

Anglican Theological Case for Pandemic Preparedness and response *Reflections on Pandemic and the Church after SARS on Compassion, Anxiety, and Volunteers*

From the **Influenza Pandemic Response Plan**, March 2007, www.toronto.anglican.ca/images/Pandemic_Plan_4.pdf
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A Pastoral Reflection

by The Rt. Rev. Victoria Matthews

Since our experience of SARS in 2003 we have heard that a new pandemic, most likely of an influenza virus, is on the horizon. Public health officials warn us that as much as 30% - 38% of the population will be unable to work inside or outside the home. There is growing pressure to have an emergency response plan in place if and when the hospitals and medical centers no longer are adequate to meet the needs.

Canadian Christians need to ask what this will mean for them and what their vocation in Christ is in terms of response. At the first level of distress it means one in three priests and licensed lay ministers may be unable to work. It means budgets may have to be cut drastically due to lower attendance. We know some people will stay away because of fear of contagion. But that is really only the first level of consideration.

We know that all our communities are dependant upon volunteer support. This is particularly true in areas where the population is marginalized and at risk. Just think of the volunteers involved in local food banks, out of the cold programs, lunch programs, community suppers and drop-in centers. The list goes on and on. In the event of an influenza pandemic which is able to spread from person to person, both the fear and the critical shortage of volunteers will escalate.

And who will be most at risk? In many ways, no one within society will be left untouched. Nursing homes in large urban centers already discourage visiting when there are certain outbreaks in the institution. It is easy to understand why. But many of the residents are dependant, not only on being fed and assisted with self-care, but also upon the daily visit from a family member or close friend. Questions about quality of life come immediately to mind. In one instance where visiting was strenuously discouraged by a long-term care centre, I witnessed a frail but very alert 90-year-old retreat into herself more and more because she was denied the love and stimulation of frequent visits.

Each person and every community will have difficult decisions to make. For example, after the first exposure to such a contagion, will you place yourself voluntarily in isolation? Or, will you wait until it is required? What will your parish do to ensure the local homeless population—presently dependant on community centers, shelters and drop-in centers—are not suddenly abandoned without shelter, food or medical care? If you minister or volunteer alongside many others, have you discussed an emergency plan? You need to have it in place before the pandemic strikes.

No one needs or wants fear mongering, but denial of what the World Health Organization sees as a probable threat, is also dangerous and wrong. As Christians our calling to love our neighbour includes the lost, the least and the last. Now is the time to talk to family, friends and fellow Christians about how you and your community of faith will respond in the event of a pandemic.

(This article follows upon a discussion of the Human Life Task Force of Faith, Worship and Ministry and was written at its request, 2006.)

Influenza Pandemic: Opportunity & Challenge

A Theological Reflection by the Rev. Canon Dr. Linda Nicholls

The looming threat of a pandemic immediately sparks both memories and fears. For some it opens up memories of the influenza pandemics of 1918, 1957 or 1968 and the SARS crisis in 2003. Memories of quarantines, illness, deaths and social disruption vie with the fears for personal safety and family care. Governments and health care providers are currently preparing plans to deal with a potential pandemic giving serious consideration to how best to manage the pragmatic and ethical challenges that will be faced. The whole of society will be affected, including the Church, and it behooves us to reflect both pragmatically and theologically on how we will respond. Although the pragmatic response is often the easiest and quickest to deal with, it is especially important to reflect on the theological roots for our response.

I am sure that neither death nor life . . . can separate us from the love of God in Christ Jesus our Lord (Romans 8:38). In the face of life and death, illness and health we root ourselves in the conviction of God's love for us—a love willing to offer life itself for us. Yet, we do live in a broken world in which illness is a common feature. Though gifted with intelligence and wisdom to seek both cure and care in the midst of illness, human beings are subject to diseases that remain outside our control. We uphold the love of God—stronger than death (Song of Solomon 8:6-7)—using the wisdom we have acquired to cure and care, while acknowledging our limits. We bring God's love and comfort to alleviate suffering and restore health wherever possible while acknowledging our mortality. Jesus proclaimed God's reign in his teaching, preaching and healing ministry and sent the disciples to carry on the same. We follow that example by offering healing through prayer, sacramental ministry, pastoral care and practical support (Matthew 25:34-40).

For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ (1 Corinthians 12:12). Important in our considerations is our collective responsibility and response. God's relationship with us is not only with individuals, it is with the church and the world. We are called, like the early disciples, to work together for the good of the Christian community (1 Corinthians 12:7). We are given gifts for the common good and invited to use them to build up, strengthen and encourage. The early disciples balanced concern for the community with their mission in the world (Acts 6:1-7).

You are the light of the world . . . (Matthew 5:14). The Church does not exist to serve itself only. We are called to be the light of Christ in the world (Matt 5:14-16). How can the Church witness to God's care and love in the midst of the anxieties, fears and needs of a world in crisis? What resources do we have to offer? For example, we have pragmatic resources such as our buildings as public spaces, our parishioners as volunteers, our communication networks for education and information sharing, our clergy and laity as pastoral support. We are also the symbolic presence of God in the midst of a community. Our proactive involvement witnesses to the love of God for all.

Perfect love casts out fear (1 John 4:18). Anxiety and fear will be the greatest enemies in this situation—fear for our own personal safety, fear for the safety of our family and anxiety for the future in a society disrupted by illness and possible deaths. Some anxiety is normal in the face of uncertainty; however, unchecked fears can cause anger, isolation and withdrawal from others. It will be important to remain rooted in the knowledge of the love of God that is stronger than anything we may fear, even death itself. The Christian community will need to demonstrate the love of God that reaches out beyond self to others and does not allow fear to rule all decisions. Common sense and care in following guidelines for health and safety will need to be partnered with a willingness to risk that is founded in the self-giving example of Jesus Christ (Philippians 2:5-11).

Throughout history the church has been a focal point for healing and hope. The possibility of a pandemic in our midst is an opportunity to proclaim our message of healing and hope anew. Will we be ready?

(Human Life Task Force of Faith, Worship & Ministry,
Anglican Church of Canada, 2006)

The Ethics of Risk

by The Rev. Canon Eric B. Beresford

The arrival of SARS (Severe Acute Respiratory Syndrome) in Toronto shortly before Easter of 2003 was a reminder to us of the power of infectious disease to disrupt far more than the lives of those infected. In addition to the tragedies of sickness and death we saw the growth of fear and the disruption of relationships and communities. We now face the threat of an influenza pandemic. Like SARS, an influenza pandemic is more than just a medical problem. It will present challenges to all sectors of society, including the churches. Past events, such as SARS, and future threats, such as an influenza pandemic, make it clear that there is an urgent need for theological and ethical reflection on a number of themes. Several of these themes coalesce around the problem of risk and the moral assessment of risk. What does it mean to be a welcoming and inclusive community if the behaviours by which we express our common life become a source of risk, not only for ourselves and members of our own church communities, but also, potentially, for the wider community?

Based on a wide range of studies, public health specialists have repeatedly warned us that the appearance of new and serious infectious illnesses is inevitable. For many years now, illnesses which caused catastrophic loss of life appeared to be under control, and were no longer the major cause of death that they once were. In some ways this has been deceptive. It now appears that it is only a matter of time before we will face another serious communicable disease. We therefore need to ask what lessons we might have learned for next time.

One problem is that when a new illness appears there is a period of time when we are unable to identify the nature of the illness. We will not know what causes the illness, and we do not yet fully understand how the illness is transmitted. During this time the fear created by the illness is heightened by the experience of uncertainty. Fear and uncertainty are a potent combination. Together they can be enormously destructive.

In this context, it is important that the church remember its vocation to be witness to the character and possibility of a new and inclusive community, a place where all people may hear and respond to the love and grace of God. Such a community will want to act in responsible ways that do not endanger either themselves or the wider community. On the other hand, the church needs to be acutely aware of the ways in which fear can all too easily break communities and isolate particular individuals or groups. A healthy response to the emergence of new risks requires several factors.

First, we need reliable and timely information about the true nature and extent of the risks we face. This would be helped by more effective communication and cooperation between health authorities and the churches. When a new disease enters the population we do not have complete information. This means that health authorities will need to err on the side of caution. However, the use of inaccurate or misleading information can have long-term negative consequences. To this day, I am aware of some people who will not shake hands with an HIV infected person because of fear. In the recent outbreak of SARS, the Chinese communities of Toronto were the ones who bore the brunt of an unreasoned fear that expressed itself often in racism, and resulted in disproportionate losses for Chinese businesses.

In addition to information about the nature of the new illness we also need information about what activities and behaviours are genuinely risky. Although early information about a new illness is always incomplete we have a great deal of information from our earlier experiences with infectious disease. For example, there are medical studies around the use of the common cup. We are told that while there is a theoretical risk of infection from the cup, it does not seem to have been a mode of transmission in the other airborne diseases such as colds and influenza. By contrast we do know that the practice of intinction, the dipping of the bread or wafer into the cup, does greatly increase the number of bacteria and viruses in the cup because they are carried on the hands. In fact, it appears that the most dangerous things we do together are the things that all groups of people do. We gather, we touch each other and we touch surfaces like door handles used by everyone.

Two types of problems emerge here: those related to the communication of risk and those related to the management of risk, whether in terms of tolerance or the attempt to eliminate risk. With regard to communication it is clearly important to be open, clear and transparent in the way in which we as a community communicate our assessment of risk and our reasons for accepting those levels of risk we choose to accept. Such careful and timely communication is recognition of our accountability to each other and to the wider community. At the same time we need to realize that the communication of risk raises difficult issues. Where the burden of risk is not equally shared, the communication of risk can give rise to demands for policies that reduce risk for the majority—even if risk for certain minorities is increased.

Risk is associated with anxiety. The communication of risk needs to support reflective choice in the face of risk and not simply increase anxiety. When we communicate risk, not everybody hears and responds to descriptions of risk in the same way. People are often willing to undertake certain high risk behaviours and yet unwilling to accept other moderate or low risks. As a church we need to reflect carefully on the impact of these personal choices in the light of our vocation as a community. That is, we are not only called to be inclusive but we are also called to have a particular care for the vulnerable and marginalized.

With regard to the management of risk, we need to be clear that the desire to eliminate all risk is to ask the impossible. It would not only close churches, it would take us off public transit, keep us away from all stores and restaurants, all sports and entertainment events, and, indeed, any place where we come into contact with other people. This would make normal life insupportable and reminds us that there are problems with the attempt of many in our society to seek risk free lives. There can be no such thing. Human life is full of risks and the task is to be able to recognize those risks that need to be accepted and those risks that need to be avoided. When the fear of risk grows out of bounds, it becomes a prison that constrains our lives and a barrier to relationships with others.

Finally, we need compassion: Compassion both for those whose fears are beyond reason and also for those who might be hurt by such unreasoning fear. The church is called to take public anxiety seriously, but not to join in acting in ways that undermine the public good and are destructive to the needs of minorities and genuinely vulnerable members of society. Such compassion may involve taking short-term measures as the churches in the Toronto area did in 2003 to reduce anxiety levels to a point where we could think about the way forward together. In the long run it will remind us all that true human community is inseparable from risk and from the virtues required to face risk: wisdom, compassion, generosity, courage, love, and faith.

(Paraphrased from the November 2003 SARS Diocese of Toronto Working Group Report, A Report Concerning the Risk of Transmission of Contagion via the Communion Cup & other Liturgical Acts)