

SUNDAY 21 AUGUST 2022
10th Sunday after TRINITY

**(Isaiah 58 vv 9b – end
Hebrews 12 vv 18 – end
Luke 13 vv 10 – 17)**

Today’s readings all point unequivocally towards one thing: that, in the words of Isaiah, if we “remove the yoke from among us, the pointing of the finger, the speaking of evil, if we offer our food to the hungry and satisfy the needs of the afflicted, then our light shall rise in the darkness and our gloom be like the noonday. The Lord will guide us continually,...”. This theme is taken up by the writer to the Hebrews, who encourages us to “give thanks to God by offering Him an acceptable worship with reverence and awe....”.

Finally, in Luke’s Gospel we are treated to the story of Jesus’s curing of the woman who had been crippled for 18 years. She had probably heard about Him and was presumably loitering in or near the synagogue on this particular Sabbath day, hoping on hope that He might see her. He does, and apparently without her having to ask Him, He knows what in her heart of hearts she

wants and pronounces her to be set free from her ailment. This seems to be quite an abrupt development. There is an urgency about His action, indicating that there is no time to be wasted in establishing God's Kingdom on earth, and no amount of official excuses about the right time or place for such action will be allowed to deflect or delay it.

When we arrived here in Woodbridge and I had obtained my licence from the Bishop to officiate in this Deanery (recently renewed) I was placed here at St Mary's and it therefore made a lot of sense for me to get to know what in effect is our local hospital at Ipswich. I had already had several years' experience as a Volunteer Chaplain at the Chelsea & Westminster Hospital near Battersea where we then lived. So in 2017 I approached the Chaplaincy Department at Ipswich and was taken on as a Volunteer, working two half days a week. Once the pandemic had calmed down, in April 2021, the Lead Chaplain offered to make me a Bank Chaplain, which also involves being on-call one weekend a month.

Being a hospital chaplain is always an eye-opening experience, for obvious and not so obvious reasons. I am sure that, sometimes, in their

fondest dreams, hospital chaplains might fancy they could walk the wards waving a magic wand and curing people left, right and centre just like Jesus. In reality they are there for a much more valuable reason: again in Isaiah's words, "to satisfy the needs of the afflicted."

The Chaplaincy Department at Ipswich Hospital consists of one full-time Anglican chaplain, one part-time RC chaplain, two full time Free Church/ Pentecostal chaplains, and two Bank Chaplains. In addition we can call on a representative of just about any faith you can think of, Ipswich being such a multicultural place. We all have particular wards which we visit each week, and refer patients to each other according to the patients' religious or other preferences.

I am sure all of you, like me, have visited people in hospital from time to time. You visit one person in one ward for say an hour or so, and then you leave. As a chaplain it is quite different: you are constantly on the move – a word here, a prayer there and maybe a blessing as well, and not just for the benefit of patients, but for their families and friends, and for the staff too.

Not everyone wants to see a chaplain: some patients turn their backs or ask what the chaplain wants, or are suspicious because the appearance of a chaplain could herald bad news. Chaplains have to have incredibly sensitive antennae in order to recognise the signs and act accordingly.

Over the past few years the NHS and Department of Health have come a long way in acknowledging the spiritual component in the human make-up. A chaplaincy guidance document from November 2003 says that its purpose is to enable the NHS “to provide flexible and innovative responses in chaplaincy/spiritual care for all patients, their carers and staff according to the faith or spiritual tradition to which they belong, or to those who profess no particular affiliation.” It goes on to state that although “spiritual needs may not always be expressed within a religious framework, it is important to be aware that all human beings are spiritual beings who have spiritual needs at different times of their lives.”

One of the most significant of these times of course is illness, when there is disorientation and worry, very particularly over the past two years. The patient is vulnerable and is in a place where he or she does not want to be, which induces particular

emotional and spiritual reactions, often quite unexpected ones. It is here that not only hospital chaplains, but also family and friends and indeed all of us, are called upon to exercise great care and sensitivity.

It is at times such as these when the Christian calling is at its most effective, but not necessarily visible. It is in the coming alongside, listening with compassion, simply being there – in Isaiah’s words “satisfying the needs of the afflicted.”

We are reminded of Jesus’s words to His disciples in chapter 25 of Matthew’s Gospel. His disciples have asked Him when it was that they did not, for example, visit Him when he was sick or in prison. His reply is “just as you did not do it to one of the least of these (your fellow human beings), you did not do it to me.”

This brings us to the core of our faith: to love God and our neighbour. In Christian terms you cannot have the one without the other. What is said about God and human beings in the Book of Genesis is that he created us in His own loving image. If this message had not fully been taken on board by His chosen people, the Jews, it was made abundantly

clear, for all to experience, by the character and behaviour of His son Jesus Christ. Now we know what it means to be made in the image of God – and that image is love.