OF CHURCHES, PANDEMICS, AND EMERGENCY PREPAREDNESS

Reconnecting
the church with
the community
in which it
is found...
INFLUENZA PANDEMIC
The Church in Canada—planning a response

Of Churches, Pandemics, and Emergency Preparedness
Emergency Preparedness with a Pandemic Influenza Focus
A Guide for Churches

A Discussion Paper

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Of Churches, Pandemics, and Emergency Preparedness

EXECUTIVE SUMMARY
by Timothy Foggin, MD* (April 7, 2006)

Planning for an eventual pandemic is no longer an obscure function. While the timing of a pandemic cannot be predicted, the expected scope of its impact—duration, geography, public reaction, public health, social stability, economy—is such that it must be addressed proactively despite the many questions and uncertainties that remain. The beauty of such pandemic planning is that any entity which engages in such an exercise, from individual families to federal governments, automatically finds its capacity to respond to other emergencies, big and small, much enhanced.

Pandemics, nonetheless, are not typical emergencies. They do not affect one sector alone and cannot be qualified as simply being health emergencies. The widespread nature of the impact is such that no existing formal emergency response structure can be expected to address the many needs that will arise. It is therefore imperative that planners link with existing community structures, even though some of these may not yet have even considered the issue. Only by working through existing social networks—churches, schools, and places of employment—will it be possible to bring a relevant and timely response to the vast majority of Canadians who will be affected but not so ill as to require hospital-based care.

While schools and businesses have important roles to play in this regard, churches are especially well positioned to translate pandemic preparedness plans into a meaningful response at the most local of levels. Two characteristics of churches, particularly, make this so: church networks are broad (denominational and interdenominational networks span the country) and deep (the majority of churches have multiple community-based cell-groups); and Christian churches have built into them the double mandate of both loving God and also caring for their neighbours.

The most effective community-based response will likely come through existing and newly established mutual assistance groups in that each cell group is small (efficient), local (relevant), independent (resilient) yet connected (informed). Authoritative, timely, relevant situation updates could be readily disseminated to such cell group networks, as could be recommendations for self care. A program dedicated to the training of trainers for further multiplication of such cell-groups needs to be a core focus for planners.

A geographic informatics database system is needed in order to map out mutual assistance groups as they are formed, each one with the potential of serving as a portal into a neighborhood. Communities (be they city blocks or apartment blocks) that lack such direct point-person capacity can thus be identified and local residents sought and equipped for this purpose.

Such a geographic database is also needed for the tracking of health and social indices (new cases of illness, areas lacking a particular essential service, deaths and collection requirements, etc.) and brokering of resources (newly unemployed but able-bodied workers that could bolster understaffed essential services**, recently ill but now recovered and immune citizens capable of caring for ill neighbors, etc.). Such coordination, tracking, and brokering functions need to be discussed jointly by existing planners and existing community leaders in that both need direct access to the tool, the first from a management and allocation of scarce resources point of view, the latter for front-line data-entry but also as responders needing to see the larger picture.

The major areas that now need focused attention, therefore, are the development of training programs and the adaptation of appropriate technology for the purposes described above. Funding needs to be sought for these.

** Training: 1. Training of trainers for the development of mutual assistance groups (consider using the model of Medical Ambassadors International’s Community Health Education (CHE) program). 2. Training in the effective use of appropriate adapted information technology.

** Technology: 3. Use of traditional training methods should, for effective and timely dissemination of required information, be accompanied by the use of new online training tools (such as, for example, applications which can see hundreds of people trained simultaneously with live and on-demand courses and presentations). 4. Development and adaptation of geographic informatics database technology (consider combining the current efforts of groups such as HealthSpace Integrated Solutions and the innovation of groups such as xGlobal with its proposed Global Share System).

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** Special consideration should be given to an emergency amendment to Employment Insurance policies and practices for the duration of a declared pandemic. The objective is for newly unemployed yet able-bodied workers to be rapidly re-deployed into various essential service sectors (such as food preparation and distribution, garbage collection, telecommunication, healthcare support, etc.) in exchange for their EI payments. Their original employer (who would otherwise have down-sized or closed) would continue the management of HR issues such as payroll in conjunction with EI.

www.churchresponse.org
There is a great need that exists today of reconnecting the Church with the community in which it is found… and to do so in a way that makes allows the Church both real to and reachable by its neighbours.

Robert Lewis, in his book ‘The Church of Irresistible Influence,’ asks us:

*Can you imagine* the community in which you live being genuinely thankful for your church?

*Can you imagine* city leaders valuing your church’s friendship and participation in the community—even asking for it?

*Can you imagine* the neighbourhoods around your church talking behind your back about ‘how good it is” to have your church in the area because of the tangible witness you’ve offered them of God’s love?

*Can you imagine* a large number of your church members actively engaged in, and passionate about, community service, using their gifts and abilities in ways and at levels they never thought possible?

*Can you imagine* the community actually changing (Proverbs 11:11) because of the impact of your church’s involvement?

*Can you imagine* many in your city, formerly cynical and hostile toward Christianity, actually praising God for your church and the positive contributions your members have made in Jesus’ name?

*Can you imagine* the spiritual harvest that would naturally follow if all this were true?

Whether an influenza pandemic comes this year or in the next 5-7 years, could we not use this time to further equip our churches to reach out to our hurting communities—our neighbours—in concrete, understandable, compassionate, and life-transforming ways?
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REMEMBER TO LOOK AT THIS TOPIC WITH CHRIST’S EYES!
WE NEED TO PRAYERFULLY ASK HIM WHAT HE WOULD HAVE US DO.
   HOW CAN WE BE CHRIST’S HANDS AND FEET?
   HOW CAN WE LOVE OUR NEIGHBOURS?
As stated by the BC Centre for Disease Control …

“Influenza pandemics represent global emergencies with catastrophic impact. During a pandemic, worldwide epidemics of influenza due to a new viral subtype occur simultaneously and with high death rates. Pandemics occur every ten to forty years. During the last century alone, three occurred. The worst was between 1918 and 1919 when over 20 million people died. When the next pandemic occurs – and it will – no time can be lost in responding. This means we must work together now to develop efficient and effective interventions.”

As we listen to the news of the rising incidences of the avian flu over the past 6 months, are we considering the possibility of a pandemic happening in our country? For most of us we listen from afar, with little concern of this becoming a reality in Canada. Even though scientists cannot pinpoint the exact timing, reports from the World Health Organization, the BC Centre for Disease Control, and even senior economists it is not a matter of ‘if’ but ‘when’… it will come.

What does God require as a response, if we should encounter such a wide-scale upheaval? Are we prepared to step out in love?

In Acts 2:42-47, Luke reports that all believers were together and had everything in common. He goes on to say that they enjoyed the favour of ALL the people. Does the church today enjoy the favour of all the people in our communities?

I think we would all agree that we have much work ahead to accomplish the model that Jesus laid out for His church. Matthew 5:16 says, “Let your light shine before men, that they may see your good deeds and praise your father in heaven”.

We have an opportunity, not only corporately as the church, but individually as followers of Jesus Christ, to shine brightly in our communities across Canada. As we respond with Christ’s Love we will indeed be the shining light exhibiting through everyday humanity, His life and Love to the World.

Dr. Michael Osterholm, Director of the Center of Infectious Disease Research and Policy states that he believes there is a 100% probability of a global influenza-A pandemic. He does not, however, know when or where. While uncertain, Dr. Osterholm believes the next Influenza-A pandemic will evolve in all likelihood from H5N1 form of avian flu.

The purpose of this guide is to give understanding as well as a process for dealing with a wide-scale emergency that could impact all our lives. We need to be prepared to not only be ready to protect our own but to have the structure in place through which to reach out to those who will desperately need a helping hand.

Michael Leavitt (HHS Secretary) says “No one in the world is ready for it. But we’re more ready today than we were yesterday. And we’ll be more prepared tomorrow than we are today”.

As you prayerfully go through the preparation guide, please ask God how you and your church can offer love and support, in the event of an influenza pandemic.

May the Lord greatly bless you as you serve Him in His LOVE.

Marg Pollon
Bridges of Love Ministry Society
Pandemic History, Church History

The following is an excerpt from the article by Paul Kaak of the Church Multiplication Associates (see http://www.cmaresources.org/articles/pandemics_viral.asp). It is entitled Pandemics and Viral Mission

Epidemics and the Rise of Christianity

There is historic precedent for the church to turn to in this regard. The following comments are drawn primarily from Chapter 4: “Epidemics, Networks, and Conversions” in The Rise of Christianity by Rodney Stark (1997). Stark, a sociologist at the University of Washington, wrote this book to make sense of the amazing growth of the Christian church. He writes from a sociological – not a theological – point-of-view. Setting subjective faith aside, Stark minimizes attributing early church growth to miracles and message. Instead, he points to certain social experiences in the first few centuries, AD.

In 165AD and again in 251AD, two devastating epidemics hit the Roman Empire. The two probable diseases, “smallpox and measles can produce massive morality rates when they strike a previously unexposed population” (p.73). Stark believes that the Christian response to these epidemics made a significant contribution to the apparent “miraculous” growth of the church. Consider the following reasons:

The Content of Christian Faith was Hopeful

Pagan and Hellenistic philosophies in the Roman Empire could not bring comfort to people’s suffering. Christianity, on the other hand, “projected a hopeful, even enthusiastic, portrait of the future” (p. 74). Cyprian, bishop of Carthage, wrote in 251AD that the plague allowed Christians the chance to learn “not to fear death.” For Cyprian, this had to do with both facing one’s own death as well as the way believers say goodbye to “our brethren who have been freed from the world by the summons of the Lord” (cited in Stark, p. 81). Those who are “of the world” can make no sense of Christian hope amidst the fearful probability of death.

The growth of the church, in part, was due to the practiced beliefs of Roman Christians. This hope – and the real life evidence that this was no “wish theology” – was compelling and attractive to “those without hope.”

Christians had a moral obligation to love others

Stark says that something “alien to paganism was the notion that because God loves humanity, Christians cannot please God unless they love one another….Moreover, such responsibilities were to be extended beyond the reach of family and tribe….These were revolutionary ideas” (p. 86). Consider, in contrast, the example of Galen, the famous classical physician who “lived through the first epidemic.” Stark asks, “What did he do?
He got out of Rome quickly, retiring to a country estate in Asia Minor until the danger receded” (p. 86). The critique that this is just one’s man’s response deserves an answer: This is “what any prudent person would have done, had they the means – unless, of course, they were ‘Galileans’ [Christians]” (p. 86). In Rome, brother turned away from brother, child from parent and friends left friends to die. The pagans did not provide sacrificial care for one another. They cared only for themselves.

In his book Plagues and Peoples (1976) William McNeill comments, “When all normal services break down, quite elementary nursing will greatly reduce mortality. Simple provision of food and water, for instance, will allow persons who are temporarily too weak to cope for themselves to recover instead of perishing miserably” (p. 108). Pagans saw Christians do this for one another and they experienced Christians doing this, even for themselves as nonChristians. They saw Christian care-givers undergo the “miracle” of martyrdom and in this they learned about the One who gave His life for them. Others who were ill experienced the “miracle” of healing when they got well through the loving touch and drinks of water that accompanied the heart-felt prayers of Christian friends.

In drawing out the implications of this, Stark describes what would have occurred in the population of a hypothetical Roman city and offers some statistical analysis. I will try and summarize his insights here. (For more detail, see pages 91-93.)

First, Stark notes that the Christian population in Rome, prior to the plagues, was significantly lower than the pagan population.

Second, it can be assumed that the survival rate among Christians was much higher than it was among nonChristians, due simply to the impact of Christian compassion expressed in very elementary forms of nursing.

Third, many pagans fled when the afflictions came while a larger number of Christians chose to stay, offering care to one another and even to those outside their circle-of-belief. One can see how the Christian demographic would have risen while the pagan population would have decreased.

Fourth, when sick pagans were cared for by Christians, a natural bond of gratitude would be created. The unbelievers who “pulled through” due to Christian love, would want to continue to exist within loving Christian enclaves. But even pagans who did not get sick would have perceived the difference in the way Christians expressed compassion from the self-centered response of those who did not share the Christian’s hope. This would provide an attractive picture of the Christian community that a pagan would not likely have previously aware of.

Stark helps us understand the implications of all this by saying, “Another way to look at this is to put oneself in the place of a pagan who, before the epidemic, had five very close attachments, four with pagans and one with a Christian…. [After the epidemic] …there is, in effect, one of each – a dramatic equalization” (p. 92). The consequence? “…pagan survivors faced greatly increased odds of conversion because of their increased attachment to Christians” (p. 93).

Practically Speaking…

WHAT CAN THE CHURCH DO?
Focus: Pastoral Care

A key area is to ensure that churches are ready to care for their own congregations. Hospitals and clinics are expected to be overwhelmed; preparing our members in “self-care” will help relieve pressure on these facilities and minimize spread. Who will feed members who cannot feed themselves due to illness? What if cash flow problems affect a family whose breadwinner is either sick or whose company closes? Government social services will not be able to help; what will the local church body do? Will it be ready?

Perhaps the most fruitful area of ministry will be for a church to educate, encourage, and equip its members to form neighbourhood mutual assistance groups. Each family unit in the church could thus take the lead in bringing together three to four neighbours to watch out for each other—to agree to help each other out if one or the other family is sick, frightened, out of money, or otherwise. The opportunities to share the hope of Christ in this context will be natural and abundant; the harvest will be plentiful.

Training of trainers who could prepare local churches in areas of healthcare, social services, and church planting should be a top priority.

Focus: Community Response

There exist today in Canada numerous emergency response agencies, from the well known St. John’s Ambulance and the Red Cross Society to the lesser known but equally qualified and reputable Mennonite Disaster Services and other such organizations. While individuals would do well to participate in their many emergency response courses and programs, congregations could also consider corporate participation in these. A network of churches which have commissioned, perhaps even “tithing” ten percent of their members to prepare to serve their community through taking these courses would be an incredible witness and source of comfort in coming times of need. It would also greatly multiply the effectiveness of these good organizations, to God’s glory.

Focus: Healthcare Partnership

National and provincial pandemic influenza plans have as a premise that hospitals and clinics will be overwhelmed. These plans call for “non-traditional sites and workers” for healthcare delivery. These sites could be schools or churches, among other facilities. Through these, and by a variety of healthcare workers and newly trained volunteer workers, a variety of health-related services would be offered, ranging from providing food and shelter to triage of patients to actual patient-care, among other possibilities. Under prevailing health acts, churches, as places of public gathering, may be closed. But even if allowed to remain open, here is an incredible opportunity to be Christ’s hands and feet. We should welcome this opportunity to partner with regional health authorities and to walk in the steps of the Great Physician!
INFLUENZA

The field of “emergency preparedness” is one for which it is notoriously difficult to recruit people ahead of time. Why? Because we tend to always think of emergencies and natural disasters as happening to others, to somebody else, and most definitely somewhere else.

With so much being said in the media about the avian flu, many may well feel that “the real pandemic is fear” and, perhaps wanting to outsmart the rest, shrug it all off. They might be right about excessive levels of anxiety, but only to a certain degree.

Others may feel that a pandemic is but one of many possible emergencies and should be planned for along with all the others. What is only now coming to public consciousness is that the scope of a pandemic has been and will be unrivaled by any other disaster. As bad as a “normal natural disaster” is, even the larger ones of the past twelve months, a pandemic would be of a totally different kind. Think of an emergency that affects not just a nearby neighbourhood but your whole city; that lasts not hours or days but weeks or months; that doesn’t seem to focus on the elderly but rather on healthy young adults; that incapacitates a quarter or more of those trying to respond to it; that affects all surround cities, provinces, and countries such that no outside help can come in; and it continues.

But writers in a local newspaper in B.C. appear to think that we should not be so concerned. To that effect, they wrote that “[a pandemic is] a case of mind over matter” and that “fear and not flu [is] the real enemy,” even going on to declare that we should “remove fear and […] influenza will vanish as quickly as [it] came.” Would you agree?

To be more precise as to this source, the sentiment was that expressed by Vancouver writers in The Guardian in the fall of 1918! Is it not similar to what some are writing today?! Yet as many Canadians died in 1918-1919 due to influenza as died in the previous four years due to World War I. The writers, unfortunately, were wrong.

To be sure, and especially as Christians, we are not to be fearful or anxious, but we are called to be concerned for our neighbours, to love our neighbours.

It is following many months of prayer that this project, this guide, is coming to fruition. These words are written in the hope that the peace that goes beyond all understanding, the peace of Christ, may shine brightly.

Natural History

Do we know that a pandemic will occur in the next twelve months? No. Does it matter? No. Why not? Because a pandemic is a near certainty, and the signs have never been accumulating wider and faster that the H5N1 avian flu virus is changing.

But what of the “regular flu?” The regular flu, first of all, should not to be confused with the cold viruses of which there are many dozens—the flu shot will never protect you from colds, only from the most likely strains of the flu… The flu viruses are a constantly changing group of viruses. Month by month, year by year, they change. Usually this is a slow change. The yearly impact on Canada is in the order of 500 to 2000 deaths, most often in the elderly and the very young.
Yet, several times a century a more significant change occurs in the flu virus genetic makeup. This is thought to occur most often through the reassortment of these influenza genes, a mixing up of the human influenza genes with a bird variety of the flu. Usually a person can only get a bird flu by very close and intimate contact and usually then only becomes sick if there is an overwhelming viral load. And still then, this human affected by a bird flu cannot transmit it to others. Unless he also has a “regular” flu. In that case, both human and bird flu viruses can be found together in the cells of the body, can reassort their genes, and now suddenly a totally new virus, a bird flu virus, can gain the ability to move readily from human to human. The beginning of a flu pandemic.

When a pandemic occurs, virtually nobody has any immunity to it, thus its transmission is wider, faster, and more severe. The last few pandemics occurred in 1890, 1918, 1957, and 1968. Looking further back we can find historical evidence of them occurring 2-4 times a century for the past five hundred years. More people died in the 17th century from a flu pandemic than from the great and better documented cholera epidemics. More people died in one year in 1918 than did in a century from the plague. More also died in twenty-four weeks in 1918 than have died in twenty four years from HIV or AIDS. More died from the virus than died from the fighting in the First World War…

Each time a pandemic occurs, it also tends to eliminate, or at least drive out of humans, the former predominant strains of the virus. Hence the current strain of flu virus is a highly mutated version that comes to us from the 1968 pandemic.

The Great Influenza by John Barry (2004) has a great chapter describing the virus itself.

**H5N1**

The biggest risk at present seems to be coming from the strain of flu virus called H5N1. (On a flu virus there are multiple markers, of which the H and the N are the most commonly noted; yet not all H5N1 are made the same. Here we are talking about the H5N1 that has been growing in prominence since 1997 in Southeast Asia).

It is actually thought that a pandemic was averted in 1997 when the Hong Kong government acted swiftly and thoroughly by culling every single chicken in its territory once it discovered a new flu virus that seemed particularly virulent.

John Oxford, in *We can’t afford to be caught napping again* (see [www.timesonline.co.uk](http://www.timesonline.co.uk), October 20, 2005) states that “During the last great influenza outbreaks in 1918, 1957 and 1968 doctors and scientists sat and observed but could not intervene seriously. Now there are perhaps 5,000 influenza virologists worldwide and I personally know of only two who think the risk from the new avian flu, H5N1, has been exaggerated. We want to do everything to stop an outbreak by pinpointing its source, calculating the critical infectiousness of the virus and deluging people in the affected area with antiviral drugs and vaccines.”

From its discovery in 1997, H5N1 spread throughout many areas including Thailand and Indonesia, though this was not reported until the past few months. Throughout 2005 Indonesia had and continues to have multiple human cases of H5N1. As of January 2006, Vietnam appears to have brought its H5N1 problem under control. From 1997 to 2004, H5N1 had always been a domestic birds issue but in May of 2005 there was a major die-off of wild migratory birds in the northwest of China, hundreds of kilometers away from any known outbreak in domestic birds. Over the following months more and more wild birds were found to be infected with H5N1 igniting the debate as to whether this was being spread by wings (i.e. migratory birds) or wheels (i.e. international trade of birds and...
H5N1 was first documented in Europe in October 2005. The first human infections and deaths outside of Asia occurred in Turkey in January 2006. Recognizing that there was H5N1 in wild birds were only first noted in May 2005, the following map which shows the spread over the past three years is quite impressive.

Figure 1 An outbreak of highly contagious bird flu that began in Southeast Asia three years ago has now spread to Europe, the Middle East and West Africa. More than 200 million domestic birds have been killed to halt the advance of the virus, called H5N1. Ninety-eight people, who probably contracted the disease through contact with domestic fowl, have died. Scientists believe the virus could evolve and acquire characteristics that would make it easily transmissible among human beings, causing a global influenza epidemic. But they cannot predict when that will occur.

Pandemic Phases and Impacts

The WHO has developed a global influenza preparedness plan, (please see www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf) which defines the stages of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. These phases are:

for the current Interpandemic period
**Phase 1**: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

**Phase 2**: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

**Pandemic alert period**

**Phase 3**: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

**Phase 4**: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

**Phase 5**: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

and for the upcoming Pandemic period

**Phase 6**: Pandemic: increased and sustained transmission in general population.

Notes: The distinction between phases 1 and 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among phases 3, 4, and 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.

(see: [http://www.cdc.gov/flu/avian/gen-info/pandemics.htm](http://www.cdc.gov/flu/avian/gen-info/pandemics.htm))

Based on the last two pandemics (1957 and 1968), a new pandemic would reach Canada within three months of it starting anywhere in the world; yet with the increased volume and speed air travel it is now estimated that we would have at most 3-4 weeks to prepare. Essentially that means all preparations must be made before a pandemic situation starts. It is estimated that 4 to 10 million Canadians will become clinically ill, but this does not include those ill but still at work; 2 to 5 million Canadians will be in need of
medical attention; 30,000 to 140,000 will need hospitalization; and 10,000 to 60,000 are expected to die. If we think our healthcare system is already being taxed to the limit, we need to think again! According to the provincial plans: Ontario conservatively expects 5,000 dead; Manitoba: 500; and B.C.: 5,000 as well.

A readable account of the 1918 pandemic in Canada (with a focus on Vancouver) is found in Dr. Fred and the Spanish Lady, available at http://www.bcbbooks.com/drfred.html.

A very readable and more extensive account is called The Great Influenza by John Barry. It’s introductory chapter is gripping, it has a very well written section on the medical aspects of the virus and epidemiology, as well as a very relevant new postscript written in September 2005 regarding the avian flu and our current level of (un)preparedness. Truly worth at least reading the introduction and postscript.
In August 2005 the banking community starting paying attention to the world situation with the Bank of Montreal’s first public assessments of called An Investor’s Guide to Avian Flu.

This can be found at: http://www.bmonesbittburns.com/economics/reports/20050812/avian_flu.pdf

A second report soon followed in October 2005 called Don’t Fear Fear or Panic Panic by the same author, a senior economist with all to lose for being sensationalist (i.e. she is not a journalist in search of a readership) but rather who, upon researching the issue, has become truly concerned that the banking and business sectors are far from ready.

This can be found at: http://www.bmonb.com/economics/reports/20051011/dont_fear_fear.pdf
Take home message: A flu pandemic is much much more than a medical issue, so don’t leave preparation up to health professionals. They will have their hands full. Start now to look out for your business, your industry, your community group, your family, etc.

Regarding businesses, here are…

Ten things your “business” can do

- Check that existing contingency plans are applicable to a pandemic.
- In particular, check to see that core business activities can be sustained over several months.
- Plan accordingly for interruptions of essential governmental services like sanitation, water, power, and disruptions to the food supply.
- Identify your company’s essential functions and the individuals who perform them. The absence of these individuals could seriously impair business continuity. Build in the training redundancy necessary to ensure that their work can be done in the event of an absentee rate of at least 25 – 30 percent.
- Maintain a healthy work environment by ensuring adequate air circulation and posting tips on how to stop the spread of germs at work. Promote hand and respiratory hygiene. Ensure wide and easy availability of alcohol-based sanitizer products.
- Determine which outside activities are critical to maintaining operations and develop alternatives in case they cannot function normally. For example, what transportation systems are needed to provide essential materials? Does the business operate on ‘just in time’ inventory or is there typically some reserve?
- Establish or expand policies and tools that enable employees to work from home with appropriate security and network access to applications.
- Expand online and self-service options for customers and business partners.
- Tell the workforce about the threat of pandemic flu and the steps the company is taking to prepare for it. In emergencies, employees demonstrate an increased tendency to listen to their employer, so clear and frequent communication is essential.
- Update sick leave and family and medical leave policies and communicate with employees about the importance of staying away from the workplace if they become ill. Concern about lost wages is the largest deterrent to self-quarantine.

The U.S. Government has recently put up a focused website at www.pandemicflu.gov. It has some excellent resources, particularly a series of “Preparation Checklists.”

An excellent Canadian business-oriented pandemic preparation website is found at http://www.ecdev.gov.bc.ca/Pandemic_Flu/, and is from the B.C. government.

The following checklist for small and large businesses can be found at: http://www.pandemicflu.gov/plan/pdf/businesschecklist.pdf
Business Pandemic Influenza Planning Checklist

In the event of pandemic influenza, businesses will play a key role in protecting employees’ health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at www.pandemicflu.gov and www.cdc.gov/business.

1.1 Plan for the impact of a pandemic on your business:

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Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.

Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.

Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).

Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of restriction on mass gatherings, need for hygiene supplies).

Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.

Determine potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).

Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.

Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.

Implement an exercise/drill to test your plan, and revise periodically.

1.2 Plan for the impact of a pandemic on your employees and customers:

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Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.

Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).

Encourage and track annual influenza vaccination for employees.

Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed.

Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.

Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.
### 1.3 Establish policies to be implemented during a pandemic:

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- Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
- Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
- Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
- Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
- Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
- Set up authorities, triggers, and procedures for activating and terminating the company’s response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

### 1.4 Allocate resources to protect your employees and customers during a pandemic:

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- Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
- Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
- Ensure availability of medical consultation and advice for emergency response.

### 1.5 Communicate to and educate your employees:

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- Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).
- Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
- Ensure that communications are culturally and linguistically appropriate.
- Disseminate information to employees about your pandemic preparedness and response plan.
- Provide information for the at-home care of ill employees and family members.
- Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.
- Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

### 1.6 Coordinate with external organizations and help your community:

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- Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
- Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
- Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
- Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.
PERSONAL PANDEMIC PREPARATION

The following is taken from the www.pandemicflu.gov website’s section for Individuals and Families which is copied below.

Challenges and Preparations

Social Disruption May Be Widespread

- Plan for the possibility that usual services may be disrupted. These could include services provided by hospitals and other health care facilities, banks, stores, restaurants, government offices, and post offices.
- Prepare backup plans in case public gatherings, such as volunteer meetings and worship services, are canceled.
- Consider how to care for people with special needs in case the services they rely on are not available.

Being Able to Work May Be Difficult or Impossible

- Find out if you can work from home.
- Ask your employer about how business will continue during a pandemic. (A Business Pandemic Influenza Planning Checklist is available at www.pandemicflu.gov/plan/businesschecklist.html.)
- Plan for the possible reduction or loss of income if you are unable to work or your place of employment is closed.
- Check with your employer or union about leave policies

Schools May Be Closed for an Extended Period of Time

- Help schools plan for pandemic influenza. Talk to the school nurse or the health center. Talk to your teachers, administrators, and parent-teacher organizations.
- Plan home learning activities and exercises. Have materials, such as books, on hand. Also plan recreational activities that your children can do at home.
- Consider childcare needs.

Transportation Services May Be Disrupted

- Think about how you can rely less on public transportation during a pandemic. For example, store food and other essential supplies so you can make fewer trips to the store.
- Prepare backup plans for taking care of loved ones who are far away.
- Consider other ways to get to work, or, if you can, work at home.

People Will Need Advice and Help at Work and Home

- Think about what information the people in your workplace will need if you are a manager. This may include information about insurance, leave policies, working from home, possible loss of income, and when not to come to work if sick. (A Business
Pandemic Influenza Planning Checklist is available at www.pandemicflu.gov/plan/businesschecklist.html.

- Meet with your colleagues and make lists of things that you will need to know and what actions can be taken.
- Find volunteers who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical help they will need.
- Identify other information resources in your community, such as mental health hotlines, public health hotlines, or electronic bulletin boards.
- Find support systems—people who are thinking about the same issues you are thinking about. Share ideas.

Be Prepared

Stock a supply of water and food. During a pandemic you may not be able to get to a store. Even if you can get to a store, it may be out of supplies. Public waterworks services may also be interrupted. Stocking supplies can be useful in other types of emergencies, such as power outages and disasters. Store foods that:

- are nonperishable (will keep for a long time) and don’t require refrigeration
- are easy to prepare in case you are unable to cook
- require little or no water, so you can conserve water for drinking

See a checklist (http://www.pandemicflu.gov/planguide/checklist.html) of items to have on hand for an extended stay at home.

Stay Healthy

Will the seasonal flu shot protect me against pandemic influenza?

- No, it won't protect you against pandemic influenza. But flu shots can help you to stay healthy.
- Get a flu shot to help protect yourself from seasonal flu.
- Get a pneumonia shot to prevent secondary infection if you are over the age of 65 or have a chronic illness such as diabetes or asthma. For specific guidelines, talk to your health care provider or call the Centers for Disease Control and Prevention (CDC) Hotline at 1-800-232-4636.
- Make sure that your family’s immunizations are up-to-date.

Take common-sense steps to limit the spread of germs. Make good hygiene a habit.

- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put used tissues in a waste basket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
- Stay at home if you are sick.
It is always a good idea to practice good health habits.

- Eat a balanced diet. Be sure to eat a variety of foods, including plenty of vegetables, fruits, and whole grain products. Also include low-fat dairy products, lean meats, poultry, fish, and beans. Drink lots of water and go easy on salt, sugar, alcohol, and saturated fat.
- Exercise on a regular basis and get plenty of rest.

Get Informed

Knowing the facts is the best preparation. Identify sources you can count on for reliable information. If a pandemic occurs, having accurate and reliable information will be critical.

- Reliable, accurate, and timely information is available at www.pandemicflu.gov.
- Another source for information on pandemic influenza is the Centers for Disease Control and Prevention (CDC) Hotline at: 1-800-CDC-INFO (1-800-232-4636). This line is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6348. Questions can be e-mailed to inquiry@cdc.gov.
- Look for information on your local and state government Web sites. Links are available to each state department of public health at www.cdc.gov/other.html#states.
- Listen to local and national radio, watch news reports on television, and read your newspaper and other sources of printed and Web-based information.
- Talk to your local health care providers and public health officials.

As you begin your individual or family planning, you may want to review your state's planning efforts and those of your local public health and emergency preparedness officials. Many of the state plans and other planning information can be found at pandemicflu.gov/plan/tab2.html.

Individual and Family Checklist

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:
   - Store a supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
   - Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs.
   - Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
   - Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
   - Volunteer with local groups to prepare and assist with emergency response.
   - Get involved in your community as it works to prepare for an influenza pandemic.
2. To limit the spread of germs and prevent infection:
   - Teach your children to wash hands frequently with soap and water, and model the correct behavior.
   - Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
   - Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items to have on hand for an extended stay at home:

<table>
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<tr>
<th>Examples of food and non-perishables</th>
<th>Examples of medical, health, and emergency supplies</th>
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<tr>
<td>Ready-to-eat canned meats, fruits, vegetables, and soups</td>
<td>Prescribed medical supplies such as glucose and blood-pressure monitoring equipment</td>
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<tr>
<td>Protein or fruit bars</td>
<td>Soap and water, or alcohol-based hand wash</td>
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<tr>
<td>Dry cereal or granola</td>
<td>Medicines for fever, such as acetaminophen or ibuprofen</td>
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<tr>
<td>Peanut butter or nuts</td>
<td>Thermometer</td>
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<tr>
<td>Dried fruit</td>
<td>Anti-diarrheal medication</td>
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<tr>
<td>Crackers</td>
<td>Vitamins</td>
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<tr>
<td>Canned juices</td>
<td>Fluids with electrolytes</td>
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<tr>
<td>Bottled water</td>
<td>Cleansing agent/soap</td>
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<tr>
<td>Canned or jarred baby food and formula</td>
<td>Flashlight</td>
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<td>Pet food</td>
<td>Batteries</td>
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<td></td>
<td>Portable radio</td>
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<td></td>
<td>Manual can opener</td>
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<tr>
<td></td>
<td>Garbage bags</td>
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<tr>
<td></td>
<td>Tissues, toilet paper, disposable diapers</td>
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Why a Church Response?

If our definition of being a Christian is simply to enjoy the privileges of worship, be generous at no expense to ourselves, have a good, easy time surrounded by pleasant friends and by comfortable things, live respectable and at the same time avoid the world’s great stress of sin and trouble because it is too much pain to bear—if this is our definition of Christianity, surely we are a long way from following the steps of Him who trod the way with groans and tears and sobs of anguish for a lost humanity; who sweat, as it were, great drops of blood, who cried out on the unreared cross, ‘My God, my God, why hast thou forsaken me?’

Charles Sheldon

The church must rediscover its essential role and craft as bridge builder. We can no longer simply afford to stand on one side of the Great Chasm and shout to those on the other side. We must connect. Otherwise, the greatest unbridged chasm will remain the gap between the stunning vision of Jesus Christ and the ever-receding influence of the contemporary church in the world. This statement by Robert Lewis in his book, “The Church of Irresistible Influence” challenges us to engage with our communities; to be the bridge of unprecedented spiritual influence that God imagined for His Church - one that would span a chasm roaring with skepticism, indifference, hostility, even persecution. He imagined a bridge able to connect his people—‘my church,’ he called them—to a disbelieving, disinterested world.

Are we seeking to be obedient to the Great Commandment in Matthew 22:39. Jesus tells us to “Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: ‘Love your neighbour as yourself’.

In Luke 5:5 Jesus asked Peter to let down his nets for a catch. Peter’s response was quite reasonable as he had just come in from fishing all night and had caught nothing. He said, ‘Master, we’ve worked hard all night and haven’t caught anything’.

But even though Peter was obviously tired and probably just wanted to rest, he replied with “But because you say so, I WILL”. Obedience to God’s agenda was foremost in his response and he followed through with a corresponding action. Obedience is the key to God’s heart and it means acting on God’s Word even when it might be uncomfortable or inconvenient.

It is not enough to talk the Christian faith, we must live it. In James 2:14 it says, ‘What good is it, my brothers, if a man claims to have faith but has no deeds? Can such faith save him?’ James confronts this conflict head-on. The proof of the reality of our faith is a changed life. “But someone will say, ‘You have faith; I have deeds,’ Show me your faith without deeds, and I will show you my faith by what I do’ James 2:18

It is important to listen to what God’s Word says, but it is much more important to obey it, to do what it says. We can measure the effectiveness of our spiritual life by the effect it has on our behaviour and attitudes. Do we put into action what we have studied? In the
twenty first century, the church must realize as never before, that faith—without works—is dead. So, too, will be our influence.

We see that God wants us to step out and take action. Will there be danger to our own lives? Yes, but in Psalm 91, God gives us assurance of His protection in the midst of danger. God doesn’t promise a world free from danger, but he does promise his help whenever we face danger.

Psalm 91
He who dwells in the shelter of the Most High will rest in the shadow of the Almighty. I will say of the Lord, “He is my refuge and my fortress, my God, in whom I trust.”
Surely he will save you from the fowler’s snare and from the deadly pestilence. He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart. You will not fear the terror of night, now the arrow that flies by day, nor the pestilence that stalks in the darkness, nor the plague that destroys at midday. A thousand may fall at your side, then thousand at your right hand, but it will not come near you. You will only observe with your eyes and see the punishment of the wicked.
If you make the Most High your dwelling—even the Lord, who is my refuge—then no harm will befall you, no disaster will come near your tent. For he will command his angels concerning you to guard you in all your ways; they will lift you up in their hands, so that you will not strike your foot against a stone. You will tread upon the lion and the cobra; you will trample the great lion and the serpent. “Because he loves me, says the Lord, “I will rescue him; I will protect him, for he acknowledges my name. He will call upon me, and I will answer him; I will be with him in trouble, I will deliver him and honour him. With long life will I satisfy him and show him my salvation.”

God has promised to protect His own in times of danger and peril. Are we ready to trust His Word and show an unbelieving world Christ’s Love by preparing our churches to take action if a pandemic becomes a reality?

If your answer is a resounding YES, then please read on…
Preparation

Getting started...

A CALL TO PRAYER – Discover what happens when God’s people engage in the world’s most important activity – fervent prayer!

When David prayed… “The Lord was moved by prayer for the land, and the plague was held back.” 2 Samuel 24:25 (NASB)

Individual and Corporate prayer within the body of believers is the best starting point.

“When Jesus…said to the disciples, ‘Sit here while I go and pray over there…my soul is exceeding sorrowful even to death. Stay here and watch with me. And He left them, and went away again, and prayed the third time, saying the same words.’” Matthew 26:36-44

Seek God on how He would want your church to be involved. Ask Him for guidance, the resources and for passionate people who have a sincere desire to serve the Lord with a humble servant heart.

“It is not enough to begin to pray, nor to pray aright; nor is it enough to continue for a time to pray; but we must patiently, believingly, continue in prayer until we obtain an answer…” George Mueller

Once you sense God’s leading for engagement, then it is time to act on His Direction.

Here are some key questions to consider:

What do we already have in place at our church that could be useful for immediate action? What would it take to bring us to a level of involvement – once that has been prayerfully established?

Examples:

- cots, bedding, towels etc.
- showers, auditorium
- relationship with the community
- small groups ready for action
- prayer groups
- insurance coverage
• adequate food supply
• relationship with other churches
• medical people within the congregation
• ‘pastoral care’ staff

Key activities in churches could include:

• Information/communication/education
• Organization: ‘mutual assistance neighbourhood groups’
• Social services: new level of ‘pastoral care’
• Training trainers—healthcare
• Training trainers—church planting
• Where do you see your church getting involved?
• Do you have leaders who would be ready to take on a role to mobilize the congregation for specific medical duties as well as spiritual care?
• Are you willing to work with other churches in your community? Social Agencies? Etc…
• Are you willing to take people in that do not belong to your congregation?
• Does your church have finances set aside for such an emergency?
• Are we ready to take ACTION to be prepared?

Once a pandemic takes hold, it will be too late to begin planning or to begin collaboration. Three criteria must be met for there to be a pandemic: there must be a new virus (H5N1 is the most likely candidate at present), there must be very little immunity in humans (there is indeed very little immunity to H5N1 in humans as this is an avian flu, i.e. a bird flu to which we have never been exposed, and finally there must be easy transmission between humans. There have been at least 15 family clusters of H5N1 flu in humans suggesting that human to human transmission can happen. Now it only needs to happen easily. In Turkey there have recently been mutations noted in the H5N1 virus, suggesting that it continues to mutate, as flu viruses always do, setting the stage.

We may only have a 20-to-30 day window between the third criteria being met and the emergence of the next pandemic.

What are the triggers will cause us as a society and more importantly as a Church to bring this dialogue regarding emergency and particularly pandemic preparations to a wider audience?
Players & respective strengths

Within the Church body in Canada, who are the potential players in both preparing for and eventually responding to a pandemic in our midst?

EFC

Evangelical Fellowship of Canada, EFC – A contextual and relational platform which is currently casting a vision for a “Missional Church,” relating with others who are already engaged in this process.

CCC/NAGEP

Canadian Council of Churches working group has developed a Guideline for denominations - “National Advisory Group on Emergency Preparedness.”

Denominations

Denomination leaders can take a bold role in getting local churches involved. The EFC/CCC, and Mission Organizations have a golden opportunity to connect with their member churches/ministries in order to communicate information via their networks.

Congregations

The bulk of the “hands-on” response will eventually take place at the level of the local congregation. Much preparation can be done here as well. Key roles will be regarding:

1. **Communications & Education**: providing a channel for disseminating information deemed crucial to limiting spread and impact of disease, both to church members and their neighbours and colleagues.

2. **Organization**: encouraging and equipping members to establish and organize truly grassroots informal mutual assistance groups with their neighbours.

3. **Social Services**: taking pastoral care to a new level by actually preparing to directly assist and even literally feeding those ‘widows and orphans’ who have no others means to care for themselves.

Preparing for future longer-term outreach, both during and following such a pandemic situation, much could be done in terms of:

4. **Training of trainers** – Healthcare: reconnecting church and healthcare by promoting wellness in the community at all levels: physical, emotional, spiritual, relational and social. Consider the example Medical Ambassadors International (see www.medicalambassadors.org)

5. **Training of trainers** – Church growth: providing tools and mentoring relationships to develop the skills needed to bring about church discipleship, particularly when large public gatherings are inadvisable. Consider Project Worldreach (see: www.trainandmultiply.info).
Small groups and members

Small groups that are already formed will be an excellent resource in many areas of service. They will already have relationships within their group and some will have a compassion component already in place.

Small groups can offer:

- Prayer support
- Grocery Shopping
- Neighbourhood ‘watch’
- Spiritual counseling and assistance within the community.
- House Church options.
- Leadership
- Information & Communication
- Grief Support Groups
- Child Care

Para-church organizations and mission agencies

Para-church organization already have so much to offer with specialized skills in terms of logistics, disseminating information, training, liaison; these could be further developed to serve in areas such as liaison between churches and social services; developing volunteer support services and registries, help local communities maintain essential services and mutual aid between local businesses, partner with churches to give added support, offer a crash-course in ‘urban community health education (CHE) and other forms of health-related training.

Christian schools

Christian Schools could serve as non-traditional healthcare sites, offer man-power of trained individuals, organize training on site, care to children of parents with the flu, etc.

The following checklist for “Faith-based organizations” can be found at: http://www.pandemicflu.gov/plan/pdf/faithbasedCommunityChecklist.pdf
The collaboration of Faith-Based and Community Organizations with public health agencies will be essential in protecting the public’s health and safety if and when an influenza pandemic occurs. This checklist provides guidance for religious organizations (churches, synagogues, mosques, temples, etc.), social service agencies that are faith-based, and community organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested here can improve your organization’s ability to protect your community during emergencies in general. You can find more information at [www.pandemicflu.gov](http://www.pandemicflu.gov).

1. **Plan for the impact of a pandemic on your organization and its mission:**

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   Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.

   Determine the potential impact of a pandemic on your organization’s usual activities and services. Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.

   Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (e.g., supplies, travel, etc.)

   Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.

   Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization’s work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.

   Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.

2. **Communicate with and educate your staff, members, and persons in the communities that you serve:**

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   Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your organization and others.

   Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g., respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home.

   When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).

   Share information about your pandemic preparedness and response plan with staff, members, and persons in the communities that you serve.

   Develop tools to communicate information about pandemic status and your organization’s actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.

   Consider your organization’s unique contribution to addressing rumors, misinformation, fear and anxiety.

   Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities—state and local health departments, emergency management agencies, and CDC.

   Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and persons in the communities that you serve.

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January 9, 2006
Version 1.1
3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

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Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business, and public transportation closures. Staff may include full-time, part-time and volunteer personnel.

Work with local health authorities to encourage yearly influenza vaccination for staff, members, and persons in the communities that you serve.

Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.

Identify persons with special needs (e.g. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.

4. Set up policies to follow during a pandemic:

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Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.

Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty (Know how to check up-to-date CDC recommendations).

Set up policies for flexible work hours and working from home.

Evaluate your organization’s usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person.)

Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins, and distributing health information to persons who are returning from affected areas.

Set procedures for activating your organization’s response plan when an influenza pandemic is declared by public health authorities and altering your organization’s operations accordingly.

5. Allocate resources to protect your staff, members, and persons in the communities that you serve during a pandemic:

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Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.

Consider focusing your organization’s efforts during a pandemic to providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).

6. Coordinate with external organizations and help your community:

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Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.

Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and your state and local public health systems.

Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the communities that you serve.

Share what you’ve learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.

Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc) to help your communities prepare for pandemic influenza.
Canada has what many consider being one of the most complete pandemic influenza preparedness plans in the world. Having perused it over the past weeks I can agree that it is an excellent framework. What it still lacks, though, and other agree, is “flesh.” It’s a good tool, but it needs to be interpreted and adapted for front-line use. It can be perused at: [http://www.phac-aspc.gc.ca/cpip-pclcpi/](http://www.phac-aspc.gc.ca/cpip-pclcpi/).

Many provinces have similar plans, as do many regional health authorities. More and more businesses are starting to realize that they too need to be prepared. Should not the Church consider this as well?

When is the last time that we had time to prepare for a natural or a man-made disaster that was at its most conservative estimate expected to kill two million people?

Who of us have ever been faced with the prospect of an illness that could claim by some estimates one hundred times that number?

It is generally expected that hospitals and medical clinics will be totally overwhelmed. That’s almost a given. Our current healthcare discussions may become a moot point if the strain proves too much. We may someday have to rebuild our whole system—and what a role churches could once again play, by God’s grace.

More specifically, hospitals will probably have to operate at 1/3 staffing due to personal or family illness and necessary redistribution into the community. And this, despite an expected major surge in patient load. Ambulance, police and fire services are also expected to see a quarter or more of their staff unable to work...

The problem is that our system does not have the needed surge capacity. That is why we find one of the most interesting parts of the Canadian Pandemic Influenza Plan naming churches as a potential answer! Looking to Annex J: Guidelines for Non-Traditional Sites and Workers, church leaders should listen up:

- “use of non-traditional sites… and the need for… non-health care workers must be considered as a strong possibility and planned for accordingly” (p. 389)
- “potential locations for non-traditional sites include… churches” (p. 396)
- “volunteers will also be a potentially vital source of human resources to facilitate the management of health care services during a pandemic” (p. 403)
• “shortage of physicians and nurses will require extensive use of other health care professionals, trained non-medical workers and trained volunteers” (p. 404)

• “volunteers not trained in medical tasks [who] can provide other essential services to health care sites [will be needed]—e.g. electricians, who help set up the non-traditional site” (p. 405)

• “Under emergency legislation Provinces may have the authority to designate ‘essential services’ and workers and have the ability to compel people’s time or property with due compensation as a last resort.” (p. 409)

• “Volunteers should be aware that unlike other emergencies such as earthquakes of floods, the duration of the ‘emergency’ will be longer for an influenza pandemic and more than one pandemic wave will likely occur” (p. 411)

• “health authorities and existing volunteer agencies may establish programs to ‘train the trainers’” (resources listed) (p. 412)

Many areas of training will be needed, but at a minimum (see pp 413-414)

“All volunteers should be trained for

- Self-care and
- Infection prevention and control (routine or universal precautions).

Based on the Checklist of Functions for your jurisdiction, volunteers working in direct patient care may also be trained in:

- Basic personal care (Bed baths, bed pans)
- Observation of condition (temp, pulse, resp, etc.)
- Case definition, identify the illness
- Giving medications (pills, eye and ear drops, liquids)
- Oxygen administration, Pressure ulcer prevention—skin care
- Ambulation, mobilization

Volunteers will also be needed who are trained in the following:

- Cleaning in health care facilities
- Record management
- Food preparation (Food Safety Courses)
- Workplace Hazardous Materials Information Systems (WHMIS) protocols
- Security staff trained in working with grief stricken people”
Chuck Swindoll, pastor and author, says that we don't have to be brilliant or gifted to be a servant and good neighbour. We just have to be willing. There must be a willing spirit that says 'Lord show me ... teach me ... help me ... to serve and to give.' If we will allow this to be our attitude, the process involved in becoming more like Christ Himself will be much smoother, much faster and much less painful.

Hard it may be for us to admit, we're losing touch with one another. The motivation to help, to encourage, and to serve our fellowman is waning. And yet it is these things that form the essentials of a happy and fulfilled life. How do we connect and build Bridges of Love with our Neighbour?

Joy characterized Christians of the first century, and much of the joy they experienced came from serving others. As we build loving, authentic relationships with those in our sphere of service, both the recipient and the giver will be truly blessed.

David Macfarlane, Director of National Initiatives with the Evangelical Fellowship of Canada, has been traveling Canada for almost two years, promoting Celebration 2005/2006 (and now 2007), encouraging churches to reach out and into their communities to demonstrate the love of Christ. The following activities have been suggested as aids in building relationships with our community. This is just a beginning, though! Once creative juices start flowing... the 'sky' is the limit... Have fun and be blessed!!

1. Organize a fun festival in the church parking lot.
2. Deliver 'Welcome to the Community' baskets.
3. Hold an interchurch sports tournament for youth in the community.
4. Hold a community golf tournament.
5. Invite neighbours to a renewal of marriage vows.
6. Go door to door with free batteries for smoke detectors.
7. Hold a 'Foods From Around the World'.
8. Gather food from the neighbourhood and fill the local food bank.
9. Have a single mom and child banquet. Where kids are entertained separately and moms are made to feel special.
10. Do acts of kindness: mow the lawn for seniors paint a women's shelter: wash car windshields for free.
11. Beautify a subsidized housing project.
12. Have an evangelistic banquet.
13. 'Check out Christianity' home meeting.
14. Hold a one-time course on basic self-defence.
15. Raise money for relief work.
16. Run recovery programs for the community.
17. Offer a free parenting course.
18. Teach English as a second language.
19. Have a 'Celebration of Friendship' event.
20. Hold a public event called: What was the Passion of the Christ really all about?"

With a possible pandemic pending there is an increased urgency to get to know those who might perish should (or as virtually all experts in the field agree, when) a pandemic becomes reality. Start today to reach out to those who need a loving hand from their local church. Model the life of Jesus Christ!
CHURCH RESPONSE—EXTERNAL (outreach)

Caring for neighbours

"But a certain Samaritan, as he journeyed, came where he was.
And when he saw him, he had compassion on him
and bandages his wounds pouring on oil and wine;
and he set him on his own animal, brought him to an inn, and took care of him."

Luke 10:33-34

As I pondered the Christian Response to a global crisis the familiar parable of the Good Samaritan came to mind. This very familiar story we have heard since childhood has been a model to follow yet the principles taught in this lesson have been ignored in today’s culture. Will a disaster of catastrophic magnitude re-ignite our hearts to be the compassionate people that God desires?

The prospects of a ‘pandemic’ or any other disaster is not something we like to envision. In Canada, we have been very fortunate to have had relative calm, compared to many countries that have experienced devastation. Yes, we have suffered some discomforts such as floods, droughts, fires and ice storms; but compared to other countries, we really have no idea what it is like to live through an emergency that could turn our lives upside down.

We need to be prepared, however, not only for the sake of ourselves and loved ones but because God has commissioned us as followers of Christ, to look after our neighbour. He calls us to love Him with all our whole heart, soul, mind and strength in Matthew 22:40 and without hesitation, he adds familiar words ‘and your neighbour as yourself’. On these two commandments hang all the Law and the Prophets.” He was not stating something that was true then but isn’t valid today.

We cannot possibly love people apart from loving God? For as the apostle John said clearly, “We love because he first love us” (1 John 4:19). Whoever loves God must also love his brother. (vv. 20-21) As we consider loving God wholeheartedly and loving our neighbour unconditionally, we will find that this love leads to a response or action. When love originates in God, love is the most powerful force in the universe and it is the driving power behind every truly good Samaritan.

The ‘Good Samaritan’ is a term still used today to refer to one who takes the time to go out of his way to serve others. Jesus came to serve and He expects the same of us. It is more than just doing kind things however, He wants us to become a kind person. When that happens, everything we do will be stamped with love that comes from our relationship with Jesus. As we serve in Love with a servant heart, our focus will be on the cause, not to enhance our own positions.
“Each one should use whatever gift he has received to serve other, faithfully administering God’s grace in its various forms.”
1 Peter 4:10-11

To be an effective servant, we must utilize an approach in three domains: intellectual, emotional, and behavioral. In other words, ‘the head, the heart, and the hands’ must all be working in harmony.’ (Leadership by the Book). Ken Blanchard, Bill Hybiles, Phil Hodges

And let us consider how to stimulate one another to love and good deeds.
Hebrews 10:24

Authentic servanthood calls for people with a passion for giving whatever the cost without recognition, without reservation, without reluctance and without restriction.

The story is told of an American soldier who making his way back to the barracks in London. As he turned the corner in his jeep, he spotted a little lad with his nose pressed to the window of a pastry shop. Inside the cook was kneading dough for a fresh batch of doughnuts. The hungry boy started in silence watching every move. The soldier pulled his jeep to the curb, stopped, got out, and walked quietly over to where the little fellow was standing. Through the steamed-up window he could see the mouth-watering morsels as they were being pulled from the oven, piping hot. The boy salivated and released a slight grown as he watched the cook place them onto the glass-enclosed counter ever so carefully.

The soldier’s heart went out to the nameless orphan as he stood beside him.

“Son…would you like some of those?”

The boy was startled.

“Oh, yes…I would!”

The American stepped inside and bought a dozen, put them in a bag, and walked back to where the lad was standing in the foggy cold of the London morning. He smiled, held out the bad, and said simply:

“Here you are.”

As he turned to walk away, he felt a tug on his coat. He looked back and heard the child ask quietly:

“Mister…are you God?”

We are never more like God than when we give.

The story of the Good Samaritan provides a solid foundation for exploring various aspects of strengthening relationships in order to become an authentic good neighbour.

A neighbour is someone who is nearby and who has a need. We should, however, also be concerned with needs all around the world, yet as distance increase our responsibility and intimate involvement normally decrease.

Jesus used this parable to call on those who would secure eternal life through faith in Him, and would then seek to OBEY Him, to practice what we might label
the art of Good Samaritanism—to become involved compassionately, even when risk is present, in the lives of others.

In Micah 6:8, we are asked the question…“What does the Lord require of You? The response …“To act justly, to love mercy and to walk humbly with your God.

The desperate need for servants who desire to fulfill this verse is illustrated by a story relayed by Pastor Arthur Rouner.

One wintry night on a straight lonely stretch of Wyoming highway, an area where the distance between towns ranged between thirty and forty miles, a man’s car had run into trouble and he had pulled to the side of the highway.

The man waved frantically at the infrequently passing cars, desperately begging for a ride or for help.

No one stopped.

The next morning, the Wyoming highway patrol discovered his body beside the car. The man had shot himself with a gun, he kept in his car.

Pinned to his coat was his own handwritten message of judgment on the world.

‘My car broke down. I waited here eleven hours trying to stop someone to help me. I was freezing to death, but no one would stop.”

As Don Hawkins says in his book ‘Friends in Deed’, “Our bottom line is not simply to figure out and catalog all the different ways we can be Good Samaritans. It’s to make ourselves available to do whatever God empowers and leads us to do. It’s to develop our love for God and people to the point where we are ready to step forward whenever circumstances appear that echo the question the Lord left hanging over the Palestinian landscape that first-century day when He originally told the Good Samaritan story.

“Where are the Good Samaritans?”

So what are we to do, and how are we to do it, in the event of an influenza pandemic?

Partnering with emergency response agencies and local governments

One area that we, as a Church, could respond is by assisting the existing emergency response agencies already in place. Many of these were established by the church in years past. Why not have churches reconnect with these? Instead of the usual pattern of individuals volunteering one by one as they see fit (and if history is any indication, most won’t do this), why not call on instructors to come to our churches to train volunteers by the dozens? Why not, as churches, commission 10% of our members to this form of ministry? Many want to serve but don’t know how. Many feel that they are not “spiritual” enough to “enter ministry.” What did Jesus call on us to do but to love God and to love our neighbour? Perhaps we have something to learn from St. John’s Ambulance or the Red Cross or World Vision or others!
Then there’s the local government. Would not many municipal governments be pleased to collaborate with such an extensive network of concerned individuals? Local governments are frequently trying to connect with community groups. Numerous municipal governments have developed volunteering departments or partnered with volunteer clearing house agencies. This is what government is meant to be about. Some municipal government-sponsored boards of trade (chambers or commerce) truly seek to connect not just with businesses but also with non-profits, seeking to impact their community.

Why not ask those of our church members who have businesses to join their local boards of trade? What might God have in store for the relationships that so develop?

Serving as Non-Traditional Care Sites

As seen in national and provincial and regional plans discussed in the previous chapter, churches are potential “non-traditional” sites for various forms of care. Many questions remain. What about legal liability? What about “workers compensation?” We must remember that we are all learning at the same time in this preparatory phase. Community input even now is valuable. Better to engage community and government leaders now rather than to complain about their decisions later!

At a very local level, perhaps neighbouring churches could begin scouting out and listing resources in their midst. Which churches have shower facilities, for example! Which ones have cooking facilities… Groups such as the Mennonite Disaster Service could be of great use; see www.mds.mennonite.net. Their expertise in reconstruction could be used in terms of physically outfitting churches ahead of time…
One of the potentially most useful responses would also be the most natural response. Our instinct for “self-preservation” could indeed become a wonderful opportunity to connect with and offer love to our neighbours.

If, as has already been pointed out, social services are going to be overwhelmed along with healthcare services, then anything we can do to ease the burden will be of use to others. And regarding social services, the Bible just happens to be full of instructions on caring for others, from new immigrants (“aliens” as per frequent biblical translation) to widows and orphans (those without others to help them).

**OF NEIGHBOURHOOD WATCHES...**

VERY concretely now... There is more than illness to a pandemic. The economy of it is huge as well. If SARS caused an economic downturn for a while, consider that the WHO estimates that a pandemic will cost 800 billion USD! Illness may indeed impact all sectors, but even if it only touched, for example, the transportation industry, then all other industries that rely on transportation of parts or goods would be quickly affected as well, even if they themselves have not actually encountered the illness.

Our goal may initially be to prevent illness, and for this some may choose to work at home (for those who can). Then again choices might be made for us, such as closures of schools. What then of child care, for example? If such an easily transmissible disease were prevalent in the community, many would be well advised to limit going out in public. There will be much angst...

Could not a few neighbours help each other out?

Consider encouraging church members to do the following: talk to two neighbours to your left and two neighbours to your right. See if some or all of these five family units might want to form an alliance, let’s call it (for lack of a better term and until somebody comes up with a better term) a neighbourhood mutual assistance group.

How could such a mutual assistance group actually benefit each other?

- Take turns going shopping for the group, buying the bread and milk and perishables...
- Take turns with child care
- Take turns going to the pharmacy for picking up everybody’s medications

Or again:

- Designate one person to keep up to date with accurate information and bulletins
• Have one or more focus on home schooling for the group, if needed

What if some in this group are volunteering in non-traditional health care sites or happen to be a formal "front-line" worker, potentially exposed to infection? Perhaps, one of the homes or apartments could be used for some form of "self-quarantine" if indicated.

Other areas include:

• Agreement to feed each other, in case one family has all members sick and unable to shop or feed self

• Agreement to support each other if one family out of work due to collapse of a particular economic sector or company

• Agreement to support each other emotionally and in prayer

Even if the four other participating families do not themselves have the habit of praying, almost universally in such situations, prayer is welcome…

An Extension of God’s Love

Acting as channels of God’s Love, a church response to a pandemic is a shared commitment from the whole church body, being a visible and tangible witness of the gospel. Since Pastors and others ministry leaders in the church will be over-extended it will be necessary to have spiritually mature individuals who will be prepared to over see those who are fearful, hurting and grieving. Lay people will have opportunities to minister to friends, neighbours and fellow church members.

A major flu pandemic would cause a shift in the way we traditionally gather to worship. Public gatherings (including church assemblies) would likely be closed or banned temporarily due to the fear of contracting the virus. In an environment of ‘germ avoidance’ or as the Public Health officials call ‘social distancing’; gathering in large groups would be an unlikely occurrence. Due to the high anxiety/fear level, Christians, however, would find it a great encouragement and strength builder to have somewhere to not only worship but to share concerns, pray and support one another in tangible ways.

During times of Crisis, Mutual Assistance Groups’ would provide a more casual but very meaningful worship/support experience. These groups could be small and informal gatherings or they could take on a more structured form such as in a House Church environment. Whatever the structure, however, it would be an opportunity to build those loving relationships to offer emotional support and encouragement, personal one on one listening, being a real friend, counselor to offer hope, a new meaning for life and to assist with concrete and meaningful symbols of love. It would be a time for putting one’s faith into action and demonstrating ‘living proof of a loving God’ without engaging in religious exploitation. Mutual Assistance Groups would give those grieving a sense of orientation into life…being a true witness for Christ by what is done…as well as what is said. Strong bonds of friendship resulting in new followers of Christ are often the natural outcome making a difference for eternity.

May we live our lives with a great desire to please God, as people who know He is watching how we represent Christ as His Ambassadors.

We may not, in our lifetime, have such an opportunity to show His Love.
Quoting again from Robert Lewis’ book *The Church of Irresistible Influence*, think not in terms of church buildings but rather in terms of what the Church truly is, God’s people:

*Can you imagine* the community in which you live being genuinely thankful for your church?

*Can you imagine* city leaders valuing your church’s friendship and participation in the community—even asking for it?

*Can you imagine* the neighbourhoods around your church talking behind your back about “how good it is” to have your church in the area because of the tangible witness you’ve offered them of God’s love?

*Can you imagine* a large number of your church members actively engaged in, and passionate about, community service, using their gifts and abilities in ways and at levels they never thought possible?

*Can you imagine* the community actually changing (Proverbs 11:11) because of the impact of your church’s involvement?

*Can you imagine* many in your city, formerly cynical and hostile toward Christianity, actually praising God for your church and the positive contributions your members have made in Jesus’ name?

*Can you imagine* the spiritual harvest that would naturally follow if all this were true?

We do not wish for an influenza pandemic to come. We do not wish for the suffering that would come from it. But if does come, may we be ready to serve lovingly and selflessly, ready to proclaim Christ! It may well be that the hope we have, the peace that goes beyond all understanding (and having peace in light of a pandemic goes counter to all understanding, but it is in peace that we prepare to respond), is what could transform our cities and our nation.
First, we need a group of church leaders willing to prayerfully reflect and discuss what a church response to a flu pandemic might look. We have compiled this current guide to offer a starting point, to begin charting a rough course. How we pray for more church leaders to join us! There are many with much more experience than us, who know much about pastoral care, much about church planting, much about demonstrating compassion in Christ’s name. The Church in Canada needs those that God is currently calling to respond to that call!

The leaders of Missions Fest™ Vancouver 2006 have kindly invited us to share this material at their panel discussion and we pray that this may be the beginning of a significant period of fruitful collaboration in Vancouver and across the country.

One of the next steps is to prepare a one-day follow-up seminar in May 2006. Subsequently, further exploration of ways to begin the Training of Trainers is planned.

Communications

Any form of preparedness plan must have an information system. A formalized data collection process and a monitoring system is essential to keep track of information such as lists of volunteers, of trained medical personal in our midst, of those living in our communities, of seniors (who might need an extra hand), of those who come down with the illness, of deaths … Need we wait until for the pandemic to take hold before we begin to work on a communication network? Developing some form of information sharing system, some form of information clearing house on pandemic and emergency related issues, from a church perspective, would be welcome.

Clearly, advance planning is necessary to build an infrastructure that will be ready for when action needs to occur quickly and efficiently. Once the ‘flu’ begins to spread across our nation there will be insufficient time to complete the process of data collection. We would do well to be ready for immediate action when the time comes.

There will be a need for discussion with telecommunication providers, to set up teleconferencing links for key personnel and between local churches. Churches might also want to upgrade their web-casting capabilities, exploring new avenues for pastoral ministry and spiritual support.
National church networks

A pre-established and clear communication plan that specifies, as in a phone tree, who calls whom, and with what message, would allow denominational leaders to better help their congregations, channeling timely and relevant information in partnership with public health agencies.

Regional church networks

Sister and neighbouring churches could, at a local level, explore means of helping each other. National-level networks could work ahead of time to determine when (i.e. what triggers the next step or level of preparation?) to help local levels to organize. Nonetheless, many local churches are ALREADY very receptive and would be ready to start banding together, discussing what to do.

Training of trainers

Trained local Christians, working through the church, can be a vital catalyst for a Community-Based Health Care Program. Medical Ambassador’s Community Health Evangelism (CHE) is one ministry that is broadly aimed toward the whole community. They train locals to share spiritual, physical, emotional and social truths. Although we already have many wonderful Christian agencies in Canada, there has not been a great demand for such training thus far in our country.

Ministries, however, are now taking stock of the need for such a service and are beginning to strategize on how best to address training issues. There soon will be an infrastructure in place in this vital area. As we wait for this structure to be in place please pray on how collectively we can engage and minister to not only to ones physical requirements, but also for spiritual, emotional and social needs.

As outlined earlier, a pandemic is a unique disaster. The normal ‘social structure’ that we depend on may not be running to full capacity, or at all. We just don’t know what the full impact will be until it is upon us. The Church has the potential to fill in the ‘gap’ to help the health and social agencies that will be over-extended and under-staffed. Volunteers could be trained to assist in roles that would be of great assistance to alleviate stress and offer rest to over-extended medical professionals.

Partnerships with other churches/ministries as well as other health/social agencies are a viable way of reducing omissions as well as duplications thus maximizing efforts. (Ecclesiastics 4:12) We should welcome this opportunity to partner with others to walk in the steps of the Great Physician to be Christ’s hands and feet.

As networks develop, trainers will need to prepare for multiple tasks; perhaps two or three churches in each city could initially be identified (i.e. from each of Richmond, Surrey, Burnaby, Vancouver, etc), and have individuals from these churches commissioned to be trained as future trainers…
Discipleship

“Let us consider how we may spur one another on toward love and good deeds. Let us not give up meeting together.”
Hebrews 10:24-25

In times of crisis, great numbers of individuals often commit their lives to the Lord. Are we ready to ‘disciple’ new believers and give them a solid foundation to build on?

Not only do we need to impart the scripture but we need to equip new believers for service. Equipping is more than teaching however. It is modeling, training, providing tools, instilling character and attitudes, enhancing vision, providing knowledge and experience, mentoring and discipling. It is broad-scale preparation. Bob Moffit – “If Jesus Were Mayor”

We need current church leaders who are willing to explore this crucial area of training church members in community spiritual leadership and practical pastoral supportive care. The people of the church are to gather and be instructed and encouraged for compassionate service. As they go ‘out’ to serve and be Christ’s Ambassadors, they will be an expression and fullness of God’s love.

‘Proclamation’ and ‘demonstration’ are both needed to communicate the Gospel in its fullness. Preaching is essential yet the message is hindered if there is not the reality of God demonstrated.

Nothing will mobilize and energize Christians like caring for their neighbour. There is great fulfillment from helping others in a desperate time of need that can not only change the life of the one who is cared for but also the one who helps receives a very special blessing as well.

Community health education

By the time the next pandemic comes and goes, the landscape will be changed. Healthcare will be different, and even the church landscape may be quite altered. The church might—if we, collectively as the Church, step up to the task—be in a new position where it is respected in the community such that it could play a much expanded role in people’s lives. We need Godly men and women who are willing to explore this as well!
CONCLUSION

We need to simply and concretely look out for and truly love our neighbours. Why? Because we love our God.

God is ‘calling’ each one of his followers to join Him in an adventure. We need to be equipped with His Armour to be ready for battle. He has promised in Psalm 91 to protect those who love Him and that we are not to fear ‘plague that destroys’ (v. 6).

As Erwin McManus says in ‘Seizing Your Divine Moment’…”You know where to begin: take initiative. You know who God is, so embrace life’s uncertainty. Remember that the person you are becoming in Jesus Christ is your greatest gift to others. Every great adventure is filled with peril and danger, but the risk is worth it. You have already been authorized to move forward, so advance. Impact your world by fighting the battles that are on God’s heart. Move with an urgency that creates a movement. Engage in an adventure so compelling that it causes the awakening of the dead in spirit. In this moment, each of us will have to choose."

Our responsiveness is always determined by a continuing exploration of the distinctive identity and purpose of the church as the community called to witness to God’s mighty work in Jesus Christ.
APPENDIX 1

WHO PANDEMIC FAQ

World Health Organization

Ten things you need to know about pandemic influenza
14 October 2005

1. Pandemic influenza is different from avian influenza.

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic happens when a new subtype emerges that has not previously circulated in humans.

For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus—it will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

2. Influenza pandemics are recurring events.

An influenza pandemic is a rare but recurrent event. Three pandemics occurred in the previous century: “Spanish influenza” in 1918, “Asian influenza” in 1957, and “Hong Kong influenza” in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was exceptional, is considered one of the deadliest disease events in human history. Subsequent pandemics were much milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.

A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.
3. The world may be on the brink of another pandemic.

Health experts have been monitoring a new and extremely severe influenza virus – the H5N1 strain – for almost eight years. The H5N1 strain first infected humans in Hong Kong in 1997, causing 18 cases, including six deaths. Since mid-2003, this virus has caused the largest and most severe outbreaks in poultry on record. In December 2003, infections in people exposed to sick birds were identified.

Since then, over 100 human cases have been laboratory confirmed in four Asian countries (Cambodia, Indonesia, Thailand, and Viet Nam), and more than half of these people have died. Most cases have occurred in previously healthy children and young adults. Fortunately, the virus does not jump easily from birds to humans or spread readily and sustainably among humans. Should H5N1 evolve to a form as contagious as normal influenza, a pandemic could begin.

4. All countries will be affected.

Once a fully contagious virus emerges, its global spread is considered inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it. The pandemics of the previous century encircled the globe in 6 to 9 months, even when most international travel was by ship. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than 3 months.

5. Widespread illness will occur.

Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world’s population will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill.

6. Medical supplies will be inadequate.

Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic and for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defence for protecting populations. On present trends, many developing countries will have no access to vaccines throughout the duration of a pandemic.
7. Large numbers of deaths will occur.

Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of preventive measures. Accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are purely speculative.

WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful and plausible planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

8. Economic and social disruption will be great.

High rates of illness and worker absenteeism are expected, and these will contribute to social and economic disruption. Past pandemics have spread globally in two and sometimes three waves. Not all parts of the world or of a single country are expected to be severely affected at the same time. Social and economic disruptions could be temporary, but may be amplified in today’s closely interrelated and interdependent systems of trade and commerce. Social disruption may be greatest when rates of absenteeism impair essential services, such as power, transportation, and communications.

9. Every country must be prepared.

WHO has issued a series of recommended strategic actions [pdf 113kb] for responding to the influenza pandemic threat. The actions are designed to provide different layers of defence that reflect the complexity of the evolving situation. Recommended actions are different for the present phase of pandemic alert, the emergence of a pandemic virus, and the declaration of a pandemic and its subsequent international spread.

10. WHO will alert the world when the pandemic threat increases.

WHO works closely with ministries of health and various public health organizations to support countries' surveillance of circulating influenza strains. A sensitive surveillance system that can detect emerging influenza strains is essential for the rapid detection of a pandemic virus.

Six distinct phases have been defined to facilitate pandemic preparedness planning, with roles defined for governments, industry, and WHO. The present situation is categorized as phase 3: a virus new to humans is causing infections, but does not spread easily from one person to another.
APPENDIX 2

NEIGHBOURHOOD EMERGENCY PREPAREDNESS PROGRAM

The Justice Institute of B.C. (see: http://www.jibc.bc.ca/emergency/default.htm) offers an emergency management certificate program. It also, in B.C., promotes the Emergency Management Division which works with municipalities so that they are able to train neighborhoods and other groups to become more self reliant during an emergency or disaster.

The Neighborhood Emergency Preparedness Program (NEPP) is a neighborhood team approach to becoming self-reliant following a disaster or emergency. The program:

- teaches individuals and families how to be self sufficient for 72 hours up to a week
- teaches neighbors how to plan and train as a team to respond safely and effectively during a disaster

If you would like to find out how to get involved, please visit: http://www.jibc.bc.ca/emergency/programs/EM_NEPP/howToGetStarted.htm

Whether you live in a single-family dwelling, apartment, townhouse or rural farming community, NEPP can benefit you and your neighbours. The program teaches preparedness skills that can be put to use

- In your home
- In your neighbourhood
- In your workplace or school
- In your school
- In your community

Course Description:

This course is intended to provide participants with guidelines on developing emergency preparedness programs for: the workplace, individuals, families and neighborhoods.

Learning Outcomes/Goals"

Upon successful completion of this course, the participant will be able to:

- Conduct &/or facilitate a hazard hunt or hazard awareness session.
- Describe emergency procedures for all hazards.
- Plan for evacuation & explain evacuation procedures.
- Identify the resources and supplies recommended for emergency preparedness kits.
- Address the key components of an individual/family emergency preparedness program.
• Address the key components of a neighborhood emergency preparedness program.
• Address the key components of a workplace emergency preparedness program.

Course Topics/Content:
• Importance of emergency preparedness programs – cornerstone of emergency management
• Hazard awareness
• Emergency procedures for all hazards
• Evacuation procedures and shelter-in-place procedures
• Emergency preparedness kits & supplies – contents, storage & maintenance
• Resource materials – public education brochures – how to obtain
• Developing individual & family preparedness training sessions – what to include
• Establishing neighborhood programs - what to include & how to promote
• Establishing workplace emergency preparedness programs – what to include & how to promote
• Evaluating effectiveness of emergency preparedness programs – what’s working and what’s not working
APPENDIX 3

BRIEFING: KEY MESSAGES (or: a two-minute introduction)

The natural history of influenza is well known—pandemics recur: another pandemic will come. They have historically come in several waves over a period of 12 to 18 months.

We don't know precisely when the next pandemic will occur, but early preparation will help with "regular" emergencies as well.

The current strain of avian influenza (H5N1) now present in more than 40 countries in Asia, Europe and Africa is the most likely source from which will arise a next pandemic.

By definition, a pandemic will affect every country, region, and city in the world virtually simultaneously and by definition nobody is immune to it.

Governments and health authorities are preparing at a macro level but an eventual response must by necessity occur at the micro level such that every company, organization, and family is well advised to make preparations as well.

The health impact will be great, but there is no need to become paralyzed with fear: while it is estimated that two to seven million worldwide will die, it remains that over 98% of people are expected to survive.

Doctors and nurses will be busy caring for the very ill. The mildly and moderately ill will likely need to be cared for at home.

The eventual economic and social impact will likely be greater than the actual health impact. New ways of doing business will need to be considered.

What churches need to do now:

1. Pray
2. Inform themselves and their members about the pandemic risk and possible responses
3. Plan for a vastly expanded but very different form of pastoral role in the community
4. Equip members for the formation of small neighbourhood mutual assistance groups
5. Train members in basic nursing skills
6. Plan for innovative ways of "doing church"
7. Consider the fact that health authorities might request the use of church buildings
8. Pray
BRIEFING: DEFINITIONS

EPIDEMIC (definition): Widespread outbreak of a disease, or a large number of cases of a disease in a single community or relatively small area.

EPIDEMIC INFLUENZA (yearly, localized): Slight changes constantly occur in the influenza virus genetic makeup such that individuals retain only partial immunity from year to year, allowing influenza epidemics to recur.

PANDEMIC (definition): An epidemic over a wide geographic area and affecting a large proportion of the population.

PANDEMIC INFLUENZA (every few decades, worldwide): Just as hurricanes are well understood (while we cannot always predict which hurricanes will hit the coast and with what force, we know with certainty that they do come yearly), so it is with the natural history of flu pandemics. Such pandemics have been recorded every 10 to 40 years for at least five centuries, with some evidence dating back millennia. The last four influenza pandemics occurred in 1889, 1918, 1957, and 1968. A pandemic will recur.

PANDEMIC INFLUENZA (requirements, current level of risk): For an influenza pandemic to recur, i.e. for localized epidemics to occur virtually simultaneously around the globe, three criteria must be met:
   a) there needs to be a novel influenza virus (i.e. a major shift in its makeup) that can infect people (YES: the bird flu of type H5N1 has changed over the past few years and is now able to infect humans and a variety of other species),
   b) there needs to be a lack of immunity among humans (YES: humans do get ill, and a high proportion succumb to it), and
   c) there needs to be human-to-human spread of the virus (officially NO according to the WHO, but evidence is accumulating of multiple family clusters of illness)

PANDEMIC INFLUENZA (health impact—past and future): The most obvious impact to the casual observer is in terms of worldwide death toll: 1 to 5 million dead in each of the last two pandemics; and probably forty million or more deaths in the 1918 pandemic, with a disproportionately high rate among young previously healthy adults. Forecasts, based on conservative data (i.e. 1957 and 1968) suggest that the next pandemic will see some 1 to 7 million deaths worldwide. The current H5N1 virus, though, has much in common with the 1918 version such that if it is the cause of the next pandemic, the toll could be much higher. Nonetheless, even in a worse case scenario, while almost everybody will have experience of influenza either personally or through caring for a family member, the large majority of people will survive. Illness, if it does not lead to complications, usually lasts 5-7 days in any one individual.

PANDEMIC INFLUENZA (social and economic impact—expected): See the Annotated Index—Managing Pandemic Influenza for B.C. Industry and Commerce below.

http://groups.yahoo.com/group/church_emergency_preparedness

www.project safetynet.ca
The effects of pandemic influenza depend directly on the nature of the virus that causes the illness. Expected effects of an influenza outbreak may include:

**Health Effects**
- Sudden onset of symptoms, including cough, fever, aching bones and joints, and severe weakness
- Complications include the potential for pneumonia and dehydration
- Death can ensue quickly in some cases where the virus infection causes pneumonia, or over a longer term due to complications.

**Community Effects**
- Traditional health service facilities may be overwhelmed with demands for care.
- Illness among local government employees may mean an interruption of critical community services, such as water supply, waste disposal, sanitation, and maintenance of infrastructure.
- Orders to close schools, businesses, entertainment venues and churches could disrupt community life.
- Shortages may appear for essential goods, including food and medications.

**Social Effects**
- Fear of close proximity to people may isolate many in a community; normal information channels will be closed.
- Stress and psychological trauma among survivors from dealing with illness or death among family members, interruption of critical community services, loss of employment, and financial losses.
- Historically, families have self-quarantined, particularly young children during a contagious disease outbreaks.
- Some urban families may move their children from urban high population areas to rural low population density areas.
- Self-imposed isolation will impact business and the economy for a period which will likely extend beyond the announced end of the pandemic.
- Large numbers of staff, particularly those not designated as mission-critical by their employer, may choose to stay at home.
- There may be a very heavy demand from staff to work from home.
- Employment activities that require face-to-face interaction may cease.
**BRIEFING: EFFECTS (continued)**

**Economic Effects**

- Some companies could go out of business from a sudden and persistent drop in demand for services, especially small to mid-size enterprises.
- Many community residents may face temporary loss of jobs.
- Reduced cash flow within the community.
- Adverse ripple effects in the world-wide investment community.

How people react in a pandemic may have more influence than the illness itself. Consumer confidence is likely to drop during a pandemic and change patterns of purchase and consumption. The economic impact of a pandemic may be evident for some time following an event.

Business sectors that may suffer a decline in sales during and following pandemic influenza include:

- Tourism
- Retail, hospitality and other discretionary expenditures
- Enterprises that depend on specialized labour input
- Enterprises that export a substantial amount of their production or require significant imported stock for their production
- Enterprises that depend on just-in-time supplies, particularly those with numerous suppliers
- Enterprises that bring people together, such as public transport, restaurants, theatres, sporting events and casinos
- Property owners of high density, multi-storey apartments
- Resource producers

Some businesses will undoubtedly experience more impact than others. A few may actually experience increased demand, as was seen with the SARS event. Areas that may experience increased demand include:

- Telecommunications
- Home office suppliers
- Businesses that offer reduced face-to-face meetings, such as online transactions, videoconferences, self-service functions, and vending machines
- Domestic goods suppliers
- Security and safety suppliers
- Personal wellbeing goods and services

For more information on the economic effects of pandemic, refer to Erik Bloom’s “Potential Economic Impact of an Avian Flu Pandemic on Asia,” and Sherry Cooper’s “An Investor’s Guide to Avian Flu,” noted in the References section of this Index.

[end of excerpt from *Annotated Index*]
**Common Reactions:**

a) “It won’t really happen, it’s exaggerated” → We don’t know when this will occur or how it will play out, but historical records, current transmission patterns and viral genetic changes do suggest we should prepare ourselves; there is little reason (more like no reason) to believe we will avoid this.

b) “Health authorities tell us what to do” → Health care workers will be much too busy caring for the very ill such that it will be up to each of us to care for the mildly and moderately ill and to keep our communities functioning.

**Price of Complacency:** If the Church remains complacent or finds itself apparently taken by surprise by events for which significant forewarning has been given, it will, in many eyes continue to be of no relevance to society. It is unfortunate that despite the fact that it is the Church that over the centuries established many of the medical institutions we now have, most people will probably not even notice if the Church sleeps through this. An incredible opportunity to be Christ’s hands and feet will be missed.

**Early benefits of Preparation** (i.e. prior to pandemic): Through preparing ourselves for service we will become better equipped to love both “the saints” and our neighbours and even the simple act of demonstrating to those around us that we care enough to be planning for their welfare will likely draw people to the Great Physician.

**Later benefits of Preparation** (i.e. following a pandemic): We do not really know what our current healthcare system might look like following a pandemic, other than taxed to the limit, possibly beyond. Recognizing that an individual’s health is linked to the community’s health, there is much the Church can learn about Community Health Education. Many churches worldwide have greatly impacted their neighbourhoods in this manner and have in turn themselves grown.

**What the Church can do:** First, PRAY. Then pray some more! While many plans can be made at leadership “macro” levels, the response will by necessity be on a “micro” level as I care for my family and neighbours and as you do the same. Thus, the Church needs to educate, equip and encourage its people to love their neighbours before, during, and following the next influenza pandemic.

**Current Networking:** It is first of all to be recognized that several networks of Christian leaders are starting to address this important issue. This particular network grew out of the drafting of a booklet entitled *Of Churches, Pandemics, and Emergency Preparedness*… Both the booklet and the website were introduced in the context of Missions Fest Vancouver 2006. A basic vision for a church response to a pandemic having thus been cast, with a basic tool to aid communication in place, this network has subsequently grown from five to fifty participants.

**Proposed model of church response:** Considering that hospitals will probably be working at full capacity simply treating the very ill, the mildly and moderately ill will likely need to be cared for at home. Most such home care will be very basic nursing care (hydration, feeding, general care). Anxiety will likely be compounded due to the disruption of normal social and economic activities. Individuals and family units wanting to look out for their own interests will probably be most effective in this if they actually connect with their close neighbours, forming small groups for the purpose of mutual assistance…
Possible tasks for church-initiated mutual assistance groups (MAGs):

1. The fear of the unknown has historically set pandemic response efforts apart from “normal” emergency response (as I try to help others, will I bring this home to infect my family?). Concise, clear, authoritative, relevant, and current information will be essential to an effective response. MAGs can act as channels for such ongoing education as is deemed necessary. Be it noted: while many may die, the vast majority will survive.

2. If the normal caregivers in a household are ill and unable to go out, who will ensure there is food in the house for the family? An agreement between neighbours in a MAG could include at a minimum a daily phone call to check in on each other and to ensure that there is “food left on the doorstep” if needed.

3. It would not be surprising if schools were closed. In an already disrupted workplace due to high rates of absenteeism, how then should parents address such new childcare issues? MAGs could include plans for shared childcare.

4. In a time when people may want to isolate themselves from others for fear of contagion, finding ways of fostering a sense of community will be most valuable. Pastoral care, i.e. caring for each others emotional and spiritual needs, will to many people be as important if not more so than medical care.

Probable tasks for churches:

1. It is quite possible that, under authority given to medical health officers in a pandemic situation, churches, as places of public gathering, will be asked to stop meeting together. Even if this does not happen as such, many individuals will almost certainly elect to avoid such settings where the risk of transmission of disease is higher. Thus churches need to adapt facilities and operations so as to minimize spread of disease. Churches also need to consider alternatives to traditional congregational meetings, possibly even shifting to a “fully functional” house-church model. Training of new leaders with this in mind should be considered. Telephone, and internet-based communication capacity should be strengthened; radio and television should be explored.

2. According to current federal, provincial and regional pandemic influenza plans, churches may be called upon to serve as “non-traditional sites” for healthcare delivery. This could include anything from triage site for the newly ill to convalescent holding facility, from feeding centre to housing for first responders to call centre for psychological support…

Next steps for church preparation:

1. Consultation process: A meeting of currently identified leaders is planned for May 2006
2. Formation of provincial leadership teams: These teams would ideally include a pastor, a doctor, a nurse, and an educator; their purpose is to facilitate the training of trainers.
3. Training process and materials: A Community Health Education (CHE) model is envisioned, based on the that pioneered by Medical Ambassadors International; development of pandemic-specific material is needed.
4. Communications: Practical mechanisms and networking tools to enable the brokering of resources at a peer-to-peer level (including ideas, people, funds, relationships and strategic collaborative initiatives) are needed.
5. 30-day countdown: Once a pandemic is declared, there might be a month left before it “arrives” locally: week 1—prayer and fasting; week 2—training of municipal leaders; week 3—training of local congregation leaders; week 4—training of MAG leaders.
6. First nations, new immigrants, elderly, future health care: Need special consideration.
Pandemic Flu Prep – Family Checklist

(thanks to Dr. G. Arsenault)

Work
✦ Can you work from home?
✦ How will your business manage during a pandemic? (More work, or less work?)
  o If more work, how will your family be cared for when you can’t be there?
  o If less work, how will you manage with less or no income?

Basic supplies (at least 2 weeks worth, more is better)
✦ Food that doesn’t need to be frozen or kept in the fridge
✦ Pet food, if you have pets
✦ Usual medications
✦ Toilet paper, tissues, hand soap, hand sanitizer, laundry detergent, dishwashing soap, dishwasher soap, bleach
✦ Anything else you buy regularly (shampoo, toothpaste, etc.)
✦ A stock of bottled water, or a rain barrel

School or daycare
✦ Is your school set up for distance education or can you do home-schooling?
✦ If school/daycare closes, how will your child(ren) be cared for?
✦ How will you keep your child(ren) safe, busy, and entertained?

Supplies in case someone gets sick
✦ Soup, juices, electrolyte drinks (Gatorade, Gastrolyte, etc.)
✦ Easily prepared food
✦ Thermometer
✦ Acetaminophen
✦ Masks, goggles, gloves
✦ Gowns or something that can be used as gowns

Services
✦ During a pandemic, health care, banks, stores, restaurants, government offices, postal service, the bus, taxis, and other services may be unavailable.
✦ What services do you and your family use regularly?
✦ How will you manage if these services are not available?

Support networks
✦ Who will look after you if you get sick?
✦ Who will look after your family if you get sick?
✦ Who will need your care if they get sick?

Habits
✦ Wash or sanitize your hands often, and always after coughing, sneezing, nose-blowing, or taking off a mask
✦ Cough and sneeze into tissues or into your upper sleeve, not into the air
✦ Keep the lid down on the toilet and toothbrushes and cups 1 meter from the toilet
✦ Regularly sanitize frequently touched surfaces at home, school, and work, with 1 part 5% bleach to 50 parts of water, or 60-90% rubbing alcohol, or a commercial cleaner.
✦ Use virus-safe greetings: bow, wave, touch elbow-to-elbow – don’t shake hands or touch other people with your hands
✦ Get vaccinated against regular influenza every year
✦ Check to see if you need a vaccination against pneumococcal disease, and get it if you do Stay home when you’re sick
✦ Wear a mask if you’re sick and have to go out

Chlorinating clean rain water
• Put in a jug or bottle
• Add 5% household bleach
  ~0.1 cc to litre of water
  ~1 cc to 10 litres of water, or
  ~5 cc = 1 tsp to 50 litres of water
• Mix
  The water should smell very slightly of chlorine
• Let stand at least 30 minutes

Home-made rehydration drink
• 1 litre (= 4 cups) of water
• 8 level teaspoons sugar
• 1 level teaspoon salt
• ½ cup orange juice

If the pandemic starts
• Listen for regular news updates and advice
• Go out as little as possible
• Wear a mask when you do go out
APPENDIX 4

Church Preparedness Checklist
A Guide for Planning

PROJECTSafetNet.ca
January 2007

Adapted by the Vancouver Church Pandemic Preparation Working Group
from the Centers for Disease Control document: January 9, 2006 Version 1.1
Faith-based and Community Organizations Pandemic Influenza Preparedness Checklist
Pandemic Influenza

Church Preparedness Checklist

A Guide for Planning

PROJECTSafetyNet.ca

January 2007

Adapted by the Vancouver Church Pandemic Preparation Working Group
from the Centers for Disease Control document: January 9, 2006 Version 1.1:
Faith-based and Community Organizations Pandemic Influenza Preparedness Checklist
## 1. Plan for the impact of a pandemic on your church and its mission:

### Church Preparedness Checklist

**A Guide for Planning**

**January 2007**

Adapted from the 
Centers for Disease Control document 
(dated January 9, 2006 Version 1.1):

**Faith-based and Community Organizations Pandemic Influenza Preparedness Checklist** 
(Available at: [http://www.pandemicflu.gov/plan/pdf/faithbasedCommunityChecklist.pdf](http://www.pandemicflu.gov/plan/pdf/faithbasedCommunityChecklist.pdf)) and from other sources

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Assign key individuals to a Preparedness Planning Group with the authority to develop, maintain, and act upon an influenza pandemic preparedness and response plan. The plan should provide the following: A) An open and frank assessment of the options facing your church in respect of an influenza pandemic; B) Church preparation to meet the religious and pastoral needs of the community at that time; and C) Confidence in the community that your church is prepared for such a national disaster.

Determine the potential impact of a pandemic on your church’s activities and services. Recognize the potential scale of the outbreak—its possible duration, peaks and waves. Consider how municipal, provincial and federal government guidelines regarding local, provincial and nationwide actions will impact your church activities, and how you might respond. Plan for situations likely to require increasing, decreasing or altering the services your church delivers. For instance: A) Do you keep the church open for services and regular activities to enable the healthy and recovered to receive spiritual support and healing during such traumatic events; B) Do you close the church to minimize the risk of infection from people who are infected but not symptomatic, and who are therefore able to spread infection without realizing it; or C) Do you plan for alternative approaches to maintain ministry while minimizing risk of infection?

Determine the potential impact of a pandemic on outside resources and activities on which your church depends to deliver its services (e.g. giving, supplies, travel, international programs, etc.).

Determine the potential impact of a pandemic on those who depend on your services, local and international (e.g. local: members, adherents, neighbours, other users of the facility, etc.; and international: missionaries, supported projects, etc.).

Outline what the organizational structure will be during an emergency and revise this periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.

Noting age groups that may be most vulnerable and the age grouping of your pastors, workers and congregation, consider the possible impact pandemic influenza could have on you. Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your church’s work during a pandemic. Include back up plans and cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work. Utilize retirees in your plan.

Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.
## 2. Communicate with and educate your staff, members, and people in the communities that you serve:

Acquaint your planning group with national, provincial, local health authority and, especially, local government influenza pandemic preparedness and response plans\(^1\), \(^2\), \(^3\), \(^5\), \(^6\), \(^28\). Know how your preparedness and response plan can complement that of your local government. Avoid unnecessarily trying to prepare for, or duplicate, services that are already covered in other plans for your area. Find up-to-date, reliable pandemic information and other public health advisories from the Public Health Agency of Canada\(^1\), Province of BC\(^2\), BC HealthGuide HealthFiles\(^4\), \(^15\), BC Centre for Disease Control\(^3\), Vancouver Coastal Health\(^5\) and Fraser Health\(^6\) and the US Centers for Disease Control\(^7\) (Note: Similar resources are available for other provinces and health authorities/boards). Make relevant information from this available to your church and others. With reference to your local health authority and local government emergency plans, and plans and examples of church response\(^5\), \(^6\), \(^11\), \(^13\), \(^21\), \(^25\), \(^28\), adopt, adapt or develop:

- 'User friendly' versions of relevant health agency and governmental literature for distribution to staff and congregation;
- Training protocols for pastors and lay workers who will need specific training in hygienic precautions to reduce the risk of infection. This should include training materials and plans for training delivery; and
- Protocols to identify and train volunteers among the congregation to take on responsibility to provide supportive care for individuals and families affected by illness\(^13\), \(^14\), \(^15\), \(^17\).

Identify key contacts with local health authorities and local government for liaison, information and consultation\(^5\), \(^6\), \(^11\), \(^13\), \(^14\).

Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (e.g. respiratory hygiene and cough etiquette), family preparedness plans, and how to care for ill persons at home\(^3\), \(^5\), \(^6\), \(^15\). Taking into account what age groups may be most vulnerable, consider the age profile of your pastors, other staff and congregation and the possible impact on you. Utilize toolkits from local health authority influenza pandemic plans\(^5\), \(^6\), \(^15\), \(^20\), \(^23\).

When appropriate, include basic information about pandemic influenza in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements). Keep basic health messaging consistent with local health authority messaging\(^14\), \(^15\).

Share information about your pandemic preparedness and response plan with staff, members, and people in the communities you serve\(^21\).

Develop tools to communicate information about pandemic status and your church’s actions. This might include websites, flyers, local newspaper announcements, pre-recorded, widely distributed phone messages, etc.\(^20\).

Consider your church’s unique contribution to addressing rumors, misinformation, fear and anxiety. Avoid confusion by keeping your health messaging consistent with local health authority messaging\(^3\), \(^5\), \(^6\), \(^15\), \(^16\).

Advise staff, members, and people in the communities you serve to follow information provided by local and provincial public health authorities, local government and emergency management agencies\(^5\), \(^6\), \(^27\), \(^28\).

Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members, and people in the communities you serve\(^15\), \(^16\), \(^24\).
### 3. Plan for the impact of a pandemic on your staff, members, and the communities that you serve:

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
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<tbody>
<tr>
<td>Plan for staff absences during a pandemic due to personal and/or family illness, quarantine or home isolation and due to school, business, and public transportation closures. Planning should consider full-time, part-time and volunteer staff.</td>
<td>Not started</td>
</tr>
<tr>
<td>Encourage yearly influenza vaccination for staff, members, and people who are eligible for publicly funded vaccine in the communities you serve. Encourage annual influenza vaccination for staff. Consider employer funding for annual influenza immunization for those employees not eligible for publicly funded vaccine.</td>
<td>In progress</td>
</tr>
<tr>
<td>Consider access to needed services, such as mental health and social services, for your staff, church members, and people in the communities you serve during a pandemic; improve access to these services as needed.</td>
<td>Not started</td>
</tr>
<tr>
<td>Identify people with special needs (including, but not limited to the elderly, people with disabilities, families with limited English and single parent families) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
### 4. Set up policies to follow during a pandemic:

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<th>Not started</th>
<th>In progress</th>
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</table>

Set up policies for staff leave, without penalty, for personal illness or care for sick family members during a pandemic\(^{16, 20}\).

Know how to check local health authority recommendations about staying home when ill, quarantine, home isolation, working and travelling. Set up mandatory sick-leave policies for staff members suspected to be ill, or who become ill at the worksite or who need to be away from work in accordance with other health recommendations. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty\(^ {5, 6, 15, 19, 27}\).

Set up policies for flexible work hours and working from home\(^ {16, 20}\).

Evaluate your church’s usual activities and services (including religious rites and practices) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than visit in person). Such policies should be consistent with local health authority recommendations. Assess all your options to ensure that the course of action taken by your church maximizes the support provided to your congregation and community\(^ {19, 20, 26}\).

Follow Public Health Agency of Canada (PHAC)\(^ {9}\) and Centers for Disease Control (CDC)\(^ {8}\) travel recommendations during an influenza pandemic. Review World Health Organization (WHO)\(^ {10}\) travel recommendations for additional international recommendations or advisories. Recommendations may include restrictions on travel to affected domestic and international sites, recall of non-essential staff working in or near an affected site when an outbreak begins and distribution of health information to persons who are returning from affected areas. If your church supports individuals to serve in other areas of the world, keep aware of sending organization decisions/needs regarding their relocation, return or other action recommended in response to influenza outbreaks in or near those areas\(^ {27}\).

Set procedures for: 1) Activating your church’s response plan when an influenza pandemic is declared by public health authorities; and 2) Altering your church’s operations accordingly\(^ {25}\).
5. Allocate resources to protect your staff, members, and people in the communities that you serve during a pandemic:

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Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained. Make determinations in accordance with local health authority recommendations\(^3, 5, 6, 17, 18, 22\).

Consider focusing your church’s efforts during a pandemic on providing services that are most needed during the emergency (e.g. social services, mental and spiritual health)\(^{17, 18, 24, 25}\). Plan to coordinate/cooperate with local governments and local health authorities\(^5, 6\) whenever possible in providing additional social service in the community (see 6. below).
6. Coordinate with external organizations and help your community:

Understand the roles of federal, provincial, local health authority and emergency responders\(^{1,2,5,6,12}\) and what to expect and what not to expect from each in the event of a pandemic.

Work with your local health authority\(^6,6\) (mainly through interaction with your local government), emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide. Inform them of your preparedness and response plan and what your church is able to contribute. Take part in local health authority\(^6,6\) and local government planning, as appropriate. Assign a point of contact to maximize communication between your organization and your local health authority and local government. Investigate and discuss with these agencies as to whether or not clergy or staff supporting clergy will be designated as key workers during a pandemic and eligible to receive anti-viral drugs and vaccination as a priority. Advocate that faith communities are agents of social cohesion, and therefore during times of national emergency, their continued work in providing pastoral care, counseling those who are traumatized, ministering to the sick and dying, conducting funerals and providing bereavement follow-up is essential.

Understand your local situation and means of access so you are able to coordinate with emergency responders and local healthcare facilities for optimal availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and people in the communities you serve. [Note the valuable access to a registered nurse, available in BC through calling the BC HealthGuide NurseLine\(^4,15\): 24/7 availability with services for the hearing impaired and comprehensive translation services available at 604-215-4700 or 1-866-215-4700 (or 1-866-889-4700 for the hearing-impaired)].

Share what you learn from developing your preparedness and response plan with other churches and church organizations to improve community response efforts.

Work together with other Faith-Based and Community Organizations in your area and through networks (e.g. denominations, associations, etc.) to help your communities prepare for pandemic influenza. Ensure that the church plays a practical and proactive role in protecting and assisting your community when confronted with this national emergency.
APPENDIX: Internet Website References:


3. BCCDC: [http://www.bccdc.org/content.php?item=150](http://www.bccdc.org/content.php?item=150)


6. Fraser: [http://www.fraserhealth.ca/HealthInfo/PublicHealth/PandemicInfluenza/Pandemic+FH+Prepares.htm](http://www.fraserhealth.ca/HealthInfo/PublicHealth/PandemicInfluenza/Pandemic+FH+Prepares.htm)


11. City of Coquitlam: [www.coquitlam.ca/Residents/Public+Safety/Emergency+Preparedness/default.htm](http://www.coquitlam.ca/Residents/Public+Safety/Emergency+Preparedness/default.htm) for Disaster Response Plans; Emergency Social Services; Emergency Supply Information; Emergency Amateur Radio Information; et al

12. Arrange for pastors/lay workers to attend such courses as the Congregational Preparation for a Medical Emergency or Epidemic/Pandemic – a presentation of Thanatological Education Resources Center and Asbury Online Institute [http://www.tearcenter.com](http://www.tearcenter.com) and [www.aoi.edu//tear_wsmd.htm](http://www.aoi.edu//tear_wsmd.htm)

13. For example, the City of Burnaby Website [www.city.burnaby.bc.ca/residents/safety/emrgnc.html](http://www.city.burnaby.bc.ca/residents/safety/emrgnc.html) for information on the following: Burnaby Emergency Program, Emergency Program Coordinator, Pandemic Influenza Information, Emergency Social Services

   BCCDC: [http://www.bccdc.org/content.php?item=150](http://www.bccdc.org/content.php?item=150)

15. Use the BC HealthGuide and the BC HealthFiles listed below as resources:
   - Staying Healthy During a Pandemic – [www.bchealthguide.org/healthfiles/hfile94b.stm](http://www.bchealthguide.org/healthfiles/hfile94b.stm)
   - Self-Care During a Pandemic – [www.bchealthguide.org/healthfiles/hfile94c.stm](http://www.bchealthguide.org/healthfiles/hfile94c.stm)
   - BC NurseLine phone numbers for access to a registered nurse: Toll-free in BC 1-866-215-4700; In Greater Vancouver 604-215-4700; Deaf and Hearing-impaired 1-866-889-4700

   - Routine pastoral care procedures adapting to the need to practice measures for effective prevention of the spread of disease
   - How community and worship practices can be changed to reduce virus transmission
   - Dealing with expected Employee Absenteeism
   - Keeping informed and proper communication strategies
   - Creation of a Cross-Functional Church Leadership Team
   - Instituting Quarantine and Stockpiling Policies

17. Use and refer to the Justice Institute of BC website [http://www.jibc.bc.ca/emergency](http://www.jibc.bc.ca/emergency) for programs/services/courses preparing the Church Pastoral and Other Staff in the areas of:
   - Emergency Management
   - Neighborhood Emergency Preparedness
   - Health Emergency Management
   - Emergency Support Programs
   - Emergency Social Services

19. Refer to the website of the Bishop of Lancaster Pastoral Planning for a Flu Pandemic www.lancastercatholic.org.uk/bishop/Pastoral_planning_for_a_flu_pandemic_RevNickDonnelly.pdf sections dealing with:
   - What could be the impact on the Sacramental and Pastoral Life of our Community Option A - Keeping the Churches Open; Or Option B - Closing the Churches?
   - How do we make the decision between Option A or B?
   - How will the Government’s National Plan impact on the Church?
   - How do we maintain the Sacramental and Pastoral Care of the Sick?

20. Refer to the Annotated Index entitled Managing Pandemic Influenza A Guide for BC Industry and Commerce from the following website: www.health.gov.bc.ca/pandemic/industry.html sections dealing with Absenteeism; Antiviral Medications; Employment Policies; Immunization; Infection Countermeasures; Isolation/Masks; Quarantine/Recovery; Vaccine; et al

21. Refer to the Christian Emergency Network Website: www.christianemergencynetwork.org specifically the section dealing with Church Safety and Security

22. Refer to Homeland Defense Journal website for a detailed listing of recommended supplies needed for pandemic preparedness such as various equipment; general supplies; vaccine administration supplies; communication equipment; and emergency kit supplies. See http://www.homelanddefensejournal.com/pdfs/PandemicReportSurvey.pdf


24. Refer to http://www.elca.org/disaster/pandemic/faithfulresponse.asp sections dealing with Responding Faithfully to Pandemic Flu; Congregational Life; and Health Care and the Church. Learn about special pastoral care needs during disaster and emergency www.elca.org/disaster/resources including: 1) Partner with nearby congregations to share resources; 2) Consider the special needs of the most vulnerable people in your congregation and community; 3) Reach out to community groups and public health officials to offer your congregation as a resource.

25. Refer to the Preparing for Disaster: A Guide for Lutheran Congregations website http://www.elca.org/disaster/resources/PreparingCong.pdf Sections 4 - Training Church Staff for Preparedness and Response; 5 Prepare to Serve Congregational Members; 6 Prepare to Serve Your Community and 9 Your Congregation’s Ministry during Disaster.


27. Refer to the Church World Service Emergency Response Program website at http://www.cwserp.org/training/guidebook/sec01.php that includes:
   - Why, What & How—Cooperative Faith-Based Disaster Recovery In Your Community PDF (75K)
   - Planning, Prevention, & Mitigation—The Religious Community as Disaster Educator PDF (82K)
   - Bringing God’s Presence to Trauma Victims—The Disaster Response Chaplain (PDF 68K)
   - Spiritual Care: Bringing God’s Peace to Disaster PDF (272K)

28. BC Provincial Emergency Program:
http://www.pep.bc.ca/hazard_preparedness/Disease_Outbreaks.html
Hi! My name is ______________________ and I attend ____________________
Church in your community. For some time we have heard reports of a Pandemic Influenza
becoming a reality. Our church is joining efforts with the health authorities and other churches in our
community to be prepared in the case of an out-break. We know the church can play a vital role to
assist in the care of our neighbours and planning in advance will greatly increase our effectiveness.
Communication is going to be critical to track those in our neighbourhood who might become ill and
need assistance. May I ask a few questions that would help the church assist you and your family
should an emergency arise? Thank you.

FAMILY NAME ________________________________________________

ADDRESS __________________________________________ PHONE __________

EMAIL ADDRESS ________________________________________ FAX __________

HOME CHURCH __________________________________________ PHONE __________

PASTOR __________________________________________________

OCCUPATION/S ____________________________________________

FAMILY MEMBERS: Number in household ________

    Seniors: _____ Adults: _____ Teen-agers: _____ Children: _____ Pets: _____ / _____

    English Spoken: Yes _____ No _______ English Written: Yes _____ No _______

    Other language(s): _________________________________________________

    Special Medical Needs: ____________________________________________

CONTACT PERSON IN CALGARY ____________________________ Phone __________
Our **Mission** is to prepare the church for a Influenza Pandemic by providing education, resources and the biblical foundation by equipping the 'saints' to be ready to respond in love to members in their community.

Our **Vision** for Pandemic Preparedness is for Christians and churches to identify the needs of the communities in which we live and to be willing to respond in relevant ways which will reconnect us as a vital part of total community care showing Christ’s Love in action.

Church:__________________________________________________________________________________

Address:_________________________________________________________ PC ______________________

Email:_________________________________________________________ Phone Number:____________________

Pastor/s:_________________________________________________________________________________

Facility Manager:_________________________________________________ Phone Number:____________________

Programs presently in place:

- □ Small Groups – Number _______ Service Orientated - Yes/No
  
  Contact person:____________________________

- □ Inn from the Cold
  
  Contact person:____________________________

- □ Food Bank
  
  Contact person:____________________________

- □ NeighbourLink Affiliation
  
  Contact Person:____________________________

- □ Emergency Committee
  
  Contact Person:____________________________

- □ Child Care
  
  Contact Person:____________________________

- □ Parish Nurse on Staff
  
  Contact Person:____________________________

- □ Communication Staff
  
  Contact Person:____________________________

- □ Other areas we could assist:_______________________________________________________________