

Steve Fouch outlines a biblical response



Global disasters

Photo: Emrys

key points

When global disaster strikes many are tempted to ask, 'how can a God of love let something like this happen?' but a better question for Christian doctors is, 'how can we best respond compassionately and appropriately?'

Often the main need is to support those already working locally, with cash in the first instance and, if those locally request it, by going and using our skills in service of the survivors.

But disasters should also prompt us to put similar effort into tackling such ongoing issues as malaria, AIDS, clean water supplies, maternal health, trade justice and debt relief as we do into tsunami, earthquake and hurricane relief.

The date of 26 December 2004 will stick in people's minds in much the same way that 11 September 2001 has – the images of devastation and suffering, the confused news reports, the gradual unfolding of the scale of the disaster as the days turned to weeks, and the initially slow but suddenly torrential outpouring of aid. Since the Indian Ocean tsunami we have also had Hurricanes Katrina, Rita and Wilma, the famine in Niger and the massive earthquake in Kashmir.

You may also have been surprised (positively or negatively) by the amount of coverage given to different religious responses to these disasters – all starting with different variations on the 'how can a God of love let something like this happen?' question. This strikes one as ironic, as we can sit by and let 150,000 Africans die every month from malaria, but when a disaster unfolds on our TV screens, we are all struck by the fragility of our existence and ask eternal questions. It would appear that until we see it on TV it is not real!

A biblical response

However, despite initial appearances, much of this suffering and loss of life is down to human sin rather than 'acts of God'. The people who suffered most from all last year's disasters were the poor – in substandard housing (most earthquake victims died because buildings fell on them), in areas prone

to floods, without the resources to flee cities about to be hit by major storms, etc. Furthermore, complacency that did not prepare for disaster led New Orleans to be built below sea level between two bodies of water prone to flooding and with inadequate levees to withstand a major storm surge. Complacency also ignored all the warning signs from the Sahel region before finally acting too late to avert a major famine. Destruction of mangrove swamps in South and East Asia removed a natural breakwater against tsunami. And (controversially) our tendency to pollute and exploit our environment may be causing global warming that is adding to the ferocity of storms. In short, we need to look to ourselves first for the misery caused by these disasters.

Yet we still ask God why these disasters happen. God's response to this question, asked time and again in scripture, may seem frustrating. Job was never given an answer as to 'why' he suffered; Paul never had the thorn in his flesh removed, despite his fervent prayers.¹ Jesus warned us that 'nation will rise against nation, and kingdom against kingdom. There will be famines and earthquakes in various places. All these are the beginning of birth-pains'.² Paul reiterates this, 'We know that the whole creation has been groaning as in the pains of childbirth right up to the present time'.³ Disasters like last year's clutch would seem to be part of a fallen creation, still 'out of sync' with its Creator, awaiting a New Creation.



Christian Agencies sending medical teams to Disasters, Conflict and Refugee Situations:

Christian Outreach & Development (CORD)
 1 New Street, Leamington Spa,
 Warwickshire, CV31 1HP, United Kingdom
 Tel: 01926 315301
 Fax: 01926 885786
 Email: recruitment@cord.org.uk
 Website: www.cord.org.uk

Medair
 Willow House, 17-23 Willow Place, London,
 SW1P 1JH, United Kingdom
 Tel: 020 7802 5533
 Fax: 020 7802 5501
 Email: info@medair.org.uk
 Website: www.medair.org

Information on these and over a hundred other agencies, churches and Christian Hospitals are to be found at www.healthserve.org

It was a practical not an existential response to suffering that Jesus embodied and modelled.

references

1. 2 Corinthians 12: 7-10
2. Matthew 24: 7-8
3. Romans 8: 22
4. e.g. John 9: 1-7
5. Philippians 2: 5
6. e.g. Matthew 8: 1-17; 15: 21-28; Luke 10: 30-37; 19: 1-9;
7. Moszynski P. Generosity after tsunami could threaten neglected crises. *BMJ* 2005; 330:165 (22 January)

The Toll of Disasters & Scale of Responses in 2005

South Asian Tsunami - total aid pledged = \$13bn
 300,000 lives lost, four million homeless or lost livelihoods.

Hurricane Katrina - total aid pledged = \$62bn
 Death toll in New Orleans >100, several thousand homeless or with lost livelihoods

Niger Famine - total aid pledged = c\$10m
 3.5 million at risk of starvation - death toll unknown, but could run into tens of thousands.

Kashmir Earthquake - total aid pledged = \$5.4bn
 75,000 dead, 750,000 at severe risk of exposure and malnutrition during winter, 3 - 4 million homeless or lost livelihoods.

AIDS Crisis - total aid pledged <\$7bn per annum
 3 million plus died in 2004, more expected to die in 2005, 40 million plus are HIV+ worldwide, number growing year-on-year

However, struggle as we may to come to terms with the 'why?' question, the gospel leads us to ask another, even more profound question. Not 'why?' but 'what?' 'What should be our response to disaster and suffering?' The disciples were often stumped as to causes of the suffering of those who came to Jesus, but he just got on and healed them⁴ – it was a practical not an existential response to suffering that Jesus embodied and modelled.

Our first response then must be to show the attitude of heart and mind of Christ in all situations.⁵ If we look through the gospels, we see Jesus time and again reaching out to those who suffered and were in need, to heal, forgive sins, and offer hope. Those rejected by society he accepted, those who were hated he loved, those cast out he welcomed in.⁶ In short, where he was presented with a human need, he responded to that need.

Practical response

I am sure the first thing most of us did when we saw last year's disasters was to find out how we could give help. And the main thrust of all the appeals has been for cash, not goods. We have had people ring the CMF office asking if they can donate soon-to-be-out-of-date drugs and medical equipment, most of which was inappropriate or unusable. Aid agencies need cash in a disaster situation, so that they can source the drugs, equipment and materials appropriate to the local situation. In fact, giving goods can do long term damage – it may sound like a compassionate response to send clothes and blankets and equipment, but those items can often be sourced locally, more quickly and cheaply than shipping them halfway around the world by air, and without taking away from the livelihoods of local manufacturers and retailers.

The other response is to ask if we can help in person. This takes wisdom, and I have heard from those working in Kashmir that doctors from the UK and US were turning up offering help, but lacked the appropriate skills, or there were simply no resources for them to do anything – only a couple of operating

theatres, not enough medicines or nurses to run them for more than a few hours a day, not enough wards or beds of patients to recover in. A lack of coordination has been a recurrent theme in all of last year's disasters. That is why when people asked CMF about responding, we put them on to agencies already working on the ground that knew the needs, and could say if their skills were needed. In disasters, the needs for medical personnel are often very specific – general help just gets in the way.

Wider Issues

One of the big concerns with disasters is that they divert attention and resources away from other problems. Twenty six million people in other regions of the world need aid just to survive day to day.⁷ The Darfur crisis is no nearer a resolution, and the humanitarian needs there and in the famines in Niger and Southern Africa remain enormous. Worldwide there are eighteen million refugees, and a similar number of people displaced within their own country due to war, famine or natural disaster. Meanwhile the long-term issues of fighting poverty and disease simply do not grab the headlines in the same way as wars and disasters, but are causing comparable (if not even greater) levels of human misery and suffering.

Yet if similar levels of aid that have gone into the tsunami, earthquake and hurricane relief efforts went into tackling malaria, AIDS and issues such as clean water supplies and maternal health, the impact would be enormous [see box]. Likewise, if issues to do with trade justice and debt relief were addressed, the chances for many hundreds of millions of people worldwide to begin the slow climb out of poverty would be greatly increased. Campaigns like the Micah Challenge (www.micahchallenge.org) are chances for us as Christians to influence decision makers to change these situations.

Conclusion

As Christian doctors, the challenge that disasters raise is how to respond compassionately and appropriately. Often the main need is to support those already working locally, with cash in the first instance and, if those locally request it, by going and using our skills in service of the survivors.

And in responding wisely but compassionately, we are witnesses to the love of Christ to people who might otherwise never know of Jesus. Disasters are not to be exploited as a vehicle for proselytising, but they are an opportunity for the Gospel of salvation to be outworked and preached in practice.

CMF has members in most countries of the world, and we can usually get a fair idea of what is needed on the ground fairly quickly, but there are many other Christian and secular agencies that are highly skilled in responding to disasters like this [see box]. If this is an area of work that interests you in the longer-term, then talk to the *HealthServe* team at CMF (healthserve@cmf.org.uk).

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