Sickness in Africa:
Holistic, Integrated, Christian Understanding and Response

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“What is the difference between ignorance and apathy? I don’t know and I don’t care!” Most of the world approaches sickness in African villages like that old joke. When Ebola touched American and European citizens and soil in 2014, their response switched from apathy to irrational FEAR! In Guinea, Liberia and Sierra Leone apathy also swung to FEAR. But moving from ignorance to true understanding has been slow. In Freetown, Sierra Leone in March 2014, my colleague, Dr. John Jusu encouraged the Bible school to educate to prevent the spread of Ebola. They said, “It is a long way from us.” Is sickness in Africa far away so it will never touch us? Or is sickness in any part of the body of Christ, a concern for every member of the body? Should health be in a Bible school curriculum? Should Biblical healing be taught in medical schools?

Sickness causes major suffering in Africa which has…

* 1% of the world’s health care resources.
* 3%of the global health workforce
* 11% of the world’s population
* 25% of the global disease burden[[1]](#footnote-1)

Why a **Christian** response to sickness? In the gospels, Jesus proclaims and demonstrates the good news that the kingdom is at hand with teaching, healing the sick, and freeing those bound by demons. Those three are often mentioned in combination.[[2]](#footnote-2) He commissioned his apostles to do the same and they did. Christians were the first in the Roman Empire to care for the sick who were not their relatives. They built the first hospitals. In fact, churches did most of the health care in Christian countries until the 20th century. Doctors and nurses wear outfits modeled after those of priests and nuns. They serve in hospitals that sometimes still bear Christian names.[[3]](#footnote-3) In sub-Saharan Africa also, Christian mission stations usually had a clinic, a school and a church. But in

this past century, governments, businesses, and secular NGOs/charities have largely taken over health care in the West and in Africa. Surprisingly, despite minimal remaining support from governments, and inconsistent bilateral national and NGO-supported programs, Christian hospitals and health organizations still provide significant health care in sub-Saharan Africa. Faith-based organizations “provide between 30-70% of the health care services” in many African countries. For example, Christian Health Associations provide more than half of the health care services in Uganda, half in DR Congo, almost half in Liberia, Zimbabwe, and Tanzania, 30-40% in Kenya, Ghana, Malawi, and Zambia.[[4]](#footnote-4)

The informal sector is even larger. Pastors and local Christians (and Muslims) spend much of their ministry time praying for the sick and comforting the grieving. There are frequent requests to congregations for money as well as time to give to the sick, for funerals, and to help orphans and widows. Most African Traditional Religions focus on dealing with crises and misfortunes, especially healing sickness and responding to death.

# Dualistic, fragmented, not fully Christian response

Unfortunately most responses to sickness are dualistic, fragmented, and not fully Biblical/Christian. But isn’t Christianity about the soul and life after death? Platonic philosophy which considered the soul pure and the body evil heavily influenced Christian theology as it fit into the Greco-Roman world. Later Kant and others have tried to protect Christianity and science from each other by building walls of separation. Western, Evangelical systematic theology pays scant attention to sickness. For example, both Grudem’s[[5]](#footnote-5) and Erickson’s[[6]](#footnote-6) systematic theologies have over 1200 pages, but cover healing in just 6 pages = 0.5%. Western-built institutions and traditions continue this dualism, even in Africa. How many classes do pastors take about health or healing? How much training do doctors get on seeking God’s healing or on the health benefits of religion – even if trained in Christian universities or hospitals?

But most traditional African worldviews combine all of life together including the spiritual and the physical, the living and the dead. This worldview still powerfully influences - as evidenced by the popularity of neo-traditional healers and media about African magic. Who teaches either doctors or pastors the skills to research and respond to local cultures and worldviews? Rather than integrate from various sources, many Africans compartmentalize these perspectives. Or they play the chameleon and switch between local worldviews, what they learned in Western oriented academics, and their Christian (or orthodox Muslim) theology and practice. The result may be like the Tanzanian proverb “two paths defeated the hyena.” The greedy hyena wanted to eat the goat he saw down one path and the chicken down another. By continuing to go down both paths, he split in half. Dr. Sabuni talks about the conflicting messages he heard growing up in Northeast DRC around Beni: First his parents taught him, “Beware of witches. Hold your sores over the outhouse vapors.” Then in church the missionaries said, “Witches don’t exist; just trust Jesus.” Then his teachers in medical school ignored the others and said, “Microbes cause sores.” “Having in mind these conflicting paradigms on cause of illnesses, I always find it hard to position myself in the everyday context of people for whom these paradigms are in perpetual conflict.”[[7]](#footnote-7)

Biblical worldview is more holistic. Jesus is said to save (*sozo* in Greek) people when healing from illness. He promised his followers resurrected bodies eating together at banquets and being healed by leaves on a new earth (Rev. 22:2).

African Independent, Charismatic and Pentecostal churches in Africa address areas of normal life and the spiritual influences on them, including material needs and especially healing. This contributes to their popularity and rapid growth. They claim to give a better response to sickness and death, but sometimes these churches have blended in too much of African Traditional worldviews and created abuses and exaggerations (see related chapters in this book). For example, some refuse to visit the sick or bury young people since holy, faith-filled Christians will not get sick or die. Others identify witches who have sent sicknesses and even torture children suspected to be witches in exorcism rituals. On the other hand, simply dismissing or reacting to extremes like “health and wealth gospel” or secularism does not lead to an integrated, holistic response.

# Some steps toward a holistic, integrated, fully Christian understanding and response

Several steps are necessary to understand and respond to sickness in a holistic, integrated and fully Christian way. I have used Hiebert’s critical contextualization or missional theology process in my own search for understanding and response.[[8]](#footnote-8) His steps include understanding what is happening (phenomenology), collecting biblical and empirical evidence related to this (ontology), evaluation based on this evidence, and finally a response that transforms the situation.[[9]](#footnote-9) This article will divide this into just two categories – understanding and response.

# Understanding

Christian understanding must be ALL Jesus, the Father and the Holy Spirit. He leads us into all truth, love, holiness and LIFE. Therefore, we should start with prayer for understanding, discernment, and healing. Often the majority of prayer requests are related to sickness. Yet we often do not simply ask for healing and trust the Creator King. Instead, we try to control either by not really asking (e.g. prayers that go no farther than “guide the doctor’s hands”) or by commanding and manipulating God to guarantee healing through proper rituals and power words (even the name of Jesus can be used in this way). Too often we begin in the Spirit, but then try to continue with human effort (Gal. 3:3). Even as we do research, we need to be depending upon God. I will never forget when my doctoral committee approved my research proposal just days before I flew back to Tanzania to do the research. Distinguished Professor Paul Hiebert told me, “This is a proposal, not a contract. Go and see where the Spirit leads you.” I have noticed the Spirit leading in many ways as I have done this research.

We must research deeply particular African contexts because Africa is a very diverse continent of more than a billion people. We must understand ALL of the SYSTEMS and in fact the inter-connected system of systems to understand sickness and health in any context.



Fig. 1: Hiebert’s System of Systems[[10]](#footnote-10)

For example, “more than a dozen large studies …have shown that *people who are socially disconnected are between two and five times more likely to die from all causes, compared with matched individuals who have close ties with family, friends, and the community”* (emphasis in original).[[11]](#footnote-11) A system of systems approach is evident in “psycho-social nursing” for example which encourages attention to the personal and social system in addition to the unstated focus on the biological system. But this still ignores the spiritual system and assumes one’s own culture which leads to misunderstanding and less effective treatment. A large number of studies have shown that greater religiosity produces much better health. Almost all these studies have been done on Christians. They measure beliefs, church attendance, prayer, etc. Some of the theory is that this is indirect through positive impact on the other systems (for example greater social connectedness and positive attitude).[[12]](#footnote-12)

In Northwestern Tanzania, I carefully researched what people say, do and believe about sickness and death from 2005-2008. To give a few examples of the system of systems: The physical and biological systems do influence people because they are surrounded by mosquitoes with malaria parasites and bilharzia parasites in the lake. The social system includes relative poverty and limited access to formal bio-medical care. People’s personal beliefs influence how they use what is around them. The culture influences those beliefs. Common cultural influences meant that both local/neo-traditional healers and Pentecostal Christians treated the sick with prayers, perseverance, charms, calming and casting out spirits, and giving rules from the spirit world to follow. I found that three perspectives/systems were available for understanding and treating sickness. The following chart lays out how each system understood causes of sickness and death (the words in all CAPITALS show the primary focus in each system).[[13]](#footnote-13)

|  |  |  |  |
| --- | --- | --- | --- |
| **Cause of** **sickness** | ***Neo-traditional System*** | ***Pentecostal System*** | ***Biomedical System*** |
| **Interpersonal:** “She/he made you sick” | **WITCHES,** ancestors | powers of darkness: **SATAN/DEMONS** (may be disguised as ancestors or *majini)*;witchesGod  |  |
| **Moral:** “You made yourself sick” | Offense against an ancestor; sometimes normal persons may get “justifiable” help from an ex- pert to curse you  | Sin angers God or allows powers of darkness. | Lifestyle choices: not using mosquito net or pure water; smoking, etc.  |
| **Biomedical:**“It made you sick” | *Dawa*: Medicine, poison, herbs, or a charm used by a witch or other person | Biomedical: acknowl-edged and treated, but less important | **“GERMS”:** parasites, bacteria, viruses, cancer cells, etc. |

Such an understanding of local knowledge is crucial to effective, holistic and integrated treatment of the sick. One of my students who is a medical doctor, Karen Forrest did similar research and found answers to why so little Christian impact resulted from decades of missionary medical work where she worked in West Africa. The missionaries had not understood or responded to local people’s beliefs about causes of illness. Nor had they effectively connected their medical work to their Christianity.[[14]](#footnote-14)

We must listen to and learn from ALL PEOPLE. Too often our pride and disrespect for each other limit us. We need to learn across denominations and religions, across nations, ethnicities, socio-economic status and education. We also need to learn across different disciplines. We tend to think that we have the most important perspective usually focused on one of the systems. We can learn much from pastors, counselors, doctors, anthropologists, farmers. When I was doing my dissertation research, one of my key informants was my gardener, Marco Methusalah. He had much greater experience and understanding of his own Sukuma culture than I did. He answered questions and read and made suggestions on much of my dissertation. Now he has completed his MA in theology with excellent research. We need to learn from other worldviews. It is too easy to dismiss and miss out with comments like “Africans don’t really understand bio-medical causation.” Or “white people cannot understand ‘local sickness.’”

We also need to research ALL of SCRIPTURE. We need to get the big picture and research deeply. There can be a tendency in some Evangelical churches to primarily preach from the few pages of the Epistles, give less attention to the Gospels and Acts, and largely ignore the Old Testament. Sometimes we can preach favorite verses without the context. For example James 5 says both that Job is an example to us of perseverance (11) and that “the prayer offered in faith will make the sick person well; the Lord will raise him up” (15 NIV). But often we preach, counsel or pray using only one of those verses.

Although we need to learn from ALL sources we also need to CRITIQUE ALL SOURCES. Our selfishness/sin, society (“the world”), and Satan all negatively influence our beliefs, feelings, values, practices, worldview, and yes, even our theology. It is easier to see the faults of others and their culture much more readily than our own so we need the help of outsider perspectives. A Swahili proverb says, “*nyani haoni kundule*” (“The baboon never sees its own rear end”) or as Jesus said, “Take the log out of your own eye.” It is also possible to be overly positive. For example, local neo-traditional diviners-healers can either be romanticized or demonized. They are very good at an available, holistic, system of systems approach that fits with local worldview. Unfortunately this greater influence is sometimes used for death instead of health. For example in Northwestern Tanzania, they can discourage seeking appropriate bio-medical care or fully trusting in Jesus. They also often accuse people of causing harm through invisible means. This results in frequent persecution and even death of the marginalized: 7500 people suspected of being witches have been killed since 2000 in Tanzania.[[15]](#footnote-15)

# Response

Once we get the big picture understanding of a context we need to respond to ALL of the issues in a ***holistic, integrated, interdisciplinary, and fully Christian way***. Again we must put ALL of our trust in Jesus to heal. We may use herbal or modern drugs and resources to treat, but only Jesus heals. We must avoid idolatry and trusting other gods whether these are neo-traditional gods like ancestors or bio-medical gods like bio-technology.

Across the Ancient Near East the snake symbolized both death and healing. God demonstrated that he alone had power in these areas through Moses staff, the plagues and Moses making a bronze snake on a pole. When the Israelites demonstrated trust in Yahweh to heal them by looking on this pole, they were healed (Numbers 21:4-9). Jesus compared himself on the cross to this and promised life and even a resurrection body to those who believe in him (John 3:14,15). Some centuries later the Israelites began to trust the snake itself to heal them so Hezekiah had to destroy it (2 Kings 18:4). Interestingly, the snake on a pole has become a symbol for the bio-medical system (see below).[[16]](#footnote-16) Has it become an idol to us? Do we trust it to heal us, or simply as a means that God might use to heal? For example, the amount of money spent by many on medical care and insurance suggests that for some it has become an idol that we trust for healing and life, rather than truly trusting Jesus (see later the per capita American spending of $8895/year).



Paul Hiebert’s writing explained holistic, integrated understanding, but as he was dying of cancer, his response was fully trusting in Jesus. He wrote me amazing emails demonstrating his full confidence and joy in Jesus in sickness even unto death. At the end of a recorded phone call with a class five days before his death, Enoch Wan asked what to pray for him. With labored breathing he requested,

“Well, first of all, to be faithful to the end; to realize, to know every day the reality of his presence, and to live in that joy. And I am ready to go now. So, I am ready to say for Christ to come and take me as soon as he wants…Although, I am writing a little here and there. … I feel very much that I have finished most of what I wanted at this stage in my life. So I want simply the peace of God to come quietly and in his time to take me peacefully home to be with him. I look forward to that.”

When that prayer finished, Hiebert immediately began to pray blessing:

“And Lord I would pray for the class as they gather, as they think. Lord, we live in a new time of rapid changes all around us. Those of us who grew up in the old century; we had our ways, our models, our thinking, and our understandings. But Lord, the church is now entering a stage, the 21st century. It needs not only old ideas recooked, but new ideas, new leaders, new people. New people who understand the gospel far more deeply than we could; and that they could boldly show it around the world. …We have laid a foundation, but we pray that they will do something far more powerful. So bless this class that they would be mighty servants with mighty joy…that would do something greater in the next century.”[[17]](#footnote-17)

We also need to respond in ALL of the SYSTEM OF SYSTEMS. We need to discover and communicate truth in all the systems. We need to train doctors, pastors, community developers, and farmers how to not only understand but work together in all of these systems. As mentioned earlier, the Tanzanian context has three mostly competing treatment systems which ideally would be cooperating, training, and correcting one another. The bio-medical system is often quite inaccessible to the local person, while the neo-traditional system is very available. In Tanzania, there are 50-125 times as many neo-traditional healers/diviners as M.D.s. Eighty percent of Africans use neo-traditional healing rather than bio-medical.[[18]](#footnote-18) There is another accessible alternative: Since religion is about healing, people also go to the local pastor for healing.

This is appropriate in Africa, but has he been trained? Pastors need to have training as healers who include public health knowledge and sound theology with prayer. Pastors need to have some ability to respond and refer in each segment of the system of systems. In recent focus groups Christians in Northwestern Tanzania felt Christianity mostly focused on the spiritual instead of physical, but “were eager for their churches to address MC [male circumcision] and other health topics, and were quick to suggest educational training for their pastors and subsequent targeted seminars for parishioners.”[[19]](#footnote-19) We had missionary medical doctors teach a health class to the ministers at Lake Victoria Christian College in Tanzania which included biblical and public health aspects like building affordable appropriate technology for getting clean water together. Later we added a class using the critical contextualization model to respond to sickness, death and witches.[[20]](#footnote-20) Much more could still be done. Good training as a generalist in all the systems and their interaction is as important for a pastor as it is for a doctor. Well trained generalists who can refer appropriately can help more than specialists in an African village.[[21]](#footnote-21)

Likewise, Christian doctors need training in how to understand more than biology. A few medical doctors have added a theology or intercultural studies master’s degree, and testify to its effectiveness. Some alumni of Nairobi Evangelical Graduate School of Theology of Africa International University (NEGST-AIU) provide examples: Dr. Peter Okaalet added a theology degree at NEGST to his MBChB and used that combination to fight AIDS so successfully that he was honored as very influential in TIME magazine’s Health Heroes issue in 2009. Karen Forrest says her MA in missions with Islamic emphasis including the research mentioned earlier has given her much deeper insight into understanding and treating both felt and real needs and meeting them with good news and good works from Jesus. One outcome was getting local West African pastors to pray with patients and explain in the waiting room how Jesus motivates the treatment of this clinic. Bruce Dahlman, M.D. was made aware of broader dimensions of healing through a few classes he took like “Power Encounter” at NEGST-AIU. He seeks to bring Jesus’ holistic example combining preaching, healing and deliverance as a paradigm for an integrated family medicine residency through a Christian university and affiliated church hospitals in Kenya.

These hospitals work toward holism. Kijabe Hospital has the motto “Healthcare to God’s Glory”. When I had a procedure there, my care included prayer by staff in the waiting room and on the surgeon’s table as well as murals of Jesus. Tenwek Hospital tries to live the motto “We treat. Jesus heals.” Each department has a devotional hour each day and they have 12 chaplains in a staff of 700. The Tenwek Community Health and Development (TCHD) program integrates Christian faith and public health. When USAID insisted on only secular use of their significant funds for community health work, they sought alternative funding in order to continue offering Christian healing in an integrated way. The Africa Leadership Study we conducted discovered that local communities and Christians as well as outside funders like PEPFAR and Samaritans Purse really respect TCHD.

Holistic, *integrated* response is more than a prayer slapped on top of a modern medical hospital treatment, or a few pills slapped on top of fasting and prayer. We need to be open to insights from others from different disciplines and worldviews. When I asked what a Christian woman whose husband is sleeping around should do in an era of AIDS, some Tanzanian pastors said, “Pray very hard.” They still refused to recommend condoms, even in the context of high HIV prevalence. The best healers are both humble and knowledgeable. They admit what they do not know, but can also refer to the appropriate person. Even traditional herbal medicines can provide affordable, available treatments for Christians. But one group of Pentecostals refused all herbal medicine, assuming that all originated at some point from a local healer talking to an ancestor who in their understanding is a demon.

Some large missions have now abandoned some of their medical missions work to focus on reaching the unreached. For example, the International Mission Board (IMB) stopped minimal support to continue a hospital it took years to build in Kigoma, Tanzania. Africa Inland Mission (AIM) has been intermittent in its recruitment of doctors for one of East Africa’s largest church hospitals that it had founded AIC Kijabe Hospital in Kenya, despite as many as a third of their patients being Somali Muslims. Others who claim “holistic mission” leave evangelism out entirely. *Integrating healing and discipleship seemed easier for Jesus than for missions and missiology.* While healing and deliverance were among the major thrusts of Christ’s ministry alongside preaching and discipling, it was nearly forty years after its inception before the Lausanne movement finally added “health in mission” as its 46thinterest group, in thanks to a growing network of missionaries, doctors, missiologists that I participate in. Despite cutbacks from North American and other the traditional missionary sending countries, others in the South, especially South Korea have been *building* mission hospitals.  And, despite decreasing long term medical missionaries until recently, church health associations in sub-Saharan Africa and India saw no reason to abandon the holistic ministry that they have inherited. Meanwhile, in the USA more medical schools are teaching about spirituality, religion and health and some innovative practices like spiritual care teams are being tested.[[22]](#footnote-22)

We also need to give Christian responses to sickness and the questions it raises at ALL LEVELS: “What is causing my sickness? Virus, parasite?” Bio-medicine often does well at this level. “Why me now? Sin, relationships, curse, witch?” Christians must respond to these questions, but also admit that suffering sometimes remains a mystery and is not controllable. “Why am I here and what is my future?” - To glorify God and to be resurrected into a new world. Jesus suffering has given us ultimate hope. Even in mystery, Jesus is with us through his cross, church, building his character in us, coming again.[[23]](#footnote-23)

An appropriate response will require ALL CHRISTIANS from everywhere to participate (and to partner with non-Christians). In Tanzanian Swahili, two types of healers are distinquished: *daktari* (doctor) and *mganga wa kinyeji* (local healer). This implies a split between a healer with knowledge from the international, English-speaking world and a healer who can diagnose and treat local or “African” illnesses. Whichever healer a Tanzanian goes to will probably try to convince them of his own superior expertise and either ignore or argue against alternative sources. The patient will likely hide any involvement with another system, which works against effective treatment. As mentioned, Christian prayer or a pastor is a third option though not usually in opposition to bio-medicine. Each claims power and insight from a different source. Some Africans may even prefer to have three alternative options to choose from and use, but an integrated approach that humbly but critically listens to and responds with the best wisdom from every system is best. As Janice Rasmussen’s chapter mentions, in our seminars confronting witch accusations, we have invited all leaders in villages, not only church and police, but also local healers.

This requires sharing resources and insights – it takes a BIG village to do this with integrity. Sometimes people put personal profit above healing. This happens with a local healer who refuses to share his secrets or a pharmaceutical patent that make medicine prohibitively expensive. Many doctors prefer to stay where the profits are highest also – private practice for the wealthier in the city or a richer country. Corrupt systems can also prevent healing. Sometime people demand bribes for service or steal medicine from clinic stores to sell on the side. A new computer system in Western Tanzania saw the government health system revenues rise dramatically – until staff learned to work around it. Progress requires sharing across the huge divides:

"In 2012, the average healthcare spend (sic) per person in the countries most affected by the current [Ebola] outbreak was just $67.75. The median spend of sub-Saharan African countries during 2012 was more than five times that ($361.17). In the Democratic Republic of Congo, where the first outbreak was recorded in 1976, the spend (sic) per head is just $15.19. For further reference, the UK spends $3,647 per person on healthcare, the US $8,895." [[24]](#footnote-24)

Christians cannot ignore such huge divides - out of love and just relationship with both Jesus and our brothers and sisters. Ignorance, apathy and fear will make everyone sicker. But Jesus calls us to heal. Former USA President Jimmy Carter has expressed his Christianity with perseverance and partnership against Guinea worm disease. He and some others from the Carter Center believe that guinea worms were the fiery snakes afflicting the Israelites in the desert and that Moses’s bronze snake on a pole (and current medical symbol) imitated the ancient and modern treatment: wrapping the meter long worm around a stick over weeks to pull it out of the foot.[[25]](#footnote-25) The Carter Center began leading a campaign against guinea worm disease in 1986 when 3.5 million were suffering in 3 Asian and 18 African countries. In 2014, only 126 cases were reported. Likely this will be the second disease (after smallpox) completely eradicated - and without medicine or vaccine, just education. Teaching and enabling people to drink filtered water and not relieve their burning sores in drinking water sources has broken the infection cycle. Individuals, governments and organizations have partnered internationally from the poorest to the richest, like Bill Gates. “The Guinea worm eradication campaign has averted at least 80 million cases of this devastating disease among the world's poorest and most neglected people. The campaign has helped to establish village-based health delivery systems in thousands of communities that now have networks of health personnel and volunteers who provide health education and interventions to prevent other diseases.”[[26]](#footnote-26) Nigeria had the most cases at the beginning of the campaign, but none now. When Ebola began spreading in Lagos and beyond, Nigeria quickly stopped what could have been a disaster. “Many of the strategies Nigeria used to combat Guinea worm disease were also employed in the fight against Ebola.”[[27]](#footnote-27)

# Ebola’s conclusion

A holistic, integrated, Christian healing response to sickness in Africa will require understanding, love, courage, and cooperation. Christians were at the fore-front of fighting Ebola. Not just people forwarding facebook posts, but courageously loving on the ground. Forrest told me that of the health workers who went from Britain the majority of the names she recognized were of Christians. Jesus’ example and presence motivated their healing. Kent Brantly’s courageously learned, loved and treated those with Ebola in Jesus’ name. When he got sick and then recovered, he credited prayer as well as thanking for good medical care. His example made Ebola as well as holistic Christian healing real to Americans.[[28]](#footnote-28)

The best response that I heard came from my friend Dr. John Jusu and his friends. He has a PhD in Christian Education and a BS in chemistry. But his social capital (relational networks and trust) helped the most. Though he lives in Kenya, he visits his home village in Sierra Leone at least every year and supports local orphans and widows. In March 2014, Ebola was just a distant rumor when he visited his home. Still he mobilized a nurse and doctor to train people and a young man to go to by motorcycle and foot to all of the surrounding villages to give information to people.

This young man and assistants talked with local farmers at the most appropriate time – early in the morning. He put up charts in village centers to track cases of Ebola as it came closer. He gave supplies and training for sanitizing. Village prepared quarantine huts. $4000 from friends outside Sierra Leone enabled this effort. When Jusu traveled to the capital, he encouraged the Bible school to undertake similar education. They said it would never come as far as the city. Maybe they thought it had no place in their curriculum.

As we know Freetown later lost many people. But no one was infected in Jusu’s entire county! More can be done, but the body of Christ is working together to heal, deliver, and declare the Kingdom of God as Jesus did.

### Bibliography

Arnett, George. “The Data behind Why This Is the Biggest Ebola Outbreak Ever.” *The Guardian*. Accessed April 4, 2015. http://www.theguardian.com/news/datablog/2014/sep/23/the-data-behind-why-this-is-the-biggest-ebola-outbreak-ever.

Dahlman, Bruce. “The Demonstration of the Commissions: Proclaim, Heal and Take Authority Over Demons – The Normative Mode of Demonstrating ‘The Kingdom of God Is Near’ in Luke,” 2014.

Dau, Isaiah Majok. *Suffering and God: A Theological Reflection on the War in Sudan*. Faith in Sudan. Paulines Publications Africa, 2002. http://books.google.com/books?id=Z8HYAAAAMAAJ.

Downs, Jennifer A., Lucas D. Fuunay, Mary Fuunay, Mary Mbago, Agrey Mwakisole, Robert N. Peck, and David J. Downs. “‘The Body We Leave Behind’: A Qualitative Study of Obstacles and Opportunities for Increasing Uptake of Male Circumcision among Tanzanian Christians.” *BMJ Open* 3, no. 5 (January 1, 2013): e002802.

Duff, Jean F, and Warren W Buckingham. “Strengthening of Partnerships between the Public Sector and Faith-Based Groups.” *The Lancet* 386, no. 10005 (October 2015): 1786–1794.

Erickson, Millard J. *Christian Theology*. 9. print. Grand Rapids, Mich: Baker Books, 1992.

Forrest, Karen. “Gambian Understandings of Sickness, Its Causes and Treatments.” Africa International University, 2010.

Grudem, Wayne A. *Systematic Theology: An Introduction to Biblical Doctrine*. Leicester, England : Grand Rapids, Mich: Inter-Varsity Press ; Zondervan Pub. House, 1994.

Hiebert, Paul G. *Transforming Worldviews: An Anthropological Understanding of How People Change*. Grand Rapids, Mich: Baker Academic, 2008.

Hiebert, Paul, R. Daniel Shaw, and Tite Tiénou. *Understanding Folk Religion : A Christian Response to Popular Beliefs and Practices*. Grand Rapids Mich.: Baker Books, 1999.

Jangu, Menan Hungwe. “Healing Environmental Harms: Social Change and Sukuma Traditional Medicine on Tanzania’s Extractive Frontier.” University of Michigan, 2012. http://deepblue.lib.umich.edu/bitstream/2027.42/93827/1/mjangu\_1.pdf.

Koenig, Harold. “The Spiritual Care Team: Enabling the Practice of Whole Person Medicine.” *Religions* 5, no. 4 (December 9, 2014): 1161–1174.

Koenig, Harold G., Dana E. King, and Verna Benner Carson. *Handbook of Religion and Health*. 2nd ed. Oxford ; New York: Oxford University Press, 2012.

Olivier, Jill, Clarence Tsimpo, Regina Gemignani, Mari Shojo, Harold Coulombe, Frank Dimmock, Minh Cong Nguyen, et al. “Understanding the Roles of Faith-Based Health-Care Providers in Africa: Review of the Evidence with a Focus on Magnitude, Reach, Cost, and Satisfaction.” *The Lancet* 386, no. 10005 (2015): 1765–1775.

publichealthwatch. “How Nigeria Prevented An Ebola Outbreak.” *Publichealthwatch*, n.d. Accessed December 12, 2015. https://publichealthwatch.wordpress.com/2014/10/23/how-nigeria-prevented-an-ebola-outbreak/.

Putnam, Robert D. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster, n.d.

Rasmussen, Steven Dale Horsager. “Illness and Death Experiences in Northwestern Tanzania an Investigation of Discourses, Practices, Beliefs, and Social Outcomes, Especially Related to Witchcraft, Used in a Critical Contextualization and Education Process with Pentecostal Ministers.” PhD dissertation, Trinity International University, 2008.

Sabuni, Louis Paluku. “Dilemma With the Local Perception of Causes of Illnesses in Central Africa: Muted Concept but Prevalent in Everyday Life.” *Qualitative Health Research* 17, no. 9 (November 1, 2007): 1280–1291.

Samuel Loewenberg. “Medical Missionaries Deliver Faith and Health Care in Africa : The Lancet.” Last modified March 7, 2009. Accessed May 30, 2011. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60462-1/fulltext.

Starfield, Barbara, Leiyu Shi, and James Macinko. “Contribution of Primary Care to Health Systems and Health.” *Milbank Quarterly* 83, no. 3 (September 1, 2005): 457–502.

“Carter Center Guinea Worm Eradication Program.” Accessed December 11, 2015. http://www.cartercenter.org/health/guinea\_worm/index.html.

“hiebert\_conversation.mp3.” Accessed December 11, 2015. http://www.globalmissiology.org/images/stories/hiebert/hiebert\_conversation.mp3.

“legacyseries\_8.pdf,” n.d. Accessed May 31, 2011. http://www.capacityproject.org/images/stories/files/legacyseries\_8.pdf.

“Medicine and Religion: Twin Healing Traditions.” *Catholic Exchange*. Accessed December 15, 2015. http://catholicexchange.com/medicine-and-religion-twin-healing-traditions.

“Rod of Asclepius.” *Wikipedia, the Free Encyclopedia*, November 12, 2015. Accessed December 15, 2015. https://en.wikipedia.org/w/index.php?title=Rod\_of\_Asclepius&oldid=690280495.

“Slithery Medical Symbolism: Worm or Snake? One or Two? - The New York Times.” Accessed December 11, 2015. http://www.nytimes.com/2005/03/08/health/slithery-medical-symbolism-worm-or-snake-one-or-two.html?\_r=0.

“Tanzania Human Rights Report - 2014.” Accessed December 15, 2015. http://humanrights.or.tz/downloads/THRR%20REPORT%20-%202014.pdf.

1. . WHO (2006), “The global shortage of health workers and its impact.” Retrieved from <http://www.who.int/mediacentre/factsheets/fs302/en/index>.html. [↑](#footnote-ref-1)
2. According to Bruce Dahlman in an unpublished chart shows that in the gospel of Luke, of the 58 times Jesus is mentioned preaching or teaching 31times (53% of times) healing or taking authority over demons is also mentioned (Bruce Dahlman, “The Demonstration of the Commissions: Proclaim, Heal and Take Authority Over Demons – The Normative Mode of Demonstrating ‘The Kingdom of God Is Near’ in Luke,” unpublished 2014). [↑](#footnote-ref-2)
3. “Medicine and Religion: Twin Healing Traditions,” *Catholic Exchange*, accessed December 15, 2015, http://catholicexchange.com/medicine-and-religion-twin-healing-traditions. [↑](#footnote-ref-3)
4. “legacyseries\_8.pdf,” n.d., accessed May 31, 2011, http://www.capacityproject.org/images/stories/files/legacyseries\_8.pdf. See also these articles from The Lancet: Jean F Duff and Warren W Buckingham, “Strengthening of Partnerships between the Public Sector and Faith-Based Groups,” *The Lancet* 386, no. 10005 (October 2015): 1786–1794. Jill Olivier et al., “Understanding the Roles of Faith-Based Health-Care Providers in Africa: Review of the Evidence with a Focus on Magnitude, Reach, Cost, and Satisfaction,” *The Lancet* 386, no. 10005 (2015): 1765–1775; Samuel Loewenberg, “Medical Missionaries Deliver Faith and Health Care in Africa : The Lancet,” last modified March 7, 2009, accessed May 30, 2011, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60462-1/fulltext. [↑](#footnote-ref-4)
5. Wayne A. Grudem, *Systematic Theology: An Introduction to Biblical Doctrine* (Leicester, England : Grand Rapids, Mich: Inter-Varsity Press ; Zondervan Pub. House, 1994), 1023,1063–1069. [↑](#footnote-ref-5)
6. Millard J. Erickson, *Christian Theology*, 9. print. (Grand Rapids, Mich: Baker Books, 1992), 836–841. [↑](#footnote-ref-6)
7. Louis Paluku Sabuni, “Dilemma With the Local Perception of Causes of Illnesses in Central Africa: Muted Concept but Prevalent in Everyday Life,” *Qualitative Health Research* 17, no. 9 (November 1, 2007): 1281. [↑](#footnote-ref-7)
8. See also the chapters by Janice Horsager Rasmussen and Chinyere Felicia Priest on response to witch accusations in this volume. [↑](#footnote-ref-8)
9. Paul Hiebert, R. Daniel Shaw, and Tite Tiénou, *Understanding Folk Religion : A Christian Response to Popular Beliefs and Practices* (Grand Rapids Mich.: Baker Books, 1999), 1–1–. [↑](#footnote-ref-9)
10. Paul G. Hiebert, *Transforming Worldviews: An Anthropological Understanding of How People Change* (Grand Rapids, Mich: Baker Academic, 2008), 88. [↑](#footnote-ref-10)
11. Robert D. Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon & Schuster, n.d.), 327. [↑](#footnote-ref-11)
12. Harold G. Koenig, Dana E. King, and Verna Benner Carson, *Handbook of Religion and Health*, 2nd ed. (Oxford ; New York: Oxford University Press, 2012). Other best resources on this area of research are listed at <http://www.spiritualityandhealth.duke.edu/images/pdfs/Recommended%20pre-workshop%20reading%20list%202015.pdf> [↑](#footnote-ref-12)
13. Steven Dale Horsager. Rasmussen, “Illness and Death Experiences in Northwestern Tanzania an Investigation of Discourses, Practices, Beliefs, and Social Outcomes, Especially Related to Witchcraft, Used in a Critical Contextualization and Education Process with Pentecostal Ministers” (PhD dissertation, Trinity International University, 2008). [↑](#footnote-ref-13)
14. Karen Forrest, “Gambian Understandings of Sickness, Its Causes and Treatments” (Africa International University, 2010). [↑](#footnote-ref-14)
15. “Tanzania Human Rights Report - 2014,” accessed December 15, 2015, http://humanrights.or.tz/downloads/THRR%20REPORT%20-%202014.pdf. [↑](#footnote-ref-15)
16. With theories of origin variously connected to Moses, guinea worm and certainly the Greek healing cult of Asclepius, “The **Rod of Asclepius** … is a serpent-entwined rod wielded by the Greek god [Asclepius](https://en.wikipedia.org/wiki/Asclepius), a deity associated with healing and medicine. “Rod of Asclepius,” *Wikipedia, the Free Encyclopedia*, November 12, 2015, accessed December 15, 2015, https://en.wikipedia.org/w/index.php?title=Rod\_of\_Asclepius&oldid=690280495. [↑](#footnote-ref-16)
17. “hiebert\_conversation.mp3,” accessed December 11, 2015, http://www.globalmissiology.org/images/stories/hiebert/hiebert\_conversation.mp3. [↑](#footnote-ref-17)
18. Menan Hungwe Jangu, “Healing Environmental Harms: Social Change and Sukuma Traditional Medicine on Tanzania’s Extractive Frontier” (University of Michigan, 2012), 33–35, http://deepblue.lib.umich.edu/bitstream/2027.42/93827/1/mjangu\_1.pdf. [↑](#footnote-ref-18)
19. Jennifer A. Downs et al., “‘The Body We Leave Behind’: A Qualitative Study of Obstacles and Opportunities for Increasing Uptake of Male Circumcision among Tanzanian Christians,” *BMJ Open* 3, no. 5 (January 1, 2013): 5. [↑](#footnote-ref-19)
20. See seminars referred to in chapter of this book by Janice Rasmussen. [↑](#footnote-ref-20)
21. Even in the medical realm, research show that such a family practice doctor (who specializes as a generalist) treating a person leads to better health outcomes than beginning with a specialist (reported at Christian Medical and Dental Association conference at Brackenhurst, Limuru, Kenya, 14 February, 2012 and for further evidence see Barbara Starfield, Leiyu Shi, and James Macinko, “Contribution of Primary Care to Health Systems and Health,” *Milbank Quarterly* 83, no. 3 (September 1, 2005): 457–502.) [↑](#footnote-ref-21)
22. Harold Koenig, “The Spiritual Care Team: Enabling the Practice of Whole Person Medicine,” *Religions* 5, no. 4 (December 9, 2014): 1161–1174. [↑](#footnote-ref-22)
23. Isaiah Majok Dau, *Suffering and God: A Theological Reflection on the War in Sudan*, Faith in Sudan (Paulines Publications Africa, 2002), http://books.google.com/books?id=Z8HYAAAAMAAJ. See also his chapter in this book. [↑](#footnote-ref-23)
24. George Arnett, “The Data behind Why This Is the Biggest Ebola Outbreak Ever,” *The Guardian*, accessed April 4, 2015, http://www.theguardian.com/news/datablog/2014/sep/23/the-data-behind-why-this-is-the-biggest-ebola-outbreak-ever. [↑](#footnote-ref-24)
25. “Slithery Medical Symbolism: Worm or Snake? One or Two? - The New York Times,” accessed December 11, 2015, http://www.nytimes.com/2005/03/08/health/slithery-medical-symbolism-worm-or-snake-one-or-two.html?\_r=0. [↑](#footnote-ref-25)
26. “Carter Center Guinea Worm Eradication Program,” accessed December 11, 2015, http://www.cartercenter.org/health/guinea\_worm/index.html. [↑](#footnote-ref-26)
27. publichealthwatch, “How Nigeria Prevented An Ebola Outbreak,” *Publichealthwatch*, n.d., accessed December 12, 2015, https://publichealthwatch.wordpress.com/2014/10/23/how-nigeria-prevented-an-ebola-outbreak/. [↑](#footnote-ref-27)
28. Outsiders did not always pay enough attention to local understandings and influencers – including religious leaders and understandings. For example a friend of friends, Moses, a pastor in Guinea was one of eight who were killed by local villagers who thought they were bringing Ebola rather than preventing Ebola. Sometimes ignorance combines with fear. [↑](#footnote-ref-28)