



Monday, February 15, 2021

Dear Friends

Thank you to all of you who participated in the UPCSAs Day of Prayer and Fasting on 11th January 2021. It seems that we have crossed the high point of the second wave and the numbers of infections, hospitalisations and people in ICU are dropping steadily. We thank God for this answer to our prayers and we note that it is interesting that 11th January was something of a turning point in this second wave, particularly in South Africa, and it looks like that trend is also being seen in the other countries in which the UPCSAs is active as well.

In this month's letter, I want to focus on the issue of vaccines. While each country in which the UPCSAs has congregations will have a different vaccine roll out strategy, I want to address the issue of vaccines in principle. The SACC put out a very helpful document which was compiled by an ecumenical task team entitled, "SACC Position Statement on the Church and the COVID-19 Vaccine". In this document the SACC deals with some of the misconceptions about the COVID-19 vaccine, including, COVID-19 vaccine and 'mark of the beast'; 5G and its implications on COVID-19; Coronavirus was made in a lab; Vaccine and population control; Vaccine and DNA and Vaccines are made from aborted foetus. I would suggest that people access that document if they are interested in these various topics.

Many members of the UPCSAs might have concerns about the safety of COVID-19 vaccines. We must realize that the various pharmaceutical companies that have developed vaccines have done extensive research and conducted large-scale trials to determine the safety and efficacy of the vaccine. Some people are concerned about the speed at which these vaccines were developed. What we must note is that most vaccines are not financially viable to produce and the development of a vaccine is usually not financially supported by governments. So, the development of new vaccines is not a top priority for most diseases. However, in the case of COVID-19, because of the extremely disruptive nature of recurring lockdowns on the economy, many countries have financially contributed to the development of the vaccine and committed themselves to paying for the vaccine once developed. This has enabled the vaccine to be developed in record time, but no corners were cut with regards to safety and testing. Millions of people have received these vaccines across the world and very few have had an adverse reaction.

We must note that certain side effects have been reported, such as fever, nausea, vomiting, muscle aches, fatigue and headaches. Most of these side effects occur within the first two or three days after vaccination and last only one to two days. These adverse side effects are, in the most part, the body's immune response to the vaccine. All the vaccines are safe and effective in dealing with the virus and the side effects are worth the effort to save lives.

We have lost too many lives and livelihoods because of this pandemic. COVID affects the dignity of human life, forcing people to be admitted to hospital and to suffer alone. Those who succumb to the virus are condemned to die alone; their loved ones are unable to be with them in their time of death or after. Funerals are stark and sterile affairs, marked by limited numbers, social distancing and restricted time. Many have lost their income or their employment and are struggling to find alternative sources of income or new work opportunities.

If we are to save lives and livelihoods, we must take the responsibility to create an environment in which we treat one another with love, and we need to demonstrate that love and compassion by making sure that we take the vaccine and encourage others to do so as well. As the SACC document points out,

"Getting vaccinated against the Coronavirus ought to be understood as an act of charity towards other members of our community. Jesus said: 'I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another.' (John 13:34-35). Thus, being vaccinated should be considered an act of love of our neighbour; for it ensures that we shall not be the cause of the infection and suffering of your loved ones. Thus, it is part of our moral responsibility for the common good. Protecting the health of the community takes precedence over individual ideologies. The guiding principle should be the Jesus cause 'that they may have life'; saying, 'I will take the vaccine not only for what I hope will be the good of my own health, but for others as well.'"

We need to create the space for everyone who wants to receive the vaccine to be able to do so. While the vaccine is going to be rolled out in a phased approach, there is a real concern, arising from the patterns of service delivery in South Africa, that people in the townships, the unemployed, the poor and those in the rural areas will be right at the back at the queue. We need to ensure that every single person should be able to access the vaccine within a reasonable time. With that in mind, I would plead with congregations to make their buildings available to the health departments as vaccination centres.

Ministers and elders have a crucial role to play in advocating for the vaccine and in getting people to agree to receive the vaccine. We need to be saying, publicly and prominently that we support the vaccine and when our people see us leading the way, they will surely follow and public trust in the vaccine will grow. Ministers and elders in local congregations should volunteer to have the vaccine as early as possible and make it clear that they have done so in public and on social media.

There are two inter-connected means of curtailing the spread of this virus. The first are the so-called non-pharmaceutical interventions and precautions such as wearing masks, sanitizing, maintaining physical distancing, adequate ventilation when inside and socialising outside in the open air whenever possible. The second, the more enduring solution that will allow us to begin to function again more normally, entails the vaccination of enough (about 67%) of the population to stop the virus spreading due to population immunity. If we are to return to some form of worshipping community, we need to encourage our congregants and their loved ones to take the vaccine. We need to help people who may have misconceptions and misgivings about the vaccine to address their fears and overcome them. When that happens, we can shift attitudes from suspicion to confidence.

God's richest blessings for this what lies ahead, May the Lord Christ bring healing, hope, peace, joy, and love to you, your congregation, your community, and the whole earth.

Your partner in the gospel

A handwritten signature in blue ink, appearing to be 'Peter', with a large, stylized loop at the end.

Peter