

Miracles as Medicine

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Medicine in Sub-Saharan Africa is facing a huge challenge. A belief system that sees medication, diseases and health in general as spiritual rather than biological processes is becoming hegemonic. Every night in Accra and Lagos thousands seek out evening Pentecostal prayer camps: most are women who are suffering from infertility. There is an empirical basis for this transformation.

The first element is the growing inefficacy of modern medicine that has built up the resistance of microbes to drugs. In Nigeria, more than 500 patients, predominantly children, are known to have died from the use of the toxin diethylene glycol in the manufacture of fake paracetamol; fake tuberculosis and malaria drugs alone are estimated to have killed 700,000 people a year. The second element is the amplification of this process due to the massive importation of fake and sub-standard drugs. Africa and Asia import fake drugs that exceed 50%. The third is the withdrawal of state from subsidising health facilities, the growing cost of medication within a context of growing poverty and the subsequent search for cheaper alternative medication. Ciprofloxacin, which is classified by the WHO as an essential medicine, is widely used in treating diarrhoeal diseases, sexually transmitted infections and opportunistic infections in people living with AIDS, but due to the high cost of it, many patients on the continent could not access the drug. The outcome is that modern medicine is becoming something to avoid since it is found to be fake, expensive and beyond the reach of the common man.

Recourse to religious beliefs and practices is a large part of the problematic and one key element is the growth of Pentecostalism. Pentecostalism as a form of Christianity has shown a high capacity to relate effectively to discourses about traditional African religions and cultural practices as there is general scarcity of references to African Traditional Religion among the Orthodox churches. Orthodox Christian Missions simply condemn traditional religions and do not respond to the issue of the reality of the forces contending in the African cosmology expressed through such cultural practices. What is novel about Pentecostalism is that it directly addresses the problem of the forces of evil and incites public testimony about the workings of evil forces, producing discourses, which expose these forces and shows the individual how to overcome their perceived dangerous and destructive influence. Ghanaian and Nigerian churches set aside a special night vigil days for 'deliverance' for those that are being attacked by the forces of witches and wizards. These narratives enable the individual to constitute himself as an historical agent who is empowered in their personal life and, together with the community of believers, has the strength to do battle with "powers and principalities."

Pentecostalism provides analysis based on the action of enemies using spiritual forces. It also provides a response of God's angels intervening to counter the dark forces by providing health and wealth, and also adding heaven, success and happy family life into the bargain. This combination of a gain-all and lose-nothing cocktail has produced a new dynamic impacting strongly on health practices.

Countless Africans join Pentecostalism as a result of tribulations they face with expectation of miraculous healing and promises of breaking away from poverty. In a Line of Fire Revolution Radio interview, preacher Reinhard Bonnke said nearly 6 million Nigerians jammed a park in Lagos for a healing service he conducted. By emphasising its claim to solve problems of daily life, Pentecostal religious leaders seduce people that are faced by challenges of life such as diseases, bareness and abject poverty. Pentecostal churches become the last resort after having tried “everything else”.

Among Muslims, the belief that sickness is spiritual and its healing is also spiritual, that Allah brings sickness and in all disease Allah has created, he has also created remedy for them all, is prevalent. For instance, President Jammeh of Gambia who has shown the world that he has cured many HIV/Aids, asthma and diabetes patients lays claim that this ability comes from Allah.

Testimonies are eloquent in this regard:

Tsholofelo Setshiro from Botswana: I had been healed from extremely poor vision. I was wearing glasses and if I remove them, I could not see more than two metres. Diagnosed with shortsightedness, the only solution from medical professionals were the glasses and medications for the eyes but to no avail. After receiving prayer from Prophet T.B. Joshua, the next morning I woke up and as I was leaving the room, I left my glasses. When I finally realised that my healing had been perfected, I was already outside walking around without them. I then noticed that I could see details of things quite a distance.

January 18, 2007, hundreds of patients have benefited from his cure. Nine patients started the treatment at State House in Banjul. The patients included Lamin Ceesay of Santa Yalla support society, Ousman Sowe of the Nyaniya Killing in Brikama, six female and two and a half-year-old boy who were all diagnosed as HIV/Aids positive. Out of the nine patients who were treated, seven had great improvement in their CD4 counts. This was confirmed by the lab results and by Dr Mbowe, SoS for Health and Social Welfare. The test was carried out by the Bacteriology-Virology laboratory of the university teaching hospital, Dakar Senegal and it was shown that, for the patients with HIV 2, such as Adama Manneh, Fatou Fadera, and Fatou Kaw had undetectable HIV virus, whilst Dado Jawo, had a low viral load. Similarly, the test also showed that Ousman Sowe who was diagnosed with HIV 1 also showed an undetectable viral load level.

The trend is that many of the Pentecostal churches in Africa have pastors who urge their members not to take drugs; they push the line that taking drugs negates the fulfillment of word of God in their lives as God is capable of healing them of any disease. Some worshippers died of HIV/Aids-related illnesses as their churches discourage them from taking anti-retroviral drugs and other related medication. Apostolic and Pentecostal churches in Zimbabwe have been cited as the major culprits. Tambudzai Mazvihwa from Banga Village in Shurugwi died as a result of this. Church elders prescribed holy water instead of the pills for her. In a related development Sky News has it that at least six people have died in Britain after been told by evangelical churches in London, Manchester, Birmingham and Glasgow that they had been healed of HIV, and could stop taking their medication. Many of the Pentecostal churches have established healing schools where the only form of medication is prayers. Christ Embassy Church has a healing school in Lagos State, Nigeria.

Hardly any Pentecostal church service passes without testimonies about healing, and increasingly,

other Orthodox churches such as Anglican, Methodist and Catholics are engaging the same path.

Health policy makers in West Africa must devise strategies to address this phenomenon. At one level, the struggle to improve the efficacy of modern medicine through combating the importation of fake drugs and discouraging self medication must continue. And this must be done by giving more power and support to institutions who fight this as we have seen in the case of Nigeria's food and drugs regulator NAFDAC, and professional associations, such as those of pharmacists, doctors, and local pharmaceutical manufacturers. At the same time, organisations like Health Aid in Ghana, must improve their efforts at educating communities in the North of Ghana on hygiene and health problems in general. The Catholic Institute for International Relations and Action Partners Ministries which provides healthcare to around eleven developing countries in Africa, South America, the Caribbean and the Middle East must become more engaged in understanding the reasons for the trend of moving away from modern medicine and carrying out advocacy for science made modern medicine. Governments in sub-Saharan Africa must take good pay for health workers in the region seriously as doctor brain drain costs Africa \$2 billion due to doctors' migration to Britain and US in search of better pay for their services. It might also be useful to engage the clergy and encourage them not to present spiritual and medical cures as mutually exclusive as people die in crusades and rallies because of too much crowd.

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