

FAQ on Interpretive Memo on Ethical Standards for Ministry Personnel and COVID-19 Vaccination Status



Background

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The United Church of Canada recognizes that ministry personnel in the course of their ministry may be at risk of infection, and that many persons to whom its ministry personnel provide pastoral care are susceptible to infection and severe outcomes from COVID-19.

Public health authorities have confirmed that COVID-19 vaccinations reduce the likelihood of the most severe symptoms of the disease in the event of contraction.

The goal of this COVID-19 Vaccination Expectation therefore is to maximize COVID-19 vaccination rates among our ministry personnel.

Why is the Office of Vocation producing this interpretive memo?

As the whole church continues to respond to the COVID-19 pandemic, the Office of Vocation is working within its authority to name an expectation for all ministry personnel who are actively serving. This work is complementing local advice being provided by regional councils and regulations being introduced by some communities of faith. It is another tool to support the faithfulness and effectiveness in ministry practice. We are all working together to ensure the safety of our ministry personnel and the ministries they serve.

Who are included in the term “ministry personnel”?

“Ministry personnel” is a general term that refers to members of the order of ministry, designated lay ministers, candidates serving under appointment, admission ministers serving under appointment, diaconal supply, and ordained supply. (*The Manual C.1*)

What will happen now if I’m unvaccinated?

The Office of Vocation will deal with a concern brought forward about your unvaccinated status as a potential breach of an ethical standard.

This course of action ideally would be the last step in a series of sensitive discussions on this issue. A discussion with your Ministry and Personnel (M&P) Committee likely would be the first step. Thereafter, it may be elevated to your regional council staff. Finally, the concern may be escalated to the Office of Vocation. Depending on your ministry context, the need to be fully vaccinated against COVID-19 may be a *bona fide* occupational requirement. As leaders in our communities, ministry personnel have a role in setting the example of being fully vaccinated.

Will the Office of Vocation consider my reasons for being unvaccinated when dealing with a concern about my unvaccinated status?

Yes, in the event the Office of Vocation receives a concern about a minister's unvaccinated status, the ensuing investigation, as usual, will take the context of the ministry into account.

Can I agree to undergo regular COVID-19 antigen testing, at my expense, instead of being vaccinated?

This is something you can discuss with your M&P Committee. If you have worked out mutually agreeable local strategies to ensure safety for yourself and those in the community of faith, those will be considered by the Office of Vocation in the event a concern is brought forward.

Depending on local public health regulations, ministry personnel may be required to be fully vaccinated to enter acute health care facilities, long-term care homes, and other facilities. In those instances, antigen testing may not be sufficient to allow you to perform the functions of ministry in these settings.

What if I cannot receive the vaccine for medical reasons?

If you cannot receive the vaccination for a medical reason, confirmed by your treating medical practitioner, you will be exempted from this expectation. In these circumstances your M&P will engage in the accommodation process with you to explore ways you may be able to continue to perform those functions of ministry during this pandemic, which, among other measures, may include you submitting to regular COVID-19 antigen testing for your protection and that of the congregants you serve.

What if I have a religious exemption?

United Church ministry personnel are not eligible for an exemption to this expectation based on religious grounds.

The United Church is supportive of vaccination as a way to end the COVID-19 pandemic. As outlined in the theological background in the memo, being fully vaccinated against COVID-19 is one tangible way that we can respond to the commandment of Jesus to love our neighbour.

The interpretive memo is consistent with messages from the Moderator encouraging vaccine advocacy. It is consistent with the Gifts with Vision campaign to sponsor vaccinations through our global partners.

What if I am asked to write a letter for a religious exemption for a member of my congregation or another person?

The [Ontario Human Rights Commission](https://ohrc.on.ca/en/news_centre/ohrc-policy-statement-covid-19-vaccine-mandates-and-proof-vaccine-certificates) expressed well the difference between a religious exemption and “personal preferences and singular beliefs” not being protected (ohrc.on.ca/en/news_centre/ohrc-policy-statement-covid-19-vaccine-mandates-and-proof-vaccine-certificates).

As the Creed of the United Church does not support a religious exemption, ministry personnel cannot provide documentation establishing a religious exemption to members of their communities of faith or the wider community. Doing so would exceed the authority of a ministry personnel. Concerns about this activity will be considered an alleged breach of the Ethical Standards for Ministry Personnel (6d) by the Office of Vocation and dealt with accordingly.

What about my privacy? Isn't my health information private? Can I refuse to disclose my vaccination status to my M&P Committee or the Office of Vocation?

The Office of Vocation is not collecting vaccine certificates or accessing vaccine passports for ministry personnel.

Requiring active ministry personnel to share their COVID-19 vaccination status is reasonable and justified during this pandemic.

What if I am hesitant to receive a COVID-19 vaccine because of my cultural background?

See [background document](#) attached.

Ministers who may have vaccine hesitancy based on significant cultural and historic reasons should enter into dialogue with the pastoral charge with whom you are in covenant as outlined above. Communities of faith engaging in these conversations should brief themselves using the background document or other resources, consult their regional council, and be empathetic in dealing with this expectation.

Is this a temporary interpretation?

Yes, this is a temporary interpretation while we continue to struggle with the COVID-19 pandemic.

Who do I show my vaccine certificate/passport to? My Office of Vocation Minister?

The Office of Vocation is not collecting vaccine certificates or accessing vaccine passports for ministry personnel. Your Office of Vocation Minister does not need to see your vaccine certificate. However, your community of faith may set further policies that could require you to produce these documents to your Ministry and Personnel Committee.

What does it mean to be fully vaccinated?

The expectation named in the interpretive memo will be understood in ways that are consistent with current public health advice.

Is requiring me to share my vaccination status against my human rights?

No. Recently the Ontario Human Rights Commission clarified that

the OHRC takes the position that mandating and requiring proof of vaccination to protect people at work or when receiving services is generally permissible under the Human Rights Code (Code) as long as protections are put in place to make sure people

who are unable to be vaccinated for Code-related reasons are reasonably accommodated. This applies to all organizations. (ohrc.on.ca/en/news_centre/ohrc-policy-statement-covid-19-vaccine-mandates-and-proof-vaccine-certificates)

What is the difference between an interpretive memo and a denominational policy?

This interpretive memo links the expectation of ministry personnel being fully vaccinated to an existing policy—the Ethical Standards for Ministry Personnel. When required, the Board of Vocation may issue other interpretive memos on other standards for ministry personnel.

Does this apply to lay employees in communities of faith?

The Office of Vocation yearns for faithful, well-equipped, effective ministry personnel. This memo is only for ministry personnel. On advice of regional councils, local communities of faith can develop their own regulations for lay employees.

Background Document re Vaccine Hesitancy

The word “ubuntu” is from southern Africa and it means “humanness.” A person who has ubuntu shows concern, humanity, and compassion toward others.

The word “ubuntu” has come to be used many times in our liturgy as a United Church of Canada. “A person is a person through other persons” or “I am because we are” or “We are more human because of our community with others.” So engaging with ubuntu is not only about self-realization but also about interacting with other people.

Delaying or refusing vaccination against COVID-19 can threaten our communities, our relations with other people, and public health. It is critical that we reach a level of vaccination among the Canadian population that will result in herd immunity. But it is also important for us to understand why some in our communities are vaccine-hesitant.

As a church, we understand that vaccine hesitancy is found especially where trust has been eroded by systemic racism and discrimination, including in the healthcare system and health research. There are historical instances of unethical healthcare research in Black populations, for example (one example is the Tuskegee trials between 1932 and 1972, which infamously captured the abuse of Black men used in studies of syphilis and the associated cure); underrepresentation of minorities in health research and vaccine trials; concerns about side effects; and negative experiences with the healthcare system particularly among Black, Indigenous, and other racialized people.

We recognize the historical mistrust of government and public health bodies that runs deep in some racialized, minority groups. There is no ignoring the historical trauma due to biomedical science abuses that have synergistically contributed to institutional and interpersonal distrust.

We are horrified that this kind of thinking exists in recent history. In April 2020, Dr. Tedros Adhanom Ghebreyesus, director general of the World Health Organization (WHO), labelled comments by two French doctors as racist. During a televised debate, the doctors suggested that countries in Africa would be suitable for testing a vaccine for the coronavirus since “there are no masks, no treatments, no resuscitation.” Earlier, one of the doctors stated that similar studies would not work on Australian and European healthcare workers because they had access to personal protective equipment.

We recognize that people who are hesitant on this basis can become further educated by the scientific evidence and satisfied of the vaccines’ safety, efficacy, and necessity. Most importantly, we affirm that they are not “anti-vaxxers.” To this end, we encourage ministers who may have vaccine hesitancy based on significant cultural and historic reasons to enter into dialogue with the pastoral charge with whom you are in covenant. We encourage considerations by ministry personnel for the community with whom they serve, contemplating the ethic of ubuntu as you work toward the fulfilment of our humanness—both through self-realization and communitarianism. This dialogue is the best way to ensure that the pastoral relationship will thrive.

Without this dialogue, there may be brokenness. A breakdown of the pastoral relationship will then need the intervention of the regional council as another member of the covenantal community. Any further necessary steps will be referred to the Office of Vocation as per the established processes.

Sources

BBC News Service, [“Coronavirus: Africa will not be testing ground for vaccine, says WHO,”](#) (6 April 2020).

Laurencin, Cato T., [“Addressing Justified Vaccine Hesitancy in the Black Community,”](#) *Journal of Racial and Ethnic Health Disparities* 8 (2021), 543–546.

Quinn, Sandra, et al., [“Exploring the Continuum of Vaccine Hesitancy Between African American and White Adults: Results of a Qualitative Study,”](#) *PLoS Currents* (published online 29 December 2016).

Razai, Mohammad S., Tasnim Osama, Douglas G.J. McKechnie, and Azeem Majid, [“Covid-19 vaccine hesitancy among ethnic minority groups,”](#) *BMJ* 2021; 372:n513 (published 26 February 2021).