

G20I Fellows and Youth Forum – 8 October 2020

Topic 2

Fellows on the Frontlines Addressing Disasters

(Father Nehme Saliba, Nang Loung Hom, Rabbi Naomi Kalish, Dr. Walusimbi Abdul Hafiz, Saeed Saud Almathami, Sohini Jana, Faris Ilyas Ketj, Jessica Bou Haider, Nicolas Kazarian, Mansoor Limba)

Background

Our workgroup addressed Fellows on the Frontlines Addressing Disasters for three different types of disasters:

- COVID-19 and Public Health (to date, 35.5 million people have been infected and over 1 million people have diedⁱ)
- Climate Related Disasters
- Human made Disasters

Disaster response initiatives and plans tend to encompass all three types of disasters and our presentation and recommendations will treat them together.

1. Religious leaders are uniquely positioned to increase the provision of social services by governmental and intergovernmental agencies and NGOs
 - o 88% of Fellows responded “yes” to the question: “Have you been called to respond to disasters happening in your community?” (Rev. Dr. Willard Ashley)
 - o 74% of Fellows responded “yes” to the question: “Are there existing interfaith networks that can be called upon for disaster risk reduction or to strengthen resilience?”ⁱⁱ
 - o Religious leaders can serve as a bridge between the people and the government
 - o Religious Leaders have a moral authority that can support initiatives for safety and health
 - o Religious leaders not only provide social service but also address social justice; they can use spiritual healing for roots causes; this area that the government cannot do; this helps with **prevention** of human made disasters
2. Religious Leaders Play a Crucial Role in Disaster Response that Governmental Agencies and secular NGOs do not play
 - o Provide encouragement and hope through prayer, theology, ritual, and community – even while physically distant - for perseverance during the continuation of the COVID-19 pandemic
 - o Are specialists in helping people grieve and cope at times of death and other loss, cultivating resilience within their communities in times of climate related natural and human made disasters. When support is shown across diverse groups at times of grief, it can contribute to community-building and peacebuilding.
 - o Local community religious leaders remain after outside disaster response agencies have left and they are called upon to provide care and support for the long-term emotional impact of the disaster
3. Many natural disasters have a human made component

As the Rev. Dr. Willard Ashley said, “There is a pandemic within the Pandemic. We have a disaster within the disaster.”

Natural disasters have social impact (such as the financial crisis caused by the COVID-19 pandemic as well as by the handling of the pandemic)

4. Disasters have 3 main stagesⁱⁱⁱ

Prevention and Preparation, Response and Recovery, Adaptation and Innovation

5. There already exists infrastructure for the integration of religious leaders into disaster response

- Disaster Spiritual Care
 - Interreligious collaboration and caregiving
 - Collaboration with political leaders and NGOs
 - Training also for coping with and responding to disaster in home communities
- Chaplaincy (in military, healthcare, government)^{iv}

6. Over the past twenty years, the global health community has developed a robust literature for evidence-based spiritual care in the healthcare fields (medicine, nursing, psychology, social work, healthcare chaplaincy, etc.) and recognize the crucial role that religion and spirituality play in healing from illness (such as the COVID-19 virus), recovery from injury (such as due to climate related or human made disaster), and emotional healing during bereavement. They recognize that religious actors play a distinctive role from social workers and from psychologists.

Challenges

General Challenges to Disaster Response

1. Natural Disasters, including the COVID-19 pandemic, often reveal social inequalities that cause more vulnerable groups to be more affected by the disaster
2. Disenfranchisement of minority groups and historic tensions, especially between minority groups
3. Distrust of agencies that provide social services (especially if provided by the military)
4. Disaster Response infrastructures are not available everywhere
5. Poor Cultural Competency inhibits the effectiveness of social services for recovery

Challenges to the Incorporation of Religious Leaders into Disaster Response

1. Religious Actors can play roles in supporting social services and in providing elements of prevention and recovery and healing, yet Religion and Spirituality are missing from disaster responses from leading organizations and from their definitions of well-being
 - a. Definitions and Organizational Structures
 - For example, the World Health Organization defines health as “a state of complete physical, mental and social well-being”^v but omits religion and spirituality
 - b. Consequently, it fails to understand “spiritual distress” as a component of injury caused by disaster and fails to recognize the roles religion and spirituality play in healing, resilience and peacebuilding. These definitions and structures do not create a place and role in the organization for religious actors.

2. Immediate and long-term emotional distress, spiritual distress and mental illness is harder to measure
3. The psychological aspects of coping and resiliency are more difficult after human made disaster than natural disaster
4. Disaster Chaplaincy is not widespread

Challenges that Religious Actors Face

1. Part of what defines a disaster is that the local religious actors and community leaders (and sometimes even those on a national or global level) are also experiencing the disaster in their personal lives
2. Religious communities are diverse, and some religious actors espouse theologies that do not encourage people to make decisions for health and safety.
3. Religious leaders need protection from the government

Recommendations

The Disaster Response organizations and initiatives tend to include response initiatives for all three of our areas (COVID-19 and public health issues, climate related natural disasters, and human made disasters). For this reason, we are proposing initiatives that could include all three:

1. Incorporate Disaster Spiritual Care into all Disaster Response Plans

(Prevention and Response plans for public health crises, climate related natural disaster and human made disasters)

A. Why?

- Improve their provision of Social Services
- Provide care that cultivates hope and resiliency that is unique to what religious leaders can provide
- Contribute to prevention of human made disasters (including disasters of social inequality in response)
- Provides visibility for religious actors and IRD experts

B. Prevention and Response to Public Health Issues

- Extend the reach of preventative health education
- Establish an infrastructure with religious communities that will optimize management of health crises within religious communities
- A first step is to incorporate spirituality into your mission statements and definitions of well being
- Include religious actors and experts in IRD (KAICIID Fellows) into your strategic planning and initiatives

C. Disaster Response:

- Further integrate Disaster Chaplaincy into different Red Cross, Red Crescent Organizations, and similar organizations

- i. Establishes relationships, community relations, and infrastructure that can reduce human made disaster in the future
- ii. Fellows from KAICIID are well-poised to assist in the process. In addition to our specialized training in IRD and conflict transformation, we have also received these trainings:
 1. “Understanding Humanitarian Principles and Engaging with the Red Cross and the Red Crescent” by Amjad SALEEM, Inclusion, Protection and Engagement Unit of the International Federation of Red Cross and Red Crescent Societies (27 February 2019)
 2. “Hope: Rules for 21st Century Radicals: The Role of Religious Actors in Disaster Response” by the Rev. Dr. Willard Ashley, Co-Editor, *Disaster Spiritual Care* (8 September 2020)

o **Develop training and literature for your organization on cultural competency for disasters**

Example: “Religious and Cultural Literacy and Competency in Disaster” developed by FEMA (the United States Federal Emergency Management Association^{vi})

2. Form a Global Disaster Spiritual Response Global Network in collaboration with KAICIID

A. Provide Training in Disaster Spiritual Care

- a. For key members of your teams to understand the role of religion, spirituality, and religious actors in prevention and emergency response
- b. For religious actors and experts in IRD to receive training in the provision of Disaster Spiritual Care to develop competency in:
 - o Multifaith and Multicultural Care
 - o Caring in times of trauma
 - o Affirming the sanctity of life, health, safety and resiliency from within one’s
 - o Develop religious literary from world religions and cultures regarding the beliefs and practices for illness, death, dying, and bereavement
 - o Self-Care: developing strategies for one’s own well being and not burning as well as developing strategies for supporting other disaster responders in their well being
- c. KAICIID Fellow take advanced training in Disaster Response
- d. Create Disaster Response resources
- e. Reinforce a message of interreligious collaboration and unity

D. KAICIID Fellows and their institutions are available to play a consultative role regarding best practices in IRD and interreligious collaborations

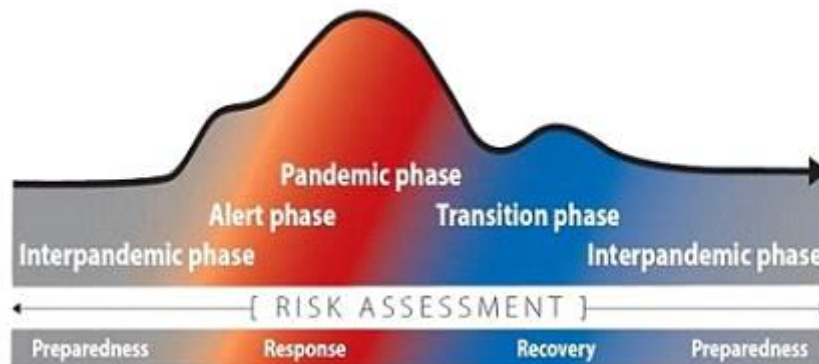
E. Provide a platform for developing country-specific policies

F. Conduct research for assessment of religious and spiritual needs in disaster-prone regions and evaluation of the provision of disaster response. Develop measurements for the impact of Disaster Spiritual Care

ⁱ Our World in Data, <https://ourworldindata.org/covid-deaths>

ⁱⁱ From KAICIID Webinar with the Rev. Dr. Willard Ashley
United Relations Initiative
East African Community (EAC)
Intergovernmental
Authority on Development
Religions for Peace
Interreligious Council of Uganda
African Council of Religious Leaders
Inter-religious Institute for Conflict Resolution and Management

ⁱⁱⁱ



--The Reverend Dr. Willard W C Ashley, Sr., SCP, NCPsyA, Psychoanalyst,
Pastor, Retired Professor of Theology, CEO and President

^{iv} Chaplaincy Organizations Across the Globe
Health Care Chaplaincy Network
NHS Education Scotland
National Association of Health Care Chaplains in the Republic of Ireland
ACPE Ireland
Spiritual Care Research Team, University of Zurich
Association for Spiritual Care in Israel
Edinburgh Napier University
European Research Institute for Chaplains in Healthcare (ERICH) of the ENHCC
Spiritual Care Australia (SCA)
NWH Education for Scotland (NES)
European Network of Health Care Chaplaincy (ENHCC)
Dutch Association of Spiritual Caregivers
Canadian Association for Spiritual Care (CASC)

Association of Clinical Pastoral Education (acpe.edu)
Association of Professional Chaplains (apc.org)
Buddhist Chaplains Association (buddhistchaplainsassociation.org)
(<http://www.hinduchaplaincy.com>)
National Association of Catholic Chaplains (nacc.org)
Neshama: Association of Jewish Chaplains (najc.org)
Association of Muslim Chaplains (associationofmuslimchaplains.org)
Sikh Chaplaincy (UK)
Pediatric Chaplains Network (PCN)
New Zealand Health Care Chaplains Association (NZHCA)
Navy Community of Interest for Chaplaincy Research
Association of Professional Chaplains
ACPE Research Network
Transforming Chaplaincy
College of Health Care Chaplains (CHCC) [UK]
Journal of Health Care Chaplaincy

^v <https://www.who.int/about/who-we-are/constitution>

vi

<https://www.google.com/search?q=what+does+fema+stand+for&og=what+does+FEMA&ags=chrome.0.0i69i57j0l6.2727j1j1&sourceid=chrome&ie=UTF-8>