GREGG A. OKESSON

Public Theology for Global Development: A Case Study
Dealing with “Health” in Africa

Abstract
This article makes a simple assertion. The problems faced by global societies require a multi-disciplinary approach, in which theology actively engages other disciplines, such as politics, health, economics, science, and cultural studies, for the purposes of helping the Church of Jesus Christ accurately represent “the fullness of him who fills everything in every way” (Eph 1:23). This reflects the writings of John Wesley and involves a process of reinterpreting the Asburian heritage of “the whole Bible for the whole World” for relating the Gospel to such issues as poverty, disease, famine, ecological disaster, and other facets of development crisis. In the second half of the article, we explore some of the ways this can be accomplished in global stages through a closer look at “health,” involving the World Health Organization, mission hospitals, village beliefs, and a contemporary phenomenon revolving around the healing “powers” of a Lutheran pastor in Tanzania.

Key words: public theology, global societies, development, Africa, health

Gregg A. Okesson, Ph.D., is associate professor of leadership and development at Asbury Theological Seminary in Wilmore, Kentucky.
The village of Selare abuts the Masai steppe in north-central Tanzania. The people occupying this semi-arid region are Warangi: Bantu by ethno-linguistic decent and socio-religiously, Muslim. My family lived in this small village of approximately fifteen hundred people for two years, seeking to understand the needs of the community: what they valued, the questions most important to them, their desires, problems, as well as aspirations, and most significantly how the Gospel of Jesus Christ related to these critical affairs. It was theology that brought us to the village of Selare and it would be theology that would help us probe the answers to the community’s deepest concerns.

To make these kinds of connections, we toiled in the fields, often beset by drought; or when the rains would come, stricken by pestilence in the form of caterpillars, locusts, or birds. Other times, we would sit with our neighbors and listen to their stories, laden with desire and despair. Where were the rains? How would they feed their children? Could they send them to school? Should they spend money on medicine for their grandmother’s tuberculosis or food for the family? After earning some of their trust, they began broadening the trajectories of those narratives to unseen realities: the spirits, curses, and other spiritual issues. How could they ward off evil? Why were they poor? How could they improve their lot?

Funerals happened several times a week, sometimes daily after the rains. In the beginning, they would tell me the cause of death was malaria or pneumonia; it was only later, after I had lived with them an extended time that they confessed to the real reason: “the sickness that nobody talks about” (meaning HIV-AIDS). My main “job” in the community was that of ambulance driver. People would come in the middle of the night (usually when a person’s fever was highest and all other “traditional” efforts had failed) and would fill the vehicle with extended family members. I would drive 2-3 hours to the nearest government hospital over tenuous roads. Many of the sick survived, others did not. I also transported corpses to bury the dead within their homesteads, a socio-religious value esteemed by the people.

Resulting from these activities, the community leaders asked me to help them with informal training programs to raise awareness regarding health-related needs. We walked around the village discussing sanitation or dietary needs. Should they sleep under mosquito nets? Wash food? Boil water? Plant tomatoes? How could they increase the yield of millet, or undertake different procedures to till the land? Each of these questions engendered socio-economic implications and necessitated religious and cultural rationale. Hence, if they boiled water, they would need to collect firewood from the mountains. This was illegal, and represented the domain of the spirits. Or, if they bought mosquito nets there was less money to purchase other necessities. Discussions of health moved into broader domains.
This brief narrative raises some of the problems faced by global societies. It further demonstrates how theology moves with people, into convoluted pathways where multidisciplinary themes swirl like the ever-present dust devils that skip and dance across the barren terrain.

This article makes a simple assertion. The problems faced by global societies require a multi-disciplinary approach, in which theology actively engages other disciplines, such as politics, economics, science, and cultural studies, for the purposes of helping the Church of Jesus Christ accurately represent “the fullness of him who fills everything in every way” (Eph 1:23). This, I will argue, reflects the writings of John Wesley and involves a process of reinterpreting the Asburian heritage of “the whole Bible for the whole World.” In the second half of the article, I will explore some of the ways this can be accomplished in global stages through a closer look at “health.”

Public Theology for Global Development

The previous comments highlight the importance of public theology for global development. Depending upon how it is understood, public theology is either an old practice that has received new attention, or a new discipline that has grown out of critical self-reflection within the broader province of theological studies. It seeks interaction with other disciplines within public “spaces,” whether global, local, or a confluence of the two, to engage in the issues most important to people around the world. For many, this means poverty, disease, famine, pestilence, ecological failure, and other facets of developmental crisis. In the case of the Warangi, theology emerged as a central feature of “healthy” which to my surprise entailed more than a narrowly defined cultural approach to the topic, but cascaded with texture and fluidity into larger socio-religious, economic, and political headwaters, drawn from the confluence of local, national, and global tributaries.

Public Theology. The growing field of public theology seeks out engagement with systemic sins in contemporary contexts, endeavouring to “image God” with fidelity to His nature within all facets of an integrated cosmology. It understands that sin involves more than a distortion of the individual properties of creation, but further affects the cohesion, the dignity, and most importantly the ontological and existential representation of God’s nature in the cosmos. Humans are set against God, each other, themselves, and nature. Domination, separation, exploitation, sacralization, and oppression become common themes of human communities, influencing how people interact with the rest of the created world. Fear, insecurity, and self-abasement follow, where humanity twists and contorts through the distortion of the image of God.¹

As theology moves into all spheres of life, redemption brings change not only to the entities but further the “spaces” connecting all of life. It
attends to linkages between sacred and secular, private and public, local and global; sitting in village markets, driving to hospitals, listening to the BBC, or toiling in unforgiving fields. These are the focal points for public theology, where economic, social, cultural, political, artistic, and/or other spheres coalesce. Yet it is also where public theology prospers, finding bewildering comfort in the intricacies of interdisciplinary dialogue, intrigue in the messiness of integrated methodologies, and strange delight in the multi-faceted ways public needs are situated within globalized contexts.

Public theology looks at society as a whole, or in a globalized world, how societies relate to each other in order to exegete the moral roots of public discourse and fashion new ways of thinking, feeling, acting, and interpreting, in light of the kingdom of God. It focuses upon the things most important to people. For contexts such as the village of Selare, this involves wrestling with issues of poverty, health, education, agriculture or other facets typically falling under development studies.

Global Development: Tanzania remains one of the poorest countries in the world. The United Nations Development Program (UNDP) analyzes countries according to their Health Development Index (HDI) score, inclusive of composite areas such as infant mortality, adult literacy, attendance in school, and gross national product (GNP) per capita. According to the latest findings, Tanzania received a ranking of 156 out of 174 countries, making it one of the poorest in the world, a distinction shared by many sub-Saharan countries. While themes of public discourse within Western countries might revolve around topics such as “wealth,” material acquisitions, technology, entertainment, and other means of human ascendency, in places such as Selare, individual stories speak more to basic human needs: rain, access to water, control over evil spirits, money for schooling, and markets for agriculture.

The plight of the poor has been well chronicled by Paul Collier in his book The Bottom Billion: Why the Poorest Countries Are Failing and What Can Be Done About It? In a world of almost seven billion people, six-sevenths experience some measure of economic growth, while the “bottom” billion languishes. People in this category come from a variety of countries, but are most frequently found in sub-Saharan Africa. They have names such as Nchasi, Kidyela, Mama Matthias, Mama Heri, Bashiri and Mosi Ramadan. They die of easily treated diseases and give birth to children who stand only a 70% chance of making it to their fifth year. The average life expectancy for such people quivers at an abysmal 50 years of age. Their children often have bloated bellies because of malnutrition. Entire families live on less than $1 a day. When famine strikes or disease runs through a village, these are the people who die: women and children, old and young, most frequently.
The needs facing such communities remain enormous and cannot be partitioned from the Gospel, or added to, as a luxury, when there is enough money or time. Public theology moves into these areas, focusing upon the things most important to global actors. It believes that Scripture naturally requires this kind of "fasting" (Isa 58), where biblical truths pertain to real life predicaments, inclusive of poverty, disease, environmental decay, or political chaos. This article, further, argues that such an inter-disciplinary, global, and "public" theology represents a heritage firmly set within the Wesleyan tradition.

Wesleyan Foundations in Public Theology for Global Development

Although the term "public theology" may be relatively new to those employed within theological studies, in practice, there is little new about it. For centuries, theologians have grappled with public issues, including such figures as Irenaeus, Augustine, Calvin, and Wesley. What makes contemporary trends in public theology unique is how they actively seek engagement with "open" domains of life, wanting to frame the discussions in "open" language for the purposes of apologetic construction. Public theology delights in attending to ostensibly secular and sacred venues, discovering, unpacking, critiquing, and formulating theological truths within such domains as political speeches, economic theory, sermons, blogs, environmental policies, prayers, movies, novels, music and everyday speech-acts, paying attention to a variety of "theological" authors, including lay or "ordinary readers," and doing so in a manner accessible to all.

In looking back at those years in Tanzania, I would identify the main voices behind theological reflection as Muslim leaders, farmers, shopkeepers, women, and a host of children that followed my every activity. Their names were Nchasi, Kidyela, Mama Matthias, Mama Heri, Bashiru and Mosi. Ramadan (not familiar appellations within compendiums of theology). And this represents one particular strength of public theology, by attending to the broad, sweeping scope of theological input, all voices are acknowledged and given their due regard.5

The topics discussed by my neighbors were not overtly religious, although spiritual resources framed all the issues. Neither were they distinctly cultural. The people talked about health, economics, politics, and environmental matters. They sought development over everything else, and articulated their own understanding of it from within global, socio-religious, and local resources. Most of their "stories" revolved around health-related concerns, pushing the parameters of the discursive beyond the narrow confines of the bio-physical model of Western societies.

In many ways, John Wesley found himself doing the same. A proper treatment of his contribution to public theology exceeds the scope of this
article. But I reference Wesley's writings, nevertheless, for the purposes of, firstly, emphasizing the importance of theological engagement with the plight of the poor; secondly, illustrating one of the ways to undertake public theology by showing how historical personalities (like Wesley) have actively engaged in public affairs, especially those highlighted by the needs facing global communities; and finally, reminding us of the important heritage we have at Asbury Theological Seminary.

I will briefly make a case for public theology and its relationship with global development by highlighting features of Wesley's theology and how it represents much of the best of public theology, and how this "best" addresses some of the most horrific needs presented by global contexts. In looking at Wesley, we at once find a theologian affected by the plight of the poor and whose writings actively seek a case for the poor. We see him within the contingency of his historical setting: faced with the daily predicament of the English poor (including the material needs of his sisters), fighting sickness, engaging in health-related activities, experiencing firsthand the horrific problem of slavery, and involved in global contexts as a result of his missionary activities to the American states.

Public theology can never begin (or end) with neutral, detached concern with the affairs of life. It proceeds from the vicissitudes of life even as it finds its origins in Scripture. Like Wesley, we must not choose between the Bible or human needs; for, biblical texts flow out of historical narratives of suffering while contemporary contexts require continued engagement with the timeless truths of Scripture.

At a very practical level, the confluence of these two (everyday realities and biblical revelation) finds Wesley engaged in a broad host of public affairs, from advocating the viability of traditional medicinal treatments, to proposing basic economic theory, to his General Rules that advocates ethical practices of "doing no harm" alongside the more positive appeal of "doing good." These teachings cannot float unencumbered like theological vapours wafting over the landscape of life, but rise out of real, tangible needs. Armed with the truth of God's Word and personal experience, Wesley wrote tracts such as Thoughts on the Present Sacrifice of Provisions (1773) for dealing with socio-economic issues. He blamed the shortage of food upon the use of grain for making alcohol, the gluttony of the rich, and high taxes imposed by political authorities, moving theology into social, moral, political and economic domains.

Wesley taught regularly on the importance of visiting the destitute, admonishing adherents to "frequently, nay, constantly... visit the poor, the widow, the sick, the fatherless, in their affliction." He argued that apart from such practices, "you could not gain that increase in lowliness, in patience, in tenderness of spirit, in sympathy with the afflicted, which you
might have gained if you had not assisted them in person.”” His views on slavery are found in Thoughts Upon Slavery, which demonstrate both a distaste against those who would advocate such abhorrent practices, along with constructive theological teachings flowing from his belief in Prevenient Grace. Others have suggested that Wesley held an ecological ethic and/or was an early advocate of political theology. Whatever we make of these, there can be no question that he saw the world as his parish and where theological reflection took place in the face of global needs.

As a distinctively Wesleyan institution, we might say that both “public theology” and “global development” run through our veins. The task before us, therefore, is to draw upon this legacy for the purposes of advancing “scriptural holiness” in word and deed for the sake of the world’s greatest problems. Very specifically, we should consider whether public theology might offer a platform by which all facets of educational research, including biblical, systematic, historic, ethical, missiological, socio-political, psychological, and other fields of study, might offer their best resources, conditioned upon their most ethical employment, for addressing the catastrophic needs facing those who languish around the world.

In good Wesleyan fashion, we must not choose between evangelism or social needs; the Bible or everyday realities; to live as aliens or citizens; for, by advancing a holistic gospel of the kind promoted by Wesley, we are embracing the whole Gospel for the whole world.

Public Theology: A Case Study in African “Health”

In the remainder of this article, I will attempt to show some of the ways that public theology can assist in analysing one particular facet of global development: health. As intimated above, Wesley has much to offer on this topic, but I will leave that for another discussion.

I want explore the topic of health through a closer look at three public “snapshots” taken from within contemporary African society. I have chosen these three due to personal experience I had with them, similarities and differences between the three, and because each represents a facet of “health” drawn from a global stage. The first comes from the World Health Organization (WHO); the second within a large, mission-founded hospital in Kenya; and the third from a contemporary, church-related phenomenon in Tanzania, highlighted by recent media attention.

These three snapshots further attend to different kinds of “publics” within contemporary African society. Ogbu Kalu, in his monumental work on African Pentecostalism, identifies such possibilities; he states, “the African moral universe comprises three interpenetrating publics: the village public, the emergent urban public, and the Western public that is represented by multinational corporations and international institutions.” The following
discussion incorporates all three as they bob and weave in a lively dance called public theology.

First Snapshot: World Health Organization (WHO) and definitions of Health

Perhaps one of the most significant players in the arena of global health discursive is the World Health Organization. Founded in 1948 by the United Nations, the WHO provides leadership in health-related, global activities. One can observe their influence at continental, national, and local levels, whether through policy-making, promoting the interests of women and reproductive health, or training local healthcare professionals.

According to their website, the WHO defines “health” in the following ways:

1. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO Constitution).
2. The extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities (Health Promotion: A Discussion Document, Copenhagen: WHO 1984).
3. A state characterized by anatomic, physiologic and psychological integrity; ability to perform personally valued family, work and community roles; ability to deal with physical, biologic, psychological and social stress; a feeling of well-being and freedom from the risk of disease and untimely death (J. Stokes et al. “Definition of terms and concepts applicable to clinical preventive medicine”, J Common Health, 1982; 8:33-41).

Each of these statements is laden with meaning. These definitions offer many positive contributions for the consideration of health as an interdisciplinary discursive, moving it from rationalistic, biophysical meanings to those intimating broader psychological and social significance.

The etymology of “health” comes from an old English word with Germanic origins indicating “wholeness.” Biblical authors employ similar meanings. The Hebrew word shalom (שָׁלוֹם) indicates more than the “absence of war” but conveys a sense of “completeness, soundness, welfare or peace”15 and "is the result of God's activity in covenant."16 While in Greek,
both ἰσθήμων and σωματεύω can indicate “to save” and “to heal.” The Apostle John demonstrates elasticity to the concept of health, moving it between physical and spiritual senses when he uses the word Ἰσθήμω (healthy) to wish of his friend Gaius: Ἀγαπητέ, περὶ πάντων εὐχαριστοῦσα καὶ ἰσθήμους, καθὼς εὐδοκίαν σου ἔχω “Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well” (3 John 2).

The definitions listed by the WHO seem to acknowledge the holistic scope of the word, emphasizing physical, social, and mental integrity, as well as focusing attention upon health as “a resource for everyday life” in order to prosper in relationship to one’s environment. However, conspicuously absent is any reference to spiritual significance. The definitions hint at theological import by using words such as “well-being” and “freedom.” Other language speaks to human potential, by focusing upon a person’s “full functional activity” or “aspirations.” Yet these definitions never mention the role of religion, whether from purposeful neglect or for fear of offending “modern” sensibilities.

Few Africans, however, would endorse such a perspective. Stephen Ellis and Gerrie Ter Haar propose that “it is through religious ideas that Africans think about the world today, and that religious ideas provide them with a means of being social and political actors.” Sacred and secular are not two distinct spheres of life, separate from each other; rather, they function as two inseparable resources. They rub up against each other, with spiritual values speaking into material realities; or, as Harold Turner suggests, with the secular serving to “mediate the immediacy” of the sacred within all aspects of African cosmology.

However, “secular” NGO’s often struggle to account for the role of the sacred within health-related domains. A friend of mine works for a large, American University, promoting “holistic” development activities in two Tanzanian villages. Shortly after arriving in the country, he asked whether he might discuss religious matters with Muslim and Christian leaders. The institutional supervisor suggested that it might be better to keep religion out of their affairs.

Yet even in cases where international agencies make room for religion (less often, theology) within the purview of global development, approaches to the subject by practitioners continue to be predicated upon Western models and/or nuanced by culturally-nuanced meanings given to words such as “progress” or “aspirations.” Development agencies alternatively romanticize, essentialize, or minimize the role that religion provides in the lives of global actors, underestimating how “it is embedded in the everyday life of millions of people in the South.” Another unfortunate by-product of these myopic approaches is how they tend to promote a false dichotomy
between modern, Western science and traditional African religion. "The fact that this dualism appears to be continuously called upon in contemporary debates does not prove its theoretical usefulness, but does testify to its persistence as a discursive frame." The truth is that Africans imaginatively draw upon traditions and global resources, sacred and secular, in order to place themselves most advantageously within the modern world.

My involvement with the Warangi highlights the importance of "health" as a key public issue, set within a particular time and stage, and nuanced by everyday actors. As I sat with the people or engaged in agricultural projects, themes of health, prosperity, and progress worked their way into our daily conversations. One of the first things to become apparent was the fluid way people moved between spiritual and material topics. Without discounting the importance of the "well-populated" cosmos of spiritual realities often representative of African societies, these people talked about the need for medicine, access to health care professionals, and readily compared themselves to Western societies. People prayed for the sick, even as we drove to the government hospital. A witch doctor came to our village and set up shop, so to speak, in close proximity to the nearest clinic. Children wore amulets around their wrist even as mothers carried them long distances to healthcare facilities. No one saw this as an "either-or" scenario, but as mutually beneficial matters. Community members made seamless connections between "health" and socio-political issues. They spoke about illness due to spiritual conflict, but also connected it with cultural traditions, poverty, lack of rains, poor soil conditions, limited access to agricultural technologies, or because of unsympathetic political policies.

To their credit, the WHO has worked with religious leaders and even organized a conference in Nairobi, with a corresponding book entitled, *Faith in Development: Partnership between the World Bank and the Churches in Africa*. Only these "integrations" have not matured to the point of including religion in their formal definitions of health; nor have they given much consideration to how spiritual and physical issues interrelate within health-related activities. They talk openly about "freedom," "capabilities" and fundamental "human rights," but do not give moral or religious rations for these. In this, they may be guilty of offering a secular eschatology: a view of human ascendency laden with implicit "theological" rationales but where the sole focus rests upon human effort to eradicate poverty, disease, or other socio-cultural ills (the *tika* of modern, human society). Another problem with grounding human rights, for example, based upon "capabilities" or "freedoms" is that such a move, either, defines such terms too broadly such that they can apply to animals, or too narrowly to exclude certain people (often the poor).
Second Snapshot: a large, mission-founded hospital

As we have seen, health invokes a broad range of images. However, within an age of specialization, the tendency sometimes exists to think of “health” as belonging exclusively to one segment of people; specifically those within the medical profession. I first encountered this proclivity when attached to a medical college in Kenya, where I served as an educational consultant. Perhaps starry-eyed about the prospect of engaging public theology with the broader discursive of “health,” I quickly encountered quizzical, questioning, and sometimes suspicious queries from those within the medical community. “Tell me again, why are you here?” “Do you have any training in medicine?” and to my responses that my University was interested in integrating theology within a medical curriculum, one surgeon pointedly asked, “Why would that be important to us?” What makes these questions most interesting or alarming, depending upon one’s perspective, is the fact that these encounters took place within a historic, evangelical mission hospital.

What does theology have to say about health-related matters; when can it speak, and what ethical issues accompany the process of doing so?

Western healthcare has tended to define “health” around biophysical meanings, reducing values of “wholeness” to those narrowly conceived around the “absence of disease.” This is especially the case in societies influenced by the instrumental rationality of the Enlightenment, in which “patients become customers” or where “symptoms rather than people are treated ... the practice of medicine is seen as a battle against disease ... rather than the care of the sick person.”

These Enlightenment characteristics came to Africa via the agency of Western personnel. Western missions arrived in Africa during the late nineteenth and early twentieth centuries with an ambiguous blend of revivalistic, evangelical theology along with Enlightenment traditions. On the one hand, early missionaries embraced African worldviews for their propensity to be “notoriously religious” (Mbiti); while, on the other, they brought distinctly “secular” answers to the problems facing African communities, including medicine, agriculture, or other facets of Western development. Hence, most missionaries were simultaneously modern and anti-modern; decidedly spiritual in viewpoint, but with implicit secular presuppositions that guided how they undertook affairs.

Mission-founded hospitals received this heritage, taking advantage of both “spiritual” and “physical” resources in which to craft their own particular way forward. This is to argue that local agents are not passive in the way they receive global meanings, but actively “answer back” with interpretive powers. Hence, it would be inaccurate to speak of these hospitals as “secularized.” All staff members regularly attend chapel, Bible Studies,
or prayers each morning of the week. Banners hang proudly in most parts of the hospital, announcing "Healthcare to God's glory." A faithful team of chaplains visit all the wards, praying for patients. Doctors and nurses travel to various "outreach" activities, and/or share the Gospel in other organized settings.

A better question would be to probe the extent of "integration" or, "integrations" (with emphasis upon their plurality) within the healthcare community. Are spiritual resources antecedent to, by-products of, or ancillary to biophysical healing? What do chapel services or Bible studies have to do with the medical activities? Is it a matter of preparing the community to be agents of healing, or do they only "Christianize" the institution? Do chaplains and nurses undertake complementary roles or compartmentalized services? What role do "outreach" activities have; do they address the soul in its comprehensive totality, or only in narrowly conceived, individualized senses of the word?

The queries and relatively cold reception I received from within the Christian, medical community not only tells us something about the perceived "rights" of specialists within health-related matters, but also conveys information about how people view theology. The fact that these responses came from missionaries and NGO-related practitioners, Westerners and Africans (albeit in different ways) also communicates important cultural insight, necessitating an exegesis, of sorts, into the reasons for the perceived apathy, whether it was because they hold alternative views of integration, or whether they were too busy to involve themselves in such seemingly nebulous terrain.

Integration is taking place in Africa. We only need resources by which to understand, encourage, and critique the forms of it that arise within a variety of public spaces. The Church cannot blindly follow Western, reductionistic practices that treat health merely as a physical enterprise. Nor can we uncritically baptize Christian teachings on top of biophysical perspectives. What is more, theology cannot bully its way into public spaces, forcing a coup d'etat of sacred power. The problems are simply too grave, as they involve sin affecting the entities and "spaces" within a broad, interconnecting range of social ills.

A holistic treatment of "health" requires theologians, medical professionals, sociologists, agriculturalists, psychologists, and a host of other disciplinary expertise to help nurture God's shalom within a world of "disease." What is more, these confluences need to happen in global spaces: at mission-founded healthcare facilities, village clinics, or in Landcruisers speeding over tenuous Tanzanian roads to the nearest government hospital: precisely in the places (alternatively, "spaces") where God's design for health is most critical.
Third Snapshot: Loliondo

A final vantage point by which to explore the topic of health takes us to a small village of Loliondo, Tanzania, where a retired Lutheran pastor by the name of Ambukile Mwasapile has made international news with his traditional, medicinal concoction that purports healing for diseases such as cancer and HIV-AIDS. Many religious leaders and traditional healers have made similar claims, but what makes this one noteworthy is the media acclaim received by this pastor. Tens of thousands of people have made their way, along suspect roads to his village, including dignitaries and political leaders from around the world. He sits outside his mud house and sells the mixture at a modest price, of which only a small percentage goes to him (the rest is sent to the Lutheran church). He envisions building a “house of healing” for people around the world, with prayers and medicinal treatment for those suffering from incurable sicknesses.

Media coverage of this event has sent rippling waves of interest throughout the region making Loliondo a household word. The Kenyan newspaper, Daily Nation was one of the first to take up the story. In what follows, I will piece together the various headlines to tell a narrative that, like the roads leading to Loliondo, meanders its way through the convoluted and rocky terrain that is modern Africa.

After the story was first reported, there was a flurry of excitement; articles trumpeted: “Thousands scramble for ‘miracle’ drink” and “Can this man cure everything under the sun?” It did not take long, however, for various NGO’s to begin questioning the veracity of the claims. They criticized the government for allowing this to take place (“Should gov’t ban travel to Loliondo” scoffed at the purported instances of healing, and complained about larger health-related problems as a result of thousands of people converging upon such a remote, rural area (“Loliondo pilgrimage marred by deaths and accidents”). Further protests led to increased media scepticism (“Loliondo takes advantage of our vulnerability” “Government should not appear to condone Loliondo;” “Tanzania halts ‘miracle cure’ after 52 die;” and with a final stab, particularly motivated by NGO’s: “Loliondo drug frenzy ‘threat to war on Aids’”). It was not long; however, before optimism returned. After the initial wave of opposition, other voices began to enter into the discussion arguing the case for the importance of traditional healing practices, the role of spiritual specialists, and/or the legitimacy of both. The Daily Nation began carrying headlines that read: “Magic herb’ is well known to Kenyan scientists;” “Wonder drug gets a clean bill of health;” “Rush to Loliondo by Bus and Aircraft;” and “We should have more faith in our own home grown solutions.” Intermixed within these developments were specific articles dealing with the convoluted issues pertaining to how Christianity on the continent has capitalized upon
integrative notions of healing. One headline read: “Africa’s Doctor Cure-Alls: Men of God or Quacks?” While other articles cascaded into broader health-related tributaries, questioning the larger state of health within the country: “Miracle drug exposes healthcare woes.”

Our cursory examination of these headlines provides a glimpse into the textured topography that is “health” within contemporary African society.

International news media soon took the story. The interpretations found in these articles were more suspicious and sensational. The BBC sent a reporter to Loliondo where she discovered over 6000 people waiting in a queue to meet with the retired pastor. The writer sets the story within a broader religious context, perhaps feeling the need to explain to Western readers why Africans would go to such lengths to receive this treatment. She states, “Belief in magic and the powers of traditional healers are widespread in Tanzania.” And then proceeds to seemingly sensationalize the story by connecting it with another news item of recent interest: “Some witchdoctors say that the body parts of people with albinism are effective when making magic charms, leading to the killing of dozens of albinos in recent years.”

The fact that this latter story had nothing to do with what was happening in Loliondo largely went unnoticed by Western readers and perpetuates a false dichotomy between a scientific and religious Africa.

Churches across the region actively took up the discussion, either in advocacy to Loliondo’s legitimacy, contesting such claims as demonic or fake, or through silence, leaving the masibinkii (church-goers) to interpret the predicament for themselves. In each of these instances, their views on Loliondo flow out of respective “theologies.”

On any given Sunday, hundreds if not thousands of clergy from around the continent make similar assertions. Healing is not one of many church-related activities, but functions as the central hermeneutic for understanding ecclesiastical affairs in Africa. Pastors serve as mediators of God’s power. Nearness to the source (indicating God, the divine, or to a lesser extent, ancestors) facilitates the flow of power, raising ontological implications about the status of the clergy or other spiritual specialists: Touch, oil, or other fluids aid with the movement of power from spiritual to human domains. People are healed; others are delivered from spiritual oppression; oftentimes, these occur together.

Notwithstanding the legitimacy of many of these claims, dangers occur: when healing happens solely through contact with spiritual specialists. The “sacralization” of power heightens the status of clergy, making them a little nearer to God (and suggesting that they might be a little less human). Yet in African societies “sacralization” and “secularization” “may constitute two complimentary poles of a single phenomenon,” necessitating a more nuanced exegesis of the dynamic.
For example, a Pentecostal bishop of a large denomination heard that I was working at a local hospital and praised its impact in the community. I intimated surprise that he would see the legitimacy of such medical endeavors. He proceeded to talk about his “holistic” view of healing, and how all facets – spiritual, medicinal (meaning, traditional properties found in plants), Western medical, and psychosocial were important. He told me that his role as a pastor was to discern the kinds of healing important to parishioners and assist them in receiving proper treatment. In the course of our conversation, he vented about the exorbitant prices for medical expenses charged at other hospitals, the inability of the government to deal with the needs of the people, and further how his local congregation was in the process of beginning a health clinic. During this brief discussion, the Bishop moved with health into spiritual, physical, relational, economic, political, and environmental areas, ultimately advocating ecclesiastical agency with public healthcare.

Another church has recently risen upon the ecclesiastical scene in Kenya. They call themselves, Tabibu, which means Physician in Kiswahili. The founder, a scientist at the University of Nairobi, discovered he had cancer. In order to find treatment, he employed a combination of prayers along with medical healing properties found within everyday foods. Since then, he has started a church and begun his own consulting business in which people come to him for spiritual-physical healing. The church combines evangelical doctrine, charismatic expression, along with African healing practices. They preach a thoroughly orthodox message of salvation in Jesus Christ, but, like other churches in Africa, accentuate the scope of the Holy Spirit’s power to include physical and spiritual healing.

Conclusions

All of these “snapshots” seems to intimate that conversations about health inevitably lead to theological claims about cosmology, God, the status of spiritual specialists, the “good life,” as well as connections between social, economic, political, and even environmental realities. Contemporary trends in “transformative development” focus upon holistic solutions for the plight of the poor around the world. While this is important, the mere mention of holistic solutions seems to intimate that integration takes place one-dimensionally, as if by virtue of placing everything together, holism naturally ensues. However, the “snapshots” identified above indicate multiple integrations, with nuanced relationship between sacred and secular, or with varying kinds of interactions between humans and their environment. Holistic development does not constitute a pre-packaged entity, but flows out of how people envisage their cosmos, in this case, how they “image” health.
Our first look at the WHO revealed a relatively progressive outlook reacting against some of the predilections in Western modernity to reduce "Health" to merely the "absence of disease." However, in putting forward its definitions, the organization made no mention to the role of religion, nor did they go into any detail into how the various elements interrelated. Not only might this alienate the majority of Africans, in whom religion offers primary for viewing life, but it presents a "soulless" view of health (alternatively, is suggestive of a secularized eschatology).

In the second snapshot, we explored a more nuanced perspective by looking at a mission-founded hospital. In this, both spiritual and physical aspects were included, but with tension, ambiguity, or lack of cohesion between them. Spiritual matters were accentuated within the larger purview of medicine, but lacking the kind of integration that might lend itself to a more comprehensive view of healing. Spiritual specialists did spiritual things; material specialists did material things. Chapel focused upon the religious. Doctors attended to the physical. By their own admission, chaplains were unsure what role they should play in healing, while nurses were confused about how to incorporate their faith into their profession.

Finally, we looked at a contemporary phenomenon occurring in a small Tanzanian village, where a spiritual specialist mediates healing to humans using prayers and traditional medicine. The media notoriety attached to this event led to "public" discussions about the medicinal properties of plants, the role of religion in health, economic implications, the status of spiritual specialists, and many other encompassing matters. This final snapshot further highlights some of the imaginative ways that African churches are integrating sacred and secular within the purview of ecclesiology. The fact that they do so within the "public" arena of health tells us something about the on-going shape of theology in the South. African ecclesiology moves in the direction of ostensibly "sociological" themes, such as development, education, health, and modernity-related topics.

These insights further remind us that cultural (or contextual) actors from around the world will continue to shape broader public discourses on "theological" topics. The solutions to these problems can arise from a variety of locales, but, as Barbara Bompani reminds us, "We should not forget that the context in which these problems are to be solved will endure as an Africa one." 445

All three of these pictures demonstrate that public discussions on health cannot be broken down into "intense but narrow beams of light," 46 but require the full sweeping rays of the sun to illumine the various undulations within the rocky terrain. Health means "wholeness," and everyday actors (perhaps more than professional specialists) know what this looks, feels, and functions like within their contexts. Religion (or, more specifically,
theology) will continue to play a key role in these discussions. Even as sin seeps into all facets of the world to bring distortion to God's creatively good, so cosmic redemption must attend not only to the entities of creation, but the "spaces" and power relations between them: to nurture connections between the mind and body, sacred and secular, politics and economics, ethics and the environment, so that the Body of Christ might offer robust and integrative solutions for a world careening out of control.

Public theology attends to the intricate, multi-faceted discourses that take place in public realms, seeking to "unpack" their theological and cultural meanings to help position the Gospel towards life, especially related to the vile, debilitating sins affecting global societies. Toward this end, we need a theological education that helps prepare women and men to be God's agents of the Gospel in hard, sin-encrusted places. This requires exegeting both text and context; helping to nurture creative, theological integrations; and, in the words of Max Stackhouse, "a revitalization of a world missionary movement, one that joins a converting 'evangelism' to a reforming 'social gospel.'"

This article has probed the contribution of public theology to global issues for the purposes of "re-imaging" health for the world. To the extent that theological educators can locate their distinctive voice within this discussion, helping to strengthen facets related to biblical, theological, psychological, historical, or other socio-political trajectories, than this article has succeeded in its intent.

Public theology cannot afford to partition itself from other disciplines, but requires all the resources from the global Body of Christ to attend to those convoluted, interrelated, and power-infused issues most critical to people around the world. As an institution indebted to the Wesley tradition of seeing the entire world as its parish, we might re-imagine what "the whole Bible for the whole world" can mean for global development.
Bibliography


Endnotes


3 There are many ways of doing public theology. This article will only highlight a few. Furthermore, like with most branches of learning, disagreements abound on the nature of the discipline, and how to do it. As an evangelical theologian, I will argue for a methodology that relies heavily upon the authority of Scripture for contemporary issues.

4 Gerald West, Musa Dube and others highlight a contemporary trend in African theology by attending to the contribution of the laity, what they call "ordinary readers;" see *The Bible in Africa: Transitions, Trajectories and Trends* (Boston: Brill, 2001).

5 This is not to say that all voices are the same, or to suggest a diminished role for the Bible; only, that through public theology, we pay careful attention to the theological import of all voices that contribute to public forums of discourse. These, then, can be critiqued by biblical warrant.

6 Particularly interesting is his *Primitive Physick, 1747; or, A Collection of Receipts for the Use of the Poor* (Bristol: Farley, 1745).


10 *Works*, 11:59-79; see also “To William Wilberforce.”


12 For those interested, see Philip Ott, "John Wesley on Health as Wholeness," *Journal of Religion and Health*, 30:1 (1991), pp. 43-57


They say that the need for integration is well known to many disciplines, and that the story of Christian integrity and compassion is a relatively inexpensive medical fee charged to patients and because chaplains pray for them. The hospital is well-known around the region as a place of Christian integrity and compassion. So, we might say that integration is taking place, albeit sometimes in awkward and uneven ways.

These headlines are not necessarily listed in sequential order, although they do suggest some measure of the way the story came across to the public.


For example, see Bryant L. Myers, Walking with the Poor: Principles and Practices of Transformational Development (New York: Orbis Books, 1999).

In an interesting side-note, there are many positive things happening at this hospital. This particular healthcare facility is daily inundated with Somali patients. They come from long distances because of the relatively inexpensive medical fees charged to patients and because chaplains pray for them. The hospital is well-known around the region as a place of Christian integrity and compassion. So, we might say that integration is taking place, albeit sometimes in awkward and uneven ways.

Bompani, Development, p. 8.

A statement borrowed by Collier, The Bottom Billion, in which he advocates for the need to attend to the plight of the poor through a multifaceted grid of interrelated disciplines, p. x.