fail to prevent dying and witness events that contradict deeply held moral belief and expectation.” Drawing on his research on trauma he discussed how the limbic system plays a role when we are required to make fast decisions when faced with what we do not understand. If the circumstance requires an immediate response the limbic system recognizes the danger before we actually make a decision consciously about the danger: fight, flight or freeze. We act out of sudden fear. The pandemic has elevated fear in our society in general. Two other factors help us understand some of the curious resistance to the virus, vaccines, and public health requirements. We are creatures of meaning so narratives that provide meaning, sensible or not, are invoked to alleviate our fear of the pandemic. There are also networks that share such narratives and support the need to respond and assuage our fear. This, Stavros argues, is behind much of the resistance to recognizing the gravity of the virus, to the vaccines and to public health requirements. He also spoke of the anti-relational effects of the pandemic and healthcare regulations. We are social beings and our connection and engagement with others is central to a healthy life. His research showed a marked resilience among those who accepted what was required and found alternate ways of engaging the natural world, healthily negotiating private space without cutting off engagement, and, for some, finding innovative ways to act in helpful ways for others, an active altruism, such as helping out the elderly and lonely in ways appropriate within the guidelines. Resilience characterized all those who do so.

Sandra Mathosiah suggested that the media reported on the danger of the pandemic but did little on what remained within our control and would give us a fighting chance if infected: increase vitamin D for our immune system and eat healthy foods prepared fresh so nutrients are available to us. The pandemic has shown us how personal health, physical, psychological, and spiritual, affects our neighbours: isolating ourselves in silos is a sickness because we are “one body” and personal care increases our capacity to care for others. As a scientist she has a mature sense of the place of prayer in her life. When the Ebola outbreak occurred in Liberia in 2014, she volunteered to be deployed to assist. Her skills and the call to assist was part of her religious faith. Her family and friends did not support her decision. They feared for her health. In and through her prayer her sense of call deepened and she came to realize that prayer cultivates the capacity to enter into the unknown. “The Tree of Life beckoned just as the Tree of the Knowledge of Good and Evil tempted.” She wanted to eat of the Tree of Life so deployed and worked to restrain the Ebola virus. She concludes her remarks saying, “The intensity of crisis gives us an intensity of grace”; prayer helps to call the grace forward.

The “Immortal” Cell lines: The Origin and Ethics of COVID-19 Vaccines

Aspects of the development of modern medicine and its techniques disturbs modern sensibilities and raises many and varied ethical questions. These issues have renewed force and complexity since the advent of genetic medicine. On a visit to the University of Uppsala in Sweden some years ago I was taken to see many of the places where the acclaimed scientist Carl Linnaeus (1707-1778) worked. Linnaeus was one of the most significant scientists in the 18th century and his legacy has been enduring in many fields including biology, zoology, and physiology. He is the “father of modern taxonomy”, having shaped binomial nomenclature, the modern system of classification and naming of organic life. We visited his *theatrum anatomicum* originally in the cupola of the magnificent Gustavianum. On Sunday afternoons, during Linnaeus’ time, members of the bourgeoisie would climb the steep stairs of this theater, lean against the rail, look down to the “stage”, a five by seven-foot area with a table large enough to hold a human body and observe as the great scientist began to dissect a cadaver recently exhumed from a local “fresh grave.” Part of the fruit of Linnaeus’ work was describing and understanding how the lymph system of the human body functions. Much of what has led to modern science, with all its gifts, has been based on behaviour that would offend the basic sensibilities of most human beings in traditional cultures. We moderns ignore or take such matters for granted most of the time.

In the highly politicised debates around the CORONA-19 virus and the extraordinary speed at which the vaccines were developed religious leaders were faced with having to address an ethical issue related to the “immortal cell line.” Prolife advocates, vigilant when it comes to issues associated with abortion, discovered that the mRNA vaccines made use of “cell lines of illicit origin” presumed to be from the HeLa line, the first “immortal” cell line used for widespread genetic research and obtained by Johns Hopkins medical researchers in the 1950s from the aborted fetus of a young African-American cancer patient without her consent. The prominent prolife movement within the Roman Catholic Church in the United States and elsewhere called for a quick response from the United States Conference of Bishops(USCCB) and also from the Vatican.

In the official statement in response to this concern the USCCB argued that the development of vaccines using cell lines from “morally compromised cell lines” was indeed a compromise with evil. It was however permissible for Roman Catholics to make use of such vaccines given their benefit to the whole of human society and the remoteness of the material connection to the “immortal” cell lines. The bishops wanted to avoid two moral temptations. The first is to seek an “unrealizable purity” when it comes to medical technology. As I illustrated above with Linnaeus’ anatomical theater, so much of modern medicine, in retrospect, has benefited from morally compromised or reprehensive activity. Second is a longstanding concern in the rich literature of Roman Catholic moral theology: religious guidance is needed to temper a utilitarian approach to the human body, including the genome. The human tissue used in medical research and techniques has been of significant benefit. The bishops argued that in all such judgements the *dignity* of human beings who share in the *imago dei* is not reducible to tissues, and that utility is never adequate when we are engaged with the human person.

The bishops make a distinction between the vaccines. They point out that the Pfizer and Moderna mRNA vaccines do not use the cell line of concern, HEK-293, in their design and production.

They only used it in the initial testing. The AstraZeneca vaccine however used HEK-293 in all phases. The first two vaccines are, thus, morally preferable. David Cloutier, an associate professor of theology at the Catholic University of America, co-editor for the important book, *Naming Our Sins: How Recognizing the Seven Deadly Vices Can Renew the Sacrament of Reconciliation*, and author of the “A Dangerous Confusion”, from which I have quoted, sums up the issue this way. “Don’t the vaccines somehow bear the stain of individual and social sin? As with so many other things in our society, the answer is definitely yes – and we must guard against any tendency this choice might have to desensitize us to the ongoing injustice of abortion. But the idea that this is the moment for a heroic pro-life witness that will drive HEK-293 out of everyday use seems like an enormous misdirection of moral energy. Instead of arguing over a marginal case of past appropriation, perhaps we can learn something from this that will apply more generally to any appropriation of benefits that derive, however remotely, from evil actions: when it comes to past injustices, we are all sinners. We should never forget this. But neither should we get stuck on undoing past sins in a frenzy of impossible purification. Our most important duty is to act consistently to fight injustice here and now, wherever we find it. When faced with so much past evil, we should wake up every day and first hear the words, ‘Go, and sin no more.’”

During the Halki summit the relationship between the vaccines and the “immortal cell line” was raised. The question arose, in part, because of the “cultural wars” shaping so much of American politics. The ideologies of cultural conservatives and progressives are pitted against each other in ways that often seem an example of “the perfect being the enemy of the good.” Since the fall of the Soviet Union, 1988-1991, some Orthodox religious leaders in Russia, Romania, Serbia and other countries formerly under the Soviet umbrella have aligned themselves with the emerging political leadership and have used the ideologies of hyper-nationalism, religious fundamentalism, anti-Semitism and Islamophobia in their effort to claw back the institutional power of the Church lost in the Soviet period. This ideological captivity of the church has also taken root in some Orthodox parishes and jurisdictions in North America and endangers the traditional Orthodox ethos rooted in scripture and holy tradition.

Metropolitan Nathanael, firmly rooted in the Orthodox ethos, addressed the issue of the “immortal cell line”, abortion, and whether having the vaccine was complicity with sin. He spoke of the gifts of our medical science and the remarkable development of vaccines to push back the global pandemic, the sin and tragedy of abortion, and our responsibility to others given how the infection spreads. The COVID-19 vaccines, along with many other aspects of modern life, are built on the shared glory and sorrow of human life, the organized inadequacies of human history. We live in a complex and broken world. Many of us have benefitted from the collective sins of the past. The connection between the vaccine and an aborted fetus is another example of our collective responsibility but it is no sense unique. How odd it is that many opposed to the vaccine make it a litmus test for religious faithfulness. It is singled out as an issue of faithfulness and they ignore both the plight of those most vulnerable to the virus and the greatest challenge of our generation associated with climate change. This ideological action gives cover to human greed and may be used to justify maintaining our economy based on cheap labour and the history of slavery. It ignores the much higher percentage of negative reactions to other medications including birth control pills. While accenting the need for freedom of choice when it comes to the vaccine the Metropolitan challenged the faithful to what the love of neighbour requires of us during the pandemic. The central principle of the Orthodox ethos, that we are made for

communion with each other and called to compassion towards those least advantaged, was central to his pastoral response.

By Way of Conclusion

Over the coming few years healthcare professionals and our political leadership will seek lessons from how the pandemic was handled as they make plans for what many say will be a series of such events unfolding because of the reshaping of our world in the Anthropocene. Those who think about public life, the civil sphere, and religious culture will also seek to understand the changes flowing from our medically induced *cilehane*. By way of conclusion, I would like to highlight four areas of consideration and the important role religious studies scholars and religious leadership may play in nurturing a healthier society in Canada and elsewhere.

The spiritual disciplines of many religious traditions are based on an understanding of the significance of periods of solitude and withdrawal from the ordinary rhythms of life. Discussions about this period and its personal, social, and cultural effects are a dimension of religious knowledge that is a gift to the larger society and may enlarge our capacity to live in a fruitful way both in our ordinary time together and as in the event such periods of isolation prove necessary in the future. Lessons from the *cilehane* need to become a part of our shared knowledge.

Second, Christianity and Islam have a rich understanding of the social nature of being human. We are biological creatures and our science understands this dimension of life well. When life is reduced to questions of biology as it has been throughout the pandemic, and healthcare and political decisions are made solely with an eye toward stopping the spread of the virus, the resulting social isolation leads to what some already identify as an epidemic of mental illness and post traumatic stress disorders. Our religious traditions speak eloquently about our need for each other, that we are creatures of communion and relationship. They also cultivate the art of suffering and the art of dying, nurturing the spiritual gift of solidarity and attentiveness to those who are in the Gethsemane moments of life. We need to enlarge the circle of decision makers to include those with a religious understanding of what constitutes human life. Virologists, healthcare professionals, and politicians must be engaged by religious perspectives that appreciate the gifts and limitations of science, that caution against reducing human life to biology, and that place personhood at the centre of healthcare decisions.

Third, the pandemic will not finally ease until it does so for the whole of the human family. In both Christianity and Islam our common humanity and how we treat the stranger anchor ethics. If the pandemic has taught us anything it has taught us that we live in a common world and that national interests or the interests of the wealthy are inadequate responses. We are “our brothers’ [and sisters’] keeper”; we are made different from each other “so that we get to know each other”, as the divine revelation says. Religious studies scholars and religious leadership have a responsibility to speak of the global family, not as an instrument of economic development and advantage for the few, but as our common heritage as God’s creation.

Finally, the pandemic has raised the issue of fundamentalism and how some devout people are vulnerable to those who wish to turn a common healthcare challenge into a matter of religious rights and the freedom of association. Islam and Christianity, at their best, understand that

spiritual and religious commitments include public life and our responsibility to each other and for the life of our common world. These tasks are large and demanding. Are we ready to do what the pandemic has revealed as both a necessity and an opportunity?