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In the Name of Jesus!

Healing in the Age of HIV

Edited by

Ezra Chitando and Charles Klagba



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EHAIA series

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INTRODUCTION

Ezra Chitando and Charles Klagba

Our pastor suggested that if we had true faith in God, we would throw away our anti-retroviral drugs and rely on the name of Jesus for our healing. He said that using anti-retroviral treatment was a sign that we did not have total faith in the power of God. We disagreed with him. We told him that he would do us a lot of good by praying for our anti-retroviral drugs so that they could become more effective in our bodies.¹

We argue that while ART (anti-retroviral treatment) has undeniably saved and improved the lives of millions of people, it has also introduced new challenges that need to be addressed to safeguard sustained treatment success. (Burchardt, Hardon & de Klerk 2009: ix)

But healing is a hot topic: What exactly do the churches mean by healing? Can healing always occur? Can healing occur without physical cure? Are the claims sustainable or fraudulent? Some churches emphasize divine healing without any resort to modern medical facilities. Others perceive them as being complementary. It is surmised that the popularity of divine healing in Africa arises from the poverty in the communities that are plagued by the collapse of the health care delivery system. (Kalu 2008: 263)

The tension between adherence to anti-retroviral treatment and faith healing² has been felt in diverse settings in sub-Saharan Africa as individuals

1. Testimony by a woman living with HIV, Ecumenical HIV and AIDS Initiative in Africa (EHAIA) Training of Trainers Workshop on Mainstreaming HIV in Theological Education, Moshi, Tanzania, September 2008.

2. Different terms have been employed to refer to the claims of miraculous healing or healing that is believed to take place through prayers only. We have adopted the term “faith

and families face HIV. Some pastors have been discouraging their members and clients from adhering to anti-retroviral treatment, claiming that they can effect miraculous healing³ “in the name of Jesus.”⁴ This has left many Christians living with HIV in a dilemma. On the one hand, they are being encouraged to ensure that they take their medication on time. On the other hand, some of their spiritual leaders are encouraging them to abandon this treatment altogether. In many ways, it is a replay of the old debate between “science” and “faith.”⁵ The debate has many interesting academic dimensions. For those who are keen to be “objective” and “academic,” there are many intriguing aspects that require further scrutiny and analysis. In the face of HIV in Africa, however, whether or not to take anti-retroviral treatment has life-and-death implications. It is this existential imperative that has led to the publication of this book.

On many television channels across sub-Saharan Africa, images of people living with HIV being “miraculously healed” are being aired. In some instances, people living with HIV form their own long line, carrying placards that indicate their specific health challenge. The “man of God”⁶ will then touch the person living with HIV and declare them delivered “in the name of Jesus!” In many instances, the person living with HIV will stop adhering to anti-retroviral treatment on the basis of this “healing.” Similarly, numerous “healing crusades” are being held in different parts of the region, promising “instant healing” from all afflictions, HIV included. Does this imply that God operates only and exclusively through dramatic healing interventions? Can there be room for both “miraculous” and “mundane” healing in the time of HIV? Is it possible to bring these two paradigms together in the struggle for wholeness in the era of HIV?

healing” in this chapter as it captures the emphasis on faith in the healing process.

3. “Healing” is a broad concept that refers to the restoration of health in every area of life: mental, physical, emotional, social, spiritual and structural. See chap. 10 by Paul L. Leshota in this volume.

4. See, for example, n.1 above.

5. In most instances, these two concepts are regarded as opposites. However, it is important to note that the scientist herself needs “faith” in order to proceed!

6. Predominantly, the prominent faith healers tend to be men. However, there are also some “women of God” who claim to heal and cure HIV.

This book emerges from the practical reality of many Christians seeking guidance on how to respond to calls to abandon anti-retroviral treatment and rely entirely on faith healing. A trend has been noted across different parts of the region where the issue of the “miraculous healing” of HIV “in the name of Jesus” has come up. Through Training of Trainers (TOT) workshops, consultations and conferences conducted by the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) theology consultants and regional coordinators, especially within the last four years, this has been noted as a major issue of concern. As a programme of the World Council of Churches (WCC), EHAIA has been actively involved in the struggle to equip churches to become HIV-competent (Parry 2008). EHAIA has invested heavily in the struggle for Africans to access anti-retroviral therapy. It recognizes that the life-prolonging drugs have made a difference in the lives of those who have been fortunate enough to access them (Chitando 2010).

The WCC and EHAIA are keen to promote anti-retroviral therapy because of its clear benefits. Writing on the Masangane anti-retroviral therapy programme in South Africa, James Cochrane notes that “one of the most poignant responses from Masangane clients on ARVs was a simple affirmation that they have ‘become beautiful’ again, referring to their recovery from physical emaciation as they put on weight and gained strength” (Cochrane 2006: 10). Individuals who had been “written off” are “written back” because of anti-retroviral therapy. In addition:

From the increased access to life-prolonging ARV one can expect advantages for the HIV-infected people themselves, their families and societies as a whole: reduction of AIDS-related deaths and opportunistic infections; lowering of the time and expense for funerals and nursing; reduction in the number of orphans; preservation of the workforce; increase in food security, etc. Thus, one can potentially prevent or alleviate all destructive consequences of the HIV/AIDS epidemic, such as social instability, impoverishment, etc. (Weinreich & Benn 2004: 86).

This book seeks to address the theme of anti-retroviral therapy and faith healing by placing emphasis on the need to regard anti-retroviral treatment

as a positive intervention by God in the struggle for life. The Ecumenical Pharmaceutical Network (EPN) has produced a valuable and informative book entitled *HIV & AIDS Treatment Literacy Guide for Church Leaders* (EPN 2009). In explaining the need for the church's engagement with anti-retroviral treatment, the book makes the following pertinent observations:

- Anti-retroviral treatment really works and gives hope to millions of people living with HIV and their families. It also restores their dignity and their health.
- In understanding ARVs and ART, church leaders can greatly help to increase treatment uptake and bring benefits to society. Church leaders can help society to avoid misinformation on treatment when they themselves have correct information.
- Church leaders can demystify treatment and demonstrate the advancement of science as God's work, i.e. God intervenes through people and scientific progress.
- Treatment is part of the continuum of care for people living with HIV. Church leaders are involved in various aspects of this care. Treatment literacy is part of this.
- ARVs require lifelong commitment and church leaders' involvement gives moral and material support that is necessary for adherence and for coping with any side-effects of the ARV drugs.
- In understanding treatment, church leaders act as intermediaries in interpreting wisdom for the people.
- The spread of HIV infection is fuelled by lack of information and knowledge. Church leaders can be a key source of information and support the spread of knowledge that can reduce the impact of the HIV epidemic.
- Churches have human resources and infrastructure to support the response to HIV as well as people living with HIV (EPN 2009: 6-7).⁷

As the foregoing citation confirms, church leaders are strategically placed to play a leading role in promoting treatment literacy in the context of HIV in

7. We are grateful to EPN for permission to cite from their publication at length. See also the appendices.

Africa. Students at theological institutions and other Christians also need to reflect on the interface between anti-retroviral therapy and claims of divine or miraculous healing. As Musa W. Dube, one of the leading biblical studies scholars in Africa, asks, How is it possible to talk about the miracles of Jesus in the time of HIV (Dube 2002)? From the perspective of different disciplines, contributors to this volume have endeavoured to uphold the significance of anti-retroviral treatment. They do so without implying that God is unable to make dramatic interventions in human history. In order to fully appreciate the tension between the therapeutic systems at play, however, there is a need to understand the importance of healing within the African context.

Healing: A Major Concern in African Christianity

At the center of both anti-retroviral treatment and faith healing is the quest for health and well-being. This is a major preoccupation in all the religions of the world. Moreover, human beings all over the world seek health and well-being. It is not a uniquely African phenomenon. Healing has been an integral part of humanity's religious quest. However, the term *healing* has diverse meanings, changing from one context to another. Contributors from diverse disciplines have explored the phenomenon of healing in Africa. These include historians, anthropologists, scholars of religion, theologians and others. It is not possible to review their works within this introductory section. Instead, here we will draw attention to the key issues that help to put the debate on faith healing and anti-retroviral therapy into its proper historical and theological context.

Healing plays a major role in African Christianity. All the different strands of African Christianity accord space to healing, although they differ in the status they grant to it. Protestant churches, the Catholic Church, African Independent/Indigenous/Initiated/Instituted Churches (AICs) and Pentecostal churches all recognize the importance of healing. However, there is a lot of internal variation on the position of faith healing within the various strands of African Christianity. Furthermore, individual religious functionaries often influence approaches to the issue of faith healing due to their own theological positions. In other words, a religious leader who

belongs to a tradition that places little emphasis on faith healing nevertheless might him- or herself promote faith healing. This book recognizes such diversity but seeks to draw attention to emerging trends within the different denominations.

As we shall elaborate below, perhaps the centrality of healing in African Traditional Religions (ATRs) helps to account for its popularity in African Christianity. ATRs, also called African Religion(s) or African Indigenous Religions (AIRs),⁸ place emphasis on health. The beliefs and practices of ATRs seek to secure health and eliminate pain and suffering. Salvation in ATRs is to a very large extent earth-bound: health, prosperity and longevity in this world. According to Laurenti Magesa,

So, from beginning to end, from birth to death, African Religion stresses and orients its adherents, directly or symbolically, toward the “abundance of life” motif. Thus, birth, all the rites of passage marking different stages in the development of the vital force, and indeed earth itself as the culmination of life, receive special attention in African religious activity. (1998: 250)

African theologians have built on this orientation to reflect on healing in African Christianity. This theme has received a lot of attention, thereby precluding the possibility of an exhaustive review of the literature. Scholars such as John S. Pobee (2001) and Philomena N. Mwaura (1994) have reflected on the theme. They challenge churches in Africa to take seriously their members’ concern with healing. They also point out that the failure by many missionaries to address this issue resulted in the rise of AICs. Healing is therefore a major issue in African Christianity.

The issue of healing has come to the fore in the remarkable growth and expansion of African Pentecostalism. Whereas mainline churches have tended to invest in bio-medicine and have understated the importance of faith healing, Pentecostal churches and AICs have put a lot of emphasis on faith healing. The late doyen of the history of Christianity in Africa, Ogbu Kalu, observed the centrality of healing in Africa:

8. We are aware of the debate over appropriate terminology. We realize that both concepts have relative strengths and weaknesses. However, we uphold the term ATRs because it has been in use for much longer.

The issue of health and healing is a very important aspect of religious life in Africa, and the explanation of the growth of both AICs and Pentecostalism in the continent. Healing is the heartbeat of the liturgy and the entire religious life. It brings the community of suffering together; it ushers supernatural power into the gathered community and enables all to bask together in its warmth. It releases the energy for participatory worship that integrates the body, spirit, and soul (Kalu 2008: 263).

Another Nigerian scholar, biblical studies expert Samuel O. Abogunrin, has analyzed the history of healing throughout the history of the church. He acknowledges the importance of healing during the different historical periods, noting that the Enlightenment thought of the 18th century, with its emphasis on reason and a no-nonsense approach to religious questions, initiated questions on the possibility of miracles (Abogunrin 2004: 4). Various contributors to *Biblical Healing in African Context* (Abogunrin et al. 2004) examine healing narratives in the Old Testament and the New Testament. They also outline the decline in the church's engagement with healing up to the Pentecostal explosion in the contemporary period. It is instructive to note that the intertestamental literature also addresses the theme of healing (Oguntoye 2004).

In *Anointing of the Sick and the Healing Ministry*, Austin Echema (2006) discusses the theme of healing throughout the different historical periods. According to him, the patristic church (4th–8th centuries) continued to recognize the importance of healing, although they wrote very little about it. Church fathers such as Augustine of Hippo (354–430), Origen (185–254), Tertullian (160–230), Irenaeus (130–202) and Justin (100–165) all left testimony of healing (ibid., 64). Between the 8th and 9th centuries there were reform measures relating to the anointing of the sick. Healing continued to feature in the ministry of the church through the Scholastic period (12th century) and was debated at the Council of Trent (1551). According to Echema, there is general ecumenical convergence on the theme of healing. Thus

It is surprising how close the practice of anointing of the sick in other Christian communities is with the tradition of the Roman Catholic Church. Both the Eastern Orthodox and the member Churches of the Anglican Communion

have ritual services for anointing the sick. Almost all the Eastern Churches anoint the sick with oil, except the Armenians and Nestorians, where the rite has fallen into disuse, and the Ethiopian Church where it is rarely celebrated. (Echema 2006: 77–78)

It is clear that healing is a key theme in the Bible and has featured prominently in the history of the church. However, there has always been debate around its significance. These debates have generally led to the diminishing emphasis on healing within the “mainline” Catholic and Protestant churches. Instead, there has been greater emphasis on bio-medicine within these churches. In the case of Africa, their arrival coincided with the building of hospitals and clinics. This setting up of modern medical health facilities before and during the colonial period also challenged traditional African approaches to healing.

Healing in African Traditional Religions

In order to appreciate the debates surrounding healing in African Christianity in the time of HIV, it is necessary to pay attention to the role of healing in African Traditional Religions (ATRs). These religions place a lot of emphasis on healing. ATRs regard health as a sign of good relations between the community of the living and the departed elders of the community (ancestors). In particular, traditional healers play a major role in promoting individual and communal health. They strive to eliminate disease and actively resist negative forces.

Traditional medicine has been adversely affected by Christianity, colonialism and modernity. These triple forces have portrayed it negatively, suggesting that it belongs to the past. This has led many people to readily dismiss all healing claims emanating from traditional healers. This condescending approach is built on the question, “What good can come out of traditional African medicine?” This is a result of historical processes that have shaped attitudes toward African beliefs and practices. Thus

The advent of Christianity and the dawn of colonization in the nineteenth century marked the decline of the practice of healing in Africa. The missionaries

and colonial governments looked down upon, and greatly discouraged, African beliefs and practices. Christians in particular perceived Africans as pagans, superstitious, ignorant and a lost lot in the abyss of darkness. Many colonialists and missionaries believed that all African medicine was evil and their healers (so-called “witchdoctors”) practised “black magic.” (Chepkwony 2006: 42)

Despite the assault on African approaches to healing from various fronts, traditional healers have not been obliterated. If anything, traditional medicine continues to flourish in many African contexts. There are a number of factors responsible for this. First, in most African countries, there are very few Western-trained medical doctors relative to the number of traditional healers. In other words, there are more traditional healers than Western-trained medical doctors. Second, traditional healers tend to be associated with the African spiritual worldview, unlike the secular approach of Western-trained doctors. Third, and deriving from the foregoing, traditional healers are believed to defeat illnesses that have a spiritual origin. The African cosmology is predominantly religious. A medical system that takes this reality into account tends to be popular. Fourth, traditional healers are integrated within the community, whereas the Western-trained doctors tend to operate from specific medical centers.

The survival and even popularity of traditional medicine in contemporary Africa speaks volumes of the tenacity of the African worldview. It is therefore vital for medical specialists, theological educators and others to take traditional medicine seriously. The era of HIV in particular calls for a realization of the impact of traditional healers on the overall response to the epidemic (Khamalwa 2006). Ignoring the influence of traditional healers is not a realistic option as they continue to be consulted by many Africans, including many who also identify themselves as Christian. Only a patient and critical appreciation of the continuing vitality of the African worldview will enable policy makers to recognize the importance of traditional medicine to the struggle against HIV.

In the traditional African context, the quest for healing is in fact the search for salvation. ATRs are stubbornly earth-bound. They focus on long life, prosperity and good health in the here and now, not in an afterlife

to come. The sacred practitioners of ATRs seek to secure good health in this life. On the one hand, good health is regarded as a sign that the relationship between the community of the living and the living dead (ancestors) is sound. On the other hand, ill health suggests that the relationship is unsound. It is therefore accurate to say that health and salvation are two interlinked concepts:

Many Basotho pursue wellbeing in a manner in which any separation of religion and health is difficult to discern. The Sesotho conception of *bophelo* (life, health, wellbeing), we suggest, provides a significant resource to develop a practice in which economies of health and economies of salvation cohere. (Germond & Molapo 2006: 29)

For us, engagement with the African worldview is critical as it provides the background against which HIV is interpreted. Disease and illness do not occur in a religio-cultural vacuum. Although there have been information campaigns on HIV across sub-Saharan Africa, these count for very little if they do not contend with the African worldview. In other words, African ideas relating to illness and health need to be fully understood if progress in the response to HIV is to be achieved. Furthermore, there is need to appreciate that the ancestor cult which underpins ATRs remains highly relevant. Thus

To its adherents the ancestor cult is an integral part of a worldview populated by persons, by God, by the ancestors and also, for some groups, by spirits. It is these various personal agents, rather than invisible forces or microbes, which are widely believed to cause either misfortune or good fortune. Hence, it is considered of supreme importance to maintain harmony among all members of this extended causal society. Upsetting this social harmony is regarded as the ultimate crime, and so it is believed that the ancestors are occasionally compelled to punish a person for the breach of a taboo or the neglect of social obligations. (Knox 2008: 226)

As can be seen from the foregoing citation, the concepts of sickness and health in ATRs are influenced by the spiritual worldview. As a result, healing in

African contexts is interpreted holistically. Healing is not limited to addressing physical symptoms but takes into account the spiritual and communal dimensions. References to “holistic healing” abound in the available literature. This approach to healing is close to healing in biblical passages. This resonance between healing in African traditions and the biblical text has led to the popularity of healing in African Christianity. Sonja Weinreich and Christoph Benn contend that “traditional healers have great potential in the fight against AIDS, which in many places has not yet been fully considered” (Weinreich & Benn 2004: 78). In particular, AICs and Pentecostal churches have developed dynamic approaches to healing.

Healing in African Independent/Indigenous/Initiated Churches

The issue of terminology continues to dog the study of AICs. Scholars have used different labels to characterize the phenomenon of churches that emerged in Africa, by Africans and for Africans (Chitando 2005). While the emergence of AICs in the different parts of the continent during the early colonial period has been attributed to various factors, one common thread is their emphasis on healing. Most founders of AICs, coming from a religio-cultural context in which healing played a major role, felt that the missionaries were underplaying the importance of healing. In most instances, the missionaries were dismissive of the African worldview of spirits.

AICs have been actively involved in the healing ministry. In fact, most commentators have observed that healing is a major activity within this movement. The figure of the prophet is quite strategic to the AICs. It is the prophet who enables healing. Prophets regard themselves as God’s instruments to effect healing in society. Prophets heal individuals from diverse religious, economic and social backgrounds, thereby making AICs highly popular in the region. In his study of AICs in Botswana, James N. Amanze makes the following observation:

One of the most distinctive features of the African Independent Churches in Botswana is their reputation to heal people suffering from all manner of diseases. Healing forms the central part of their religious activities. The theological basis of their healing ministry is a belief in a healing God whose

activities are recorded in the Bible both in the Old and New Testaments. In the Old Testament God the Creator is conceived as a Healer. As a matter of fact the terms healer and saviour as applied to God are interchangeable. The healing or saving aspects of God are recorded in many places in the Holy Scriptures. (Amanze 1998: 175)

As Amanze confirms, healing is at the heart of AIC activities. It is in the quest for healing that many Africans put on the different garments of the AICs. What needs to be underlined in this book, which focuses on healing claims in the time of HIV, is that healing in AICs, as in ATRs, adopts a holistic perspective. Healing is not simply the removal of symptoms of a disease. It goes much deeper than that. It encompasses defeating all negative forces and promoting health in a holistic sense. This is consistent with the approach to health and healing in ATRs. Writing on a specific AIC in Kenya, Philomena Mwaura says,

In Nabii Church, just as in the African indigenous societies, healing has to do with praying for the restoration of health to the physically sick and deliverance from the bondage of evil spirits perceived to be involved in a variety of crises including chronic joblessness, family discord, lingering illness, premature death, accidents, problematic children and misfortunes. Illness is therefore understood broadly to be whatever hinders attainment of well-being in individuals, families and communities. (Mwaura 2006: 69)

Writing on AICs among the Akan in Ghana, Kofi Appiah-Kubi has argued that healing is a major reason why people flock to AICs. According to him, AICs are successful in dealing with psychosomatic problems and chronic diseases that Western technological medicine considers incurable (Appiah-Kubi 1979: 121). He also observes that original converts who would have been cured of some incurable disease go back to their families or villages and invite others to join the AIC. In keeping with our observation in the foregoing section, he also contends that AICs offer a more attractive package to their adherents than mainline churches in the area of healing. Thus

In the established churches, medical practice has become so specialized and secularized that the ordinary pastor has been radically excluded from service for the sick; thus healing and worship have become separate. In the Indigenous African churches there is a reintegration of healing and worship. This corresponds with the Akan understanding, for religion in the Akan concept must be concerned with the health and fertility of human beings, animals, and land. (Appiah-Kubi 1979: 122)

It is against the background of the popularity of healing in AICs that some prophets have claimed to have the power to heal their clients of HIV and AIDS. In their theology, the Holy Spirit defeats all illnesses. They prescribe prayers, use of oil, holy water and other agents to effect healing. In their scheme, HIV is defeated in the same way that all other negative forces are defeated. As the chapter by Domoka Lucinda Manda in this volume illustrates, AICs regard healing as a key aspect of Christian ministry. However, this causes a major challenge in the time of HIV as some of their clients stop using anti-retroviral therapy. Similar challenges are encountered in some Pentecostal churches.

Healing in Pentecostal Churches

Pentecostalism has emerged as the fastest-growing strand of African Christianity. In many countries, Pentecostal churches are outstripping AICs and mainline churches in terms of numerical growth. As with AICs, many factors have been proffered for the notable expansion of Pentecostalism in Africa. However, it is beyond the scope of this introductory chapter to interact with the literature on this topic in detail (see, for example, Kalu 2008 and Anderson 2004). Nonetheless, it is significant to note that Pentecostalism places emphasis on health and wealth. The biblical hermeneutics within Pentecostalism enables adherents to be confident that all things are possible in the name of Jesus. Prosperity in this life, good health and optimism in challenging circumstances are hallmarks of Pentecostalism.

To its credit, Pentecostalism retrieved and restored the concept of faith healing to the church. As the chapter by Nontando Hadebe in this volume shows, mainline churches were underplaying the significance of healing. In

particular, founders of Pentecostal churches tend to exhibit the gift of healing. Through their effective appropriation of the media, many have television stations where scenes of healing are a staple of the spiritual diet. As we shall indicate below, this has brought Pentecostal healing claims into the public domain. Thus

Pentecostal Pastors like Pastor Chris Oyakhilome of Christ Embassy Church and Senior Prophet T. B. Joshua of the Synagogue Church of All Nations, are generally reputed for their exploits and claims in these areas. Pastor Chris Oyakhilome demonstrates God's healing powers in his healing powers telecast by television stations all over Nigeria on a daily basis and on the satellite web site showing testimonies of miraculous healings effected in the power of the Holy Spirit through the name of Jesus. (Akhilomen 2004: 174).

It is mainly within the Pentecostal strand that claims of healing HIV "in the name of Jesus" have become widespread. While some Pentecostal churches such as the Redeemed Church of God (with its headquarters in Nigeria, but found in many parts of the continent) have promoted anti-retroviral therapy, many others have placed emphasis on the "power encounter." This is an overt demonstration of the power of Jesus over all other powers. There is an emphasis on linking sickness to the fall of humanity, as well as Satanic and demonic forces. Casting out of evil spirits is dominant, alongside the belief that Christ's sacrificial death brought about healing and prosperity.

As argued above, the Pentecostal movement has had a dramatic effect in terms of reminding the church of the healing ministry. Its influence has extended beyond the Pentecostal churches into the mainline churches. The charismatic movement within the Catholic and Protestant churches confirms the impact of Pentecostalism. Cephas Omenyo (2006) has examined this phenomenon in Ghana, while Damaris Parsitau (2007) has analyzed it within the context of Kenya. The situation is replicated in various other African contexts. The net effect has been to bring healing back to the fore in mainline churches.

Pentecostal healing has therefore gone beyond the confines of the movement. It has entered into the public arena, particularly through the aggres-

sive use of the media. Dramatic healing scenes receive a lot of publicity, with some Pentecostal leaders such as T. B. Joshua attracting clients from diverse contexts. Apparently, for many such prophets, the power of God overcomes *all* health challenges. In this scheme, HIV, too, succumbs to the healing power of God. In many instances, individuals are then discouraged from continuing to rely on anti-retroviral therapy as God would have “delivered them” from the “burden” of drugs. In his essay on Pentecostalism and healing in Tanzania, Hansjörg Dilger (2009) notes that some church leaders claim to heal HIV. There is therefore an urgent need to interrogate such claims and interact with church leaders who make them in order to find a constructive way forward.

It is imperative to observe quickly that not all Pentecostal churches or their leaders have a spiritual interpretation of HIV. Many would readily admit that HIV is a virus that causes AIDS. Furthermore, many have been quite supportive of bio-medicine, interpreting the progress in anti-retroviral therapy as a sign of God’s mercy. Some big Pentecostal churches encourage their members to access anti-retroviral therapy. This observation is important, as some critics are quick to blame all Pentecostal churches for the challenges around anti-retroviral therapy adherence in the time of HIV. Such a generalizing approach fails to do justice to diversity within the Pentecostal movement. Thus

By contrast, the Redeemed Christian Church of God (RCCG), Nigeria’s largest Pentecostal organization has developed sophisticated institutional channels and is strongly committed to fighting AIDS. In 1999 church leaders established the Redeemed AIDS Programme Action Committee (RAPAC), which cooperates with the federal government in AIDS advocacy, peer education, stigma reduction and VCT and runs functional offices in five states. Significantly, RAPAC also initiated biomedical treatment through its PMTCT programme. Service provision is carried out in church-based maternity centres and clinics and involves education, VCT, and enrollment on ART for both mothers and newborns free of cost. (Burchardt, Hardon & de Klerk 2009: 9)

Healing in the Time of HIV

The foregoing sections have outlined the complexity surrounding the discourse on healing in the time of HIV. We would like to add that the challenge to access anti-retroviral therapy in Africa has been a protracted struggle. Organizations that bring together people living with HIV, such as the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+) have played a major advocacy role by putting pressure on pharmaceutical companies to make life-saving drugs more accessible. The Ecumenical HIV and AIDS Initiative in Africa (EHAIA), a programme of the World Council of Churches (WCC), has also been actively involved in this struggle. Thus

The HIV epidemic vividly illustrates the gap between the rich and the poor, and draws attention to those whose lives count and, and those whose lives do not appear to matter. If we focus on the theological message, Christians should be called upon to side with those on the margins of society, following the example of Jesus who associated with the poorest of the poor. From a social point of view, this should be concretized into action and in their advocacy role, they must pressurize drug manufacturers not to put profit before human lives. At a time when antiretroviral drugs have become more affordable to the majority of people living in Europe and North America, many Africans continue to die unnecessarily. EHAIA has mobilized churches in Africa to call upon pharmaceutical companies to place absolute priority on human lives. (Chitando 2010: 231)

Having struggled to make anti-retroviral therapy more available to Africans who need them, why should the church become a stumbling block by promoting theologies that lead to the abandonment of anti-retroviral therapy? Can the various strands of the church in Africa develop creative theologies that regard anti-retroviral therapy as an integral part of God's intervention in the HIV epidemic? Can theologians come up with theologies of healing in the time of HIV? Will these theologies promote healing and wellness as opposed to superstition and death? These are some of the major questions that emerge in the quest to ensure that

the church's engagement with HIV is progressive and effective (see also Happonen 2005).

If the church does not come up with creative responses to the issue of healing in the time of HIV, it will face the same criticism that it faced during the early phase of the epidemic. The church was attacked for fueling stigma and discrimination, frustrating prevention and for a general lack of cooperation with other critical actors in the struggle against HIV. The theme of healing once again challenges the church in Africa to demonstrate *theological maturity* and *realism*. On the one hand, the temptation is high for those whose worldview no longer leaves room for miracles to refuse to dialogue with those who are still open to such a possibility. On the other hand, those who champion miracles might wish to condemn those who raise critical questions as lacking in faith. We are convinced that both sides need to come to the conversation table and contribute to health and healing in the time of HIV. This book provides a platform for such an engagement.

We are persuaded that, once again, the church in Africa must rise to the occasion and provide serious reflections on the theme of healing in the time of HIV. We make the following observations:

- The African worldview and approaches to healing must be taken seriously when operating in Africa. Consequently, theological institutions need to invest in teaching and researching on healing in ATRs.
- Biblical interpretation must be reviewed in the time of HIV. Simplistic movements between our contemporary context and the biblical texts must be avoided. Theological institutions must cultivate relevant biblical hermeneutics in the time of HIV. The dynamic between the Bible and its cultural distance (Ijezie 2007) must continually be interrogated.
- There must be creative interpretations of healing in the time of HIV. Thus “There is a broad consensus that biomedical treatment is perfectly compatible with Christian notions of the sanctity of life, and that ART should not be seen as competing with but as manifesting God's power, and that ART should be included in theologies of healing. Such views are remarkably echoed in the way ART is interpreted in Islamic theology. In Islam as well, technical innovation is viewed as originating from God” (Burcharth, Hardon & de Klerk 2009: 10).

- Religious communities must play a more effective role in promoting adherence to anti-retroviral therapy. As healing communities, they must discourage emphasis on spectacular claims of healing. Rather, they must encourage positive living and realistic hope.

- Public health-care systems in Africa must be improved. In contexts where health delivery systems are in the intensive care, there is a lot of room for malpractices. When individuals and communities are faced with crumbling health delivery systems, they will invest their hopes in whichever system promises them quick healing. Thus “people who could no longer afford Western biomedical healthcare turned to an alternative type of health care in the form of faith healing” (Germond & Malapo 2006: 35).

- The side effects of anti-retroviral therapy should be minimized. Furthermore, factors that inhibit adherence to anti-retroviral therapy, such as gender dynamics (Kamaara 2009), need to be addressed. Communities of faith must be actively involved in promoting adherence to anti-retroviral therapy. For example, people on anti-retroviral therapy could utilize prayer times to take their medication.

- The myth that “the African concept of time” would be problematic and compromise adherence in the time of HIV has been exploded. According to Weinreich and Benn, “studies have shown that patients in resource-poor settings adhere to ARV drug regimens at levels of more than 90 per cent, which is more than those in developed nations, where adherence was found to be around 70 per cent” (2004: 86).

- Churches must operate with a holistic understanding of their healing ministry. This calls for rigorous theological training and reflection, interacting with health professionals and law enforcement agencies. The preoccupation with the spectacular and miraculous must be critiqued, alongside promoting openness to God’s continuing acts within human history.

The Chapters

This book brings together chapters by authors from diverse linguistic settings, disciplinary specializations and faith traditions. Both female and male scholars have contributed chapters. What unites them is their willingness to initiate and deepen conversations around the issue of anti-retroviral therapy

and faith healing in the time of HIV in Africa. They clarify and expand on most of the themes to which we have drawn attention in this introduction. They elaborate on the themes from within their specific disciplines. These scholars have sought to grapple with this thorny issue in a sensitive manner. Even as they sometimes make very critical remarks regarding those who discourage the use of anti-retroviral therapy, they remain open to further dialogue. Other authors are persuaded that the church needs to take faith healing seriously and must equip students at theological institutions with skills to respond to the phenomenon.

In chapter 1, Tabona Shoko examines the interpretation of sickness and health in African Traditional Religions. The chapter reminds us of the strategic significance of indigenous approaches to healing and health. It also grapples with the question of how indigenous healers approach HIV. In chapter 2, Lovemore Togarasei provides an overview of the Bible's approach to sickness, health and healing. In his theological reconstruction, Togarasei proposes harmonizing biomedical and spiritual approaches to healing in the time of HIV. In chapter 3, Mussa Muneja selects two Old Testament as an entry point into the debate on healing through faith and biomedical approaches to HIV. In chapter 4, Priscille Djomhoue focuses on healing in the New Testament, with particular reference to the gospels. She contends that the sections she analyzes place greater emphasis on teaching than on healing.

Domoka Lucinda Manda tackles the theme of healing in African Initiated Churches (AICs) in chapter 5. She contends that there is need to take AICs seriously in the time of HIV as they attract many people. Nontando M. Hadebe focuses on healing in Pentecostal churches in chapter 6. She provides a comparative analysis of Pentecostal and liberation theology christologies in an endeavour to understand different approaches to the concept of healing in the time of HIV. In chapter 7, Susan Kilonzo explains the challenges that young people face in the context of HIV, with special reference to healing claims. Chapter 8, by Pascal Fossouo, analyzes the role of intercessory prayer in the church's response to HIV. In chapter 9, Marcellin S. Dossou challenges the church to take the issue of healing more seriously, especially given the effects of HIV in Africa. In chapter 10, Paul L. Leshota examines the importance of counseling in the face of healing claims in the time of HIV.

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