

MULTI-FAITH LEADERS MEET AGAIN WITH REPRESENTATION

FROM

RELIGIOUS SOCIAL ACTION COALITION OF NEWFOUNDLAND AND LABRADOR

VACCINATION AND PUBLIC HEALTH ADVICE IN CANADA

20 JANUARY 2021

On January 20th (5:30, NL time), George Powell and Marion Parfy (Coordinator) were privileged to be included, with **13,000 other participants** from across Canada, in a webinar with **Dr. Theresa Tam**, Chief Public Health Officer of Canada.

Once again, the **Canadian Council of Churches**, **The Canadian Interfaith Conversation** and **The Canadian Multi-Faith Federation** (the last gathering was with Prime Minister Trudeau) organized this meeting through the sponsorship of the Public Health Agency of Canada and the Privy Council Office. That accomplishment, in itself, is an expression of the value that government and society attributes to the validity and vital role of faith communities in society.

The leadership was as follows:

Host: Sheriff Abdou, Executive Director, Public Health Agency, Canada

Moderator: Dr Harpeet Kechhar, Assistant Deputy Minister Health

Speaker: Clerk, Privy Council: Ian Shugart

Theme Speaker: Theresa Tam, Chief Public Health Officer of Canada

The meeting opened with acknowledgement of being held on unceded land.

Algonquin Elder Verna McGregor used the Medicine Wheel for a number of analogies to demonstrate the relationship of all peoples and the need to care for our environment. She offered prayer on behalf of all participating.

Dr Theresa Tam spoke about the two vaccines currently in use in Canada at the end of 2020 — Pfizer-BioNTech and Moderna. Their development, in such a short period of time, is remarkable. Dr Tam outlined the research that is always available and waiting for adequate funding. Scientists were able to use this research to develop the vaccines. Peer reviews and testing were carried out

along the way instead of waiting for vaccines to be completed. This assisted the early completion without compromising safety.

Dr Tam addressed faith-based leaders, thanked them for their assistance and support, and solicited their cooperation. She referred to **faith-based institutions** as **“Pillars of Society”**.

The two vaccines currently in use are highly reliable. There are many elements in the immunization plan – transportation and storage, geography and three levels of government. Everyone will have access free of charge. The goal is to have complete immunization by September 2021 for everyone who wishes to be vaccinated. There have been some delays, but the system of supplies should be functioning well by the end of March. Persons who have received the vaccine appear to be pleased. Those excluded from the current vaccines are children under 12, pregnant and breast feeding females, and persons with suppressed immune systems. These recommendations may change.

Persons at high risk are

- residents and staff in shared living (seniors' homes)
- adults over 70
- health care workers in direct contact with seniors
- indigenous persons
- those involved in food preparation and transportation.

Age is the most important factor.

Health Canada is the regulating authority and has a surveillance system to monitor for safety. Information is on the Health Canada website. Monitoring will be carried out for two years.

Side effects are

- pain at the injection site

-- fever

-- allergy.

Persons are monitored for safety.

As of January 8, 2021, 688,386 persons have been vaccinated, with 24 having adverse reactions. 10 of those were seniors with pre-existing conditions. Each adverse reaction is investigated.

It is important to follow the recommendations of local health care authorities and continue to follow good practices. At this time it is not known how long the vaccine will protect those receiving it.

Leaders can assist by sharing credible information, being vigilant and using proper procedures. Help “flatten the curve”.

A QUESTION AND ANSWER SESSION FOLLOWED.

Safety Concerns

- The vaccine was developed too quickly. Governments and scientists came together to address the problem. Studies were carried out concurrently and data was analyzed as they went along. Production was scaled up as studies were being conducted.
- Side Effects. These are anecdotal. There is ongoing monitoring. Persons stay in the area where the vaccine is received.
- Seniors, elders, and persons in long term care have many conditions. Side effects are examined to determine if the vaccine is the cause. Nothing has been attributed to the vaccine.
- The first two vaccines require special handling. As the number of vaccines is increased clinics can be arranged in public places.
- It is necessary to adapt information to suit the community, e.g. language. Use information from official government sites.
- Vaccines are constantly monitored.
- Use credible sources of information.

- Share best practices and resources
- Components in vaccines? There are no animal or fetal cell ingredients.

Most people want to receive the vaccine. Most of those who do not trust “government” have had previous problems with government departments or organizations. We will have to “wait and see” if the vaccine is effective in reducing transmission. We do not know if the virus will return in another form. It is essential to use good hygiene practices.

In his concluding remarks, **Ian Shugart** (Clerk of the Privy Council) stated that the “phenomenon of faith” is a basic reality that offers hope. He emphasized that there is a spiritual as well as physical aspect to the pandemic and that faith communities are in a unique position to contribute during the pandemic because of espoused qualities of sacrifice, compassion and hope. No one is completely self-sufficient and there is a virtue in care. He spoke of how faith communities can further contribute by obtaining and sharing ‘facts’ with others. He encouraged everyone to pray for leaders at all levels and for the world.

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