



Canadian Council of Imams (CCI) and Muslim Medical Association of Canada (MMAC)

RATIONALE FOR POSITION STATEMENTS

For Immediate Release

Mon March 16th, 2020 / Rajab 21, 1441 AH

Bismillah hirRahman nirRaheem

In the name of Allah, the Most Gracious, the Most Merciful.

Abundant Peace, Blessings and Salutations upon the Prophet Muhammad (S)

Assalamu Alaikum Wa Rahmatullahi Wa Barakatuh,
May the peace, mercy and blessings of Allah be with you

On the evening of Thursday March 12th, 2020, the Canadian Council of Imams (CCI) and the Muslim Medical Association of Canada (MMAC) issued a joint statement as it related to the COVID-19 (Coronavirus) pandemic, agreeing to strongly recommend the immediate suspension of Friday Jumu'a congregational prayers in all Masjids until further notice, circulate an information pamphlet to our communities and establish a task force to help deal with the considerable impact of this pandemic on Canadian Muslim communities. We also promised to provide an update in the near future. We thank you all for the supportive calls and messages we have received, and welcome and appreciate the criticisms and differences of opinion as well. This is new, uncharted territory for individuals, organizations and governments around the world and there are many uncertainties and questions regarding the future. The decision was made after a rational discussion of various religious and medical considerations. We have summarized and simplified our rationale below intentionally without references or technical details for pragmatism.

The coronavirus disease 2019 (COVID-19) is a respiratory illness first identified in China which has since spread throughout the world. As of March 12, 2020 there were over 130,000 cases with 5,000 deaths in over 100 countries. The World Health Organization (WHO) declared this a pandemic on March 11, 2020. This infection spreads when someone comes in contact with respiratory droplets that contain the virus, such as if someone within 2 metres coughs or sneezes. Most people infected will only experience mild symptoms such as fever, cough or shortness of breath, although these can be indistinguishable from the common cold or flu, making it harder to diagnose without formal testing. Over 70,000 people have already recovered from the virus and one can be infected and not show any symptoms for upto 2 weeks. The risk of dying is between 2% and 3% but the risk is highest in those aged over 60 years, with chronic medical conditions, or a weakened immune system. This rapidly-evolving phenomenon has made it difficult for individuals, organizations and governments to keep up with information that is continuously outdated within minutes to hours.

Various religious guidance and considerations that informed our statement include the prioritization of protecting life over deen, the sanctity of saving even one life as equivalent to saving all of humanity and

the importance of protection and preventative measures. In addition, various accommodations and flexibility already exists within Islam, including as it relates to prayer in congregation, travelling restrictions related to outbreaks of infectious disease, and the importance of both spiritual and physical cleanliness. As required, the expertise of relevant and informed medical practitioners was sought and incorporated, and other international as well as local Muslim religious authorities, such as the Assembly of Muslim Jurists of America (AMJA) and the Islamic Shia Ithna-Asheri Jamaat of Toronto have issued similar statements in this regard. In short, clear evidence exists within our source texts to establish such recommendations.

At the time of our initial statement, there were over 150 cases across Canada in many provinces across the country, with the start of an accelerated daily rise in new cases and emerging evidence of spread in the community. This is similar to what has been observed in other countries like Iran, Italy and the United States, where within a matter of a week the number of infected individuals has increased exponentially by the thousands. Based on the experiences of other countries that have been able to slow down or limit the spread of infection, the measures that have been most effective are early implementation of quarantine, isolation and social distancing measures, which significantly limits physical contact between individuals. With no current vaccines or treatments available for this infection, these measures serve to slow down the spread of infection in a manner such that it does not overload the capacity of the healthcare system, as experienced by Italy. Finally, ongoing travel to and from countries experiencing outbreaks with issues of undertesting and underreporting of cases, especially during the March break holiday period, is of great concern. The strong recommendation to completely suspend congregational prayers is substantiated and supported by the near unanimous decision of practicing physician members of the Muslim Medical Association of Canada, including specialists in infectious diseases, respiratory diseases, public health as well as frontline family, emergency and critical care physicians.

It is also clear that religious gatherings, as exemplified by the events in Malaysia and South Korea, have contributed towards high rates of transmission of this infection, and prosecutors are looking into holding the implicated religious leaders criminally responsible. It is unfortunately very conceivable that a muted response to the outbreak by our own Canadian Muslim community could lead to similar results, with significant societal repercussions.

The Jumu'a prayer is undoubtedly of particular spiritual significance to Muslims. The congregation may be comprised of several hundred congregants with many high risk groups such as the elderly or those with chronic medical conditions, that are seated or praying for upto an hour with close physical contact and actions including handshakes, hugs and kisses. Strict infection control measures and practices in the environment cannot be guaranteed in a fail-safe manner, are logistically challenging and cannot be enforced by the Masjids. Neither can limitations on sizes of congregation or selectively restricting attendees based on age, medical history, symptoms or travel in a reliable and responsible manner to prevent even one infection. Relying on individual Masjids to be continually informed and able to implement the latest public health recommendations in a coordinated and timely fashion is also implausible. Most importantly, three days before our initial decision, the Canadian government released a guidance document for assessing the risk of transmission of this infection during mass gatherings, and prayer in congregation at our Masjids was deemed to be high risk in most categories.

It is now abundantly clear that it is not a matter of 'if', but 'to what extent' Canadians will be affected by a wave of the COVID-19 pandemic. With a predicted looming surge in Canada's outbreak, it behooves us to take proactive measures while the window of opportunity still exists, or risk and suffer the great loss of life that other countries are experiencing, perhaps only a short period of time ahead of us. As such, with consensus between the Canadian Council of Imams and the Muslim Medical Association of Canada, we proceeded with our decision and statement ahead of waiting for governmental decisions that can be delayed by bureaucracies and have been heavily criticized by the medical community. As per the World Health Organization, decision paralysis with every passing day is being quickly overtaken by this

infection. We therefore aimed to inform our Masjids urgently with Jumu'a prayer the next morning, releasing our statement only hours after our meeting on Thursday evening.

As many of you now know, following our statement and since Friday morning, there have been significant developments across Canada, including mandated restrictions on mass gatherings, temporary cancellations of schools, universities, exams and all non-essential community services for several weeks, modifications by other houses of worship and the issuance of significant travel advisories and self-quarantining requirements for all travellers. Our health institutions and frontline healthcare workers are actively preparing for a significant rise in cases and several countries around the world have declared national emergencies or lockdowns.

Over the coming days and weeks, we will work together with each other and our community partners to help provide guidance and assistance for our Masjids, Canadian Muslims and our greater Canadian family. There are innumerable unanswered questions and downstream effects of these disruptions to our daily lives, and the creation of the Canadian Muslim COVID-19 Task Force (CMCTF) aims to foster collaboration between a number of Canadian Muslim organizations to serve the medical, spiritual, psychological and social support needs of our communities that have already been identified.

During such unprecedented and uncertain times, we turn to Allah (SWT) and ask that He protects us and our families, gives Shifa to all those afflicted with illness and grants Shahadah to those who succumb to it, that He guides us to make the right decisions and forgives us for our shortcomings. Ameen.

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