

Hope in the midst of Death

Charismatic Spirituality, Healing Evangelists and the Ebola Crisis in Sierra Leone

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Abstract

The Ebola crisis that crippled West Africa from December 2013 onwards is a watershed moment in the medical history of those nations. Ebola profoundly impacted the regions inadequate healthcare, obstructed the potential for socioeconomic development, and challenged long held traditional and religious beliefs. As the tragedy deepened, the world could not stand idly by and observe poor post-war nations being overwhelmed by a colossal health catastrophe. By the time Ebola was contained, this obnoxious monster had taken an estimated 11,315 lives in the three worst affected countries. Even though medical connoisseurs were at the forefront of the battle, healing evangelists drawing inspiration from Scripture, African culture and Charismatic spirituality, also provided perspectives in the fight against Ebola. This article reviews the response of healing evangelists and discusses how the overall spirituality of Charismatic Movements inspired hope in the midst of death.

Keywords: Ebola, Sierra Leone, healing evangelists, faith leaders, disease, pestilence, healing, African Pentecostalism, Charismatic spirituality

1. Introduction

When the Ebola Virus Disease (EVD) washed up on the shores of Sierra Leone in May 2014, little medical knowledge was available about the deadly nature of the virus. The country's hospitals were ill equipped and grossly unprepared to deal with any crisis, let alone the one to which the country was suddenly thrust. In a matter of days, the whole healthcare system simply collapsed, resulting in uncontrollable chains of transmission. As it became apparent that the crisis was a matter of life and death, the central government declared a state of national health emergency. Because healing is part of the perpetual quest for self-preservation, the nation went in search of any help it could find as it struggled to contain the virus. The government's eclectic approach is not surprising because in every human culture, interest in the restoration of healing and wellbeing when health fails is always a priority (Gaiser 2010:36). The nations teaming healing evangelists (discussed later in this

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study) along with other faith leaders were quick to argue that witchcraft and demonic forces were responsible for the Ebola outbreak. They went on to prescribe bathing with salt water, smearing imported holy water and anointing oil on one's body, participating in midnight prayer vigils and three days of fasting for national repentance as remedial measures that would rid the land of this Ebola scourge. Instead of getting better, the crisis grew worse. By December 2014, this previously unknown mythical monster had fully arisen from its cave to demand more human blood and sacrifice (Gibbs 2014). Borders were closed, foreign expatriates withdrew and multinational corporations shut down operations. Major airline companies announced the indefinite suspension of flights into and out of the affected countries. Sierra Leoneans were left at the mercy of a venomous virus whose lethal invincibility eludes the naked eye. And the rate of new infections and death in the belligerent hands of Ebola kept rising.

As indicated earlier, healing is a crucial aspect of every human culture. And Sierra Leone's culture is clearly no exception (De Rosny 2006:99). To make sense of the tragedy at the height of Ebola, the thoughts about health developed by healing evangelists drew attention to the connection between the Bible and local cultural context. In fact, the upsurge of Pentecostalism seems to have deepened awareness about the activities of Satan, demons and evil spirits and the need for healing and deliverance in African Christianity (Omenyo 2014:138, 145). Thus, this mystifying enemy who by now was leaving a trail of excruciatingly painful death and hopelessness, got the nation thinking about what actually went wrong. To what could we possibly attribute the cause of this national calamity that had outclassed the rebel war? Could it be that Ebola represents some sort of punishment from God for sin in the church and the terrible wrong doing in the land? How coherent is the African spiritual explanation that attributes Ebola to the work of evil spiritual forces who have angrily visited the land to collect their long overdue supply of blood and human sacrifices? How has Charismatic spirituality helped the churches deal with the crisis and cope with the impact of the outbreak? These questions were part of the broad interpretations peddled by healing evangelists and bought by a public whose paranoia about Ebola was now understandably beyond comprehension.

Against this background, the purpose of this article is to explore these questions and fill a gap in our understanding of the Charismatic Movement's approaches to outbreaks such as Ebola and the African need for healing. I probe these questions using four steps. First, the article provides an overview of the state of healthcare prior to Ebola, discussing its statistical toll on the nation and impact on the health of survivors. Second, I examine the cultural precedents that drives Sierra Leone's value system so that traditional causes to disease, ill health and death and the need to care for the sick and dying could be established. Further, it considers the chal-

lenges brought upon the cultural value of care for the sick and dying by Ebola. The third step articulates how healing evangelists use the biblical material to explain the causes of pestilence and strange diseases among God's covenant people. Fourth, the article examines Charismatic spirituality in the face Ebola, situating the underlying African spirituality that helped the churches deal biblically and contextually with emergencies and disasters. The article concludes with an evaluation of Charismatic hermeneutical and cultural interpretations of the Ebola crisis.

Finally, my use of the term Charismatic Movements (CMs) require definition. Broadly defined, CMs refer to two perspectives in which the baptism in the Holy Spirit and spiritual gifts were experienced. First, the term is used in reference to the revival movements that occurred in mainline denominations particularly in North America from the 1960s onwards. A second meaning refers to the development particularly in the non-western world of independent Charismatic churches, ministries and networks outside of classical Pentecostalism and historic missionary and mainline churches. In West Africa, this church development which began among university students in the 1970s and 1980s, has become the most vibrant form of Christianity on the African continent today (Kalu 2008:88-94; Lord 2005:2-3; Hollenweger 1997:1-2). As a polycentric phenomenon with different beginnings, Africa's newer CMs are constantly reinventing and reinvigorating their ministries. The movements are attracting the younger African urban élite and are reproducing themselves among African communities in Europe and North America (Anderson 2005:75). This article uses the second meaning of the term with localized examples drawn from Charismatic church contexts in Sierra Leone.

2. Ebola: the visit of an unwanted and overdue enemy

If we are to fully comprehend the mayhem brought upon Sierra Leone by Ebola, we must begin with a sense of where the country stood as far as poverty is concerned. Sierra Leone's poverty is a travesty of the abundant natural resources of this tiny West African country. With a population of six million, this country should be a bastion of bliss. Sierra Leone produces among the world's finest diamonds. In addition, there are plentiful deposits of iron ore, gold, bauxite and rutile. The land is fertile and suitable for agriculture with lush vegetation, forestry and fresh supply of water. The annual pattern of rainfall is adequately suited to support the rearing of livestock and enhancing commercial agricultural activities. Fisheries and marine resources along the Atlantic coastline and the inland rivers are in great supply. There is even talk from a recently concluded geological survey that there is likely a huge off-shore oil deposit along the Atlantic coast. All of these natural resources would make Sierra Leone a paradise for its citizens. Unfortunately, its people are consistently classified among the poorest in the world. For instance, the 2014 Human Development Index

indicates that Sierra Leone ranked 177 out of 187 countries surveyed by the report. Life expectancy from birth is estimated at 45.8 years for women and 45.3 years for men. 72.7% of the population is living in what is described as multidimensional poverty. This means that very few citizens have access to quality education, health care and living standards. Gender inequality, poor reproductive health facilities and high maternal mortality rate makes Sierra Leone one of the worst countries to be born (HDR 2014:4). To compound these woes, Sierra Leone was torn apart by a horrendous rebel war that rampaged the nation throughout the 1990s. Sierra Leone only recently began rebuilding her democratic institutions when the Ebola outbreak occurred (Bangura 2015:29-32; Reno 1995).

West Africa's Ebola outbreak began in December 2013 after a five year old boy died of a strange ailment (now known to be Ebola) in Meliandou village, deep in the forest region of Guinea. His death ignited uncontrollable chains of transmission that went on to engulf his siblings, village and country. Given the porous borders in this region of West Africa, rigid cultural practices, coupled with the fragile systems of communication in these post-conflict countries, the disease quickly spread to Liberia and Sierra Leone. These conditions created a conducive environment for such a catastrophic outbreak, with the World Health Organization estimating that Ebola has claimed 11,3115 lives, 3589 of whom are Sierra Leoneans.² Until its recent arrival, Ebola was an unknown disease in this region of West Africa. Nevertheless, this outbreak became notorious because it is the deadliest ever outbreak to have occurred in countries with the poorest access to basic healthcare on the African continent. Featherstone (2015:20) adds that the outbreak also stands apart from previous outbreaks, because it was predominantly urban-based rather than rural in nature.

Ebola is a member of the *filoviridae* family of viruses that cause hemorrhagic fevers. The virus is named after a river in the Democratic Republic of the Congo, where it was first identified in 1976. Although the scientific facts are as yet inconclusive, Ebola's reservoir is thought to be in several species of fruit bats found in the rain forest regions of Central and West Africa (Quammen 2014). As a viral illness, Ebola's initial symptoms can include sudden fever, intense weakness, muscle pain and sore throat. The patient's condition deteriorates rapidly, resulting in vomiting, diarrhoea, internal and external bleeding through the orifices, multiple organ failure and eventually death. Ebola easily spreads between humans by direct contact with infected blood, bodily fluids or organs, or indirectly through contact with con-

² World Health Organization, 'Ebola Situation Report, 2 December 2015.' <http://apps.who.int/ebola/current-situation/ebola-situation-report-2-december-2015> (accessed 4 December 2015); National Ebola Response Centre, 'EVD Daily Ministry of Health and Sanitation Update.' <http://nerc.sl/> (accessed 4 December 2015).

taminated environments (Curtis 2014; Oldstone 1998). A simple hand shake with an infected person, which many people consider a vital mode of social interaction, can signal death. When someone infested with Ebola dies, the corpse becomes highly contagious. Accordingly, health workers have to wear personal protective equipments while treating patients and safely burying the dead. The incubation period can last from two days to three weeks. Although there has been swift trial of promising vaccines, there is no known cure for Ebola and diagnosis is often difficult because some people are asymptomatic. Patients who recover from the disease are known to suffer from very debilitating post-Ebola symptoms like loss of eye sight, persistent headaches and joint pains, among others (Sprecher 2015). These survivors were also stigmatized because many fear that they might still spread Ebola in the community (Featherstone 2015:36).

Indeed, one would argue that the exponential spread of Ebola in Sierra Leone and the West African sub-region could be attributed to the weak health systems in the three worst affected countries. Other factors are the strong traditional beliefs of people, their mistrust of western medicine, the traditions of care for the sick, burial practices, and the intense movement of infected people within countries and borders. The trail of death, fear and hopelessness this monster left makes many argue that Ebola is an unwanted and overdue stranger. The outbreak of this disease has had a significant social, economic, cultural and religious impact on the nation such that it will certainly take many years to fully rebuild (Leach 2015:816). In fact, many people in the region now believe that the war years were far better, because, at least the rebels could be summoned to the table for peace talks. With Ebola's subtlety, people are much more exposed to the danger and risk of contracting the virus. In the midst of such despicable human suffering, people tend to turn to traditional African cultural practices in search of meaning.

3. African culture, disease and death

Disasters usually urge people to consult religious leaders as they search for meaning that makes sense amidst life's most complex happenings. The explanations they look for, tend to be either coherent with or enhance existing African traditional worldviews about disease, ill health and death. Because faith leaders are generally held in high esteem, they often play a very visible role in the business of daily life. Mobilizing and involving faith leaders who are members of the local community was identified as a major game changer in the fight against Ebola (Featherstone 2015:10). During the Ebola crisis, several interpretations were proffered by faith leaders as plausible explanations for the unfolding health catastrophe into which the nation was plunged. Even among the many healing evangelists, there was an urge to adopt interpretations that were informed by the cultural contexts of the

people caught up in the crisis. That being the case, one might ask: what is the perspective of Sierra Leone's African culture regarding outbreaks such as strange diseases and death?

To understand disease and death among Sierra Leone's cultures,³ it is necessary to begin with a discussion of the centrality of the human person. Sierra Leone's traditions reserve a special place for the human person, who only fully assert their being in concert with other beings (Yambasu 2002:45; Conteh 2009:50). Further, the human being is considered a spiritual being whose life begins and ends with the Supreme Being. Human life finds meaning in the clan which embraces the living, the dead and the unborn. The life of the individual is not thought of in terms of separate existence, but as an important facet of the community (Sawyer 1968:30). Thus, throughout the lifecycle (i.e. birth, puberty, marriage and death) rites of passage have to be carefully observed that prepare persons to meaningfully participate in and contribute to community cohesion. These sacred ceremonies convey the idea that human life is involved in a holistic journey which begins and ends with the Supreme Being who must be consulted throughout this journey (Conteh 2009:52).

Human flourishing is to be desired and pursued at all times by both individuals and the community. Any activity which brings misfortune and destroys the sacredness and centrality of the human person must be avoided at all costs. Laws and taboos which protect the individual and the community have been put in place (Harris and Sawyer 1968:102-103). This provision opens up the possibility for the existence of witchcraft (Sawyer and Parratt 1996:11-13; Wyse 1989:10). Witchcraft, which represents the manipulation of powers to cause havoc is the highest form of evil in society. Sawyer (1968) sees witchcraft as 'representing the selfish desire that deprives another person of his power-force.' Finnegan (1965:119) notes that in Limba cosmology, witchcraft in effect represents the worst forms of anti-social behaviour. Witches, who can be male or female, are believed to use different forms (such as strange diseases and unexplainable death) to perpetuate mischief and evil in society. Thus, witchcraft is always blamed for the occurrence of

³ Although this section focuses specifically on the cultures of Sierra Leone, however to get a sense of how other African cultures deal with strange diseases and death, see among others: White, P., 2015. 'The Concept of Disease and Healthcare in African Traditional Religion in Ghana', HTS Theologiese Studies/Theological Studies 73, no. 3, Art. #2762, 7 pages. <http://dx.doi.org/10.4102/hts.v71i32762>; Eliade, M. 1987. *The Sacred and the Profane: The Nature of Religion*, transl. Willard R. Trask, Harcourt Brace Jovanovich Inc., San Diego, CA.; Westerlund, D. 2006. *African Indigenous Religions and Disease Causation*, Brill NV, Lieden; Sundermeier, T. 1998. *The Individual and the Community in African Traditional Religion*, LIT Verlag, Hamburg; Omonzejele, P. F. 2008. 'African Concepts of Health, Disease, and Treatment: An Ethical Inquiry', *Explore* 4, no. 2, 120-123. <http://dx.doi.org/10.1016/j.explore.2007.1.2.001>; Magesa, L. 1997. *African Religion: The Moral Traditions of Abundant Life*. Orbis Books, Maryknoll, NY.

unexplainable evil. As such, evil combined with witchcraft leads to the diminution of one's power-force (Sawyerr 1968:21).

Because of the pervasive nature that witchcraft and evil personify, every effort has to be taken to ensure that people who need to be protected from the diabolical activities perpetrated by witches and evil spirits receive that protection. This is usually done by wearing protective charms, amulets and by hanging some of these on the rooftops of their homes (Harris and Sawyerr 1968:75). Sometimes it is also done by drinking or rubbing on one's body concocted herbs called *manesi* by the Temne people (Conteh 2009:48). In all these cases, people have to consult sacred specialists who diagnose the cause of suffering or illness and prescribe curative measures that must be taken against the diabolic activities of witchcraft.

Even though great care is often taken to protect human life, people do fall sick and they eventually die (Conteh 2009:48). Such occasions prompt an intensification of human protection to ensure that the power-force of life that witchcraft and evil wants to destroy is enhanced. Good health suggests that the individual is living in harmony with the physical and spiritual world (Sawyerr 1968:17-19). When sickness strikes, healing is sought so that the destructive agent that has brought spiritual, personal and social disharmony is eliminated (Conteh 2009:56). Two questions show how serious healing is in culture. Firstly, illness and personal misfortune usually demand answers as to why this has happened. Sierra Leoneans believe that sicknesses are not mere occurrences, they indicate underlying spiritual mishaps. People fall sick because: (i) the ancestors have been offended and their desires abandoned by surviving relatives; (ii) clan taboos have been violated; or (iii) unscrupulous people have bewitched their siblings because they fear they are becoming more successful than them. Causes such as these bring misfortune on community life and obstruct human flourishing. Secondly, when the precise cause of illness has been found, people would resort to ways of healing. It is at this time that the services of sacred specialists are contracted to help ascertain the precise cause of illness and effect cure (Gittins 1987:180; Shaw 1997:859; Wyse 1989:10). The sacred specialists will engage in a process of divination that may last for a couple of days. The sick person will be told to offer sacrifices that appease ancestors and malevolent spirits and restore broken relationships among affected parties. Further, herbal medication will be prescribed at the completion of the process of divination. The sick person will be offered other forms of ritual purification in order to perfect healing and prevent the recurrence of any such illness in the future. This process of healing may also constitute herbal medicines that are used for curative and protective purposes (Conteh 2009:59).

Persons who die while undergoing healing rituals are to be given culturally appropriate burial rites. Traditionally, death does not end human life. Death is transi-

tory, possessing the power to usher persons from a state of physical existence to one that is spiritual. Even though the dead are believed to be spatially living in the abode of their graves, they continue to exist as real spiritual beings in the world of the living dead. Death and burial rites are events that can go on for days. Traditional death and burial rituals always require the full participation of the entire community. Because Sierra Leoneans are hugely loyal to their cultures, when Ebola arrived people were unwilling to part with cultural practices that allowed the safe passage of the dead to the world of the ancestors. These traditional practices soon became the linchpin that accelerated the spread of Ebola among the citizens. As Featherstone (2015:25) points out, the fact that many of the precautions needed to prevent the spread of Ebola conflicted with deeply rooted cultural practices, containing the virus became a huge impediment. This meant that faith leaders and healing evangelists were to be brought on board if the nation was to win the war against Ebola.

4. Healing evangelists on pestilence and strange diseases among God's covenant people

Even before the Ebola outbreak, access to basic healthcare was not readily available. As such, those who fall sick turn either to traditional healers or the newly established Charismatic faith healing centres that began appearing on the church scene in the 1990s. The formation of *Freetown Bible Training Centre* by Russ Tatro, and the use of this centre for the distribution of Charismatic doctrines such as health, wealth and power across the nation was a pivotal event in the development of the doctrine of divine healing. At *Freetown Bible Training Centre*, Tatro taught that the Christian life was a life engaged in power encounter. Believers are always at war with spiritual forces and evil in high place who are seeking to destroy life. In order for believers to continue to experience good health, spiritual power that causes misfortune, ill health and death must therefore change hands. Those who are born again are transported from a place where they are susceptible to demonic attacks, to a place that gives them spiritual and physical immunity (Bangura 2013:44-46). Faith healing centres were the places to go to acquire healing, deliverance and spiritual power. The latter became more attractive because these centres combined biblical and African traditional approaches to disease, healing and human wellbeing.

Charismatic healing evangelists are known to affirm that when Christians fall sick, it is their faith in Christ, rather than the medication they take, that brings healing. Faith healers defend their practice by referring to evidence drawn from their reading of the Scriptures. For instance, in his teaching on 'Redemption, Health and Healing,' Pastor Francis A. M. Mambu founder and general overseer of *Faith Healing Bible Church* attests:

Sickness in whatever form is of the devil. God calls it captivity (Job 42:10); Jesus calls it bondage (Luke 13:12 and 16); and the Holy Spirit calls it oppression (Acts 10:38). The victory of Jesus is our victory. He did nothing for himself. He conquered sin, Satan, disease and sickness on our behalf. He shares his victory with all who repent and believe on his name. He bore our infirmities, sicknesses and diseases so that we could claim full release and deliverance. (Mambu 2011:21).

Given this background, four premises underlie the assessment of healing evangelists about pestilence and strange diseases among God's covenant people. In what follows, I use Charismatic church leaders to illustrate how they employ the biblical material to understand the Ebola crisis.

The first of these is sin against God (Amos 3:2, Jeremiah 14:10, Ezekiel 18:4, Micah 2:3 and Romans 2:9). This view was popularized by the Charismatic revivalist preacher, Apostle Moses Kay, who is widely known for his monthly "Fire for Fire" crusades. As founder of *Battle Axe Ministries International* and chairman of the *Alliance of Full Gospel Ministers Sierra Leone*, Apostle Moses Kay regards sin as the primary causation of God's anger. For him, human suffering which can come in the form of strange diseases and pestilences, is invariably linked to human fault. Sin affects the believer's prayer life and prevents their prayers from being answered (Psalm 66:18, Deuteronomy 1:42; 1 Samuel 8:8 and James 4:4). Sin ambushes God's abundant supply of grace and the release of his blessings on the life of the born again child of God. This reading coheres with ancient Israel's understanding of the relationship which they saw existed between sin and human suffering. Gaiser (2010:9-10) reminds us that for ancient Israel, it was virtually impossible to exclude God's place as actor in the events of life.

Second, healing evangelists also regard rebellion against God's laws and servants as causes for pestilence and diseases among God's covenant people. This perspective was championed by Apostle Israel B. Momo, founder and general overseer of *Living Stone Evangelistic Ministries*. Apostle Momo represents the younger generation of Charismatic healing evangelists who merges biblical teaching with African culture, and is gaining a steady following in Sierra Leone. Using the account in Numbers 11, Apostle Momo argues that Israel's rebellion against God and Moses resulted in their death at the hands of serpents. In his view, Sierra Leoneans are at the mercy of the venomous claws of Ebola primarily because of their rebellion against God and his servants. Ebola, opines Apostle Momo, is the contemporary serpent whom God is using to call attention to the presence of sin and rebellion in the church and nation. In just the same way as Israel cried out to God in their distress, Sierra Leone must turn to God in sombre reflection, fasting and penitential prayer so that the land will be rid of Ebola (Joel 2:12-14).

Third, Satan and his legion of demonic forces also account for pestilence and diseases. Trumpeted by Apostle Emric Webber, founder and general overseer of

Cornerstone Ministries, (aka *The Rock Church*), he adopts a youthful approach to Charismatic urban church ministry. Presiding over a ministry that attracts a large number of the highly educated youth and urban elite, Apostle Webber's preaching resonates well with the religious sensibilities of the youth. From his reading of the gospels, Apostle Webber notes that Jesus had to confront human suffering that was sometimes caused by demonic forces and evil spirits. He believes that Bible passages such as Matthew 4:24; 8:16; Mark 1:32 and Luke 13:16 speak to this context. What he makes of passages such as these is that, they speak both of the demonic presence of sicknesses and need for divine power that expels demons and evil spirits. If demons can cause human suffering, then the superior person and power of the name of Jesus must be used to deliver and heal people. For Africa Pentecostals, notes Omenyo (2014:145-146), a more realistic way of helping Christians deal with deep seated spiritual fears is to rank Jesus Christ as higher in status and power, and able to heal and save.

Fourth, by way of last resort, healing evangelists cite divine providence as a cause for disease among God's covenant people. This viewpoint represents a somewhat different approach to the CM's healing ministry. This position is best represented by Apostle Mrs Dora Dumbuya, Sierra Leone's most noted Charismatic female church leader and founder of *Jesus Is Lord Ministries International*. Apostle Dumbuya who runs a weekly faith clinic where barren women, pregnant women and lactating mothers converge to receive their share of healing miracles, has been awarded prestigious national laurels for her astute contribution to the development of Christianity and human fraternity (Blyden 2006:1). In her teaching, Apostle Dumbuya believes that biblical stories like the man born blind (John (9:3), Lazarus (John 11:4) and Paul (2 Corinthians 12:8-9), point to God permitting certain painful and unfortunate events or even death to occur so that the full benefits of his glory may be made manifest among his people. Ebola, may perhaps be one of those tormenting ailments that God is using to declare his glory in the land. Reitsma (2012:167) refers to this approach as 'last option,' and suggests that Pentecostals (and I argue Charismatic healing evangelists also) only turn to it when all other options fail.

Although the perspectives represent what might be construed as moderate positions on Ebola found within the CM, the four reasons are consistent with the marks of Sierra Leone's Charismatic revivals. Charismatics are widely recognized for their unflinching emphasis of healing, miracles, demons and exorcism, prophecy and anointing with olive oil. By reading Scripture this way, healing evangelists desire to retrace the roots of biblical Christianity, and to apply biblical principles to the existing cultural and social problems of its members. The fact that healing evangelists appear to have taken time to study Scripture and identify key factors they believe are responsible for human suffering, one may see this as an indication of their attempt

at contextualization. These efforts show their concern for Holy Scripture and how the Bible speaks to the specific contexts of followers among whom they minister.

5. Healing evangelists and the Ebola crisis: interpretations, contexts and consequences

It is to be noted that the nuanced interpretations of the healing evangelists presented above about Ebola stem from their reading of Scripture and the local cultural contexts. This interpretation appears to have reinforced existing fears that were already circulating among a fearful public. In particular, faith leaders were quick to emphasize that Ebola was punishment for the evils of national political leaders and the excessive wrong carried out in the land (Featherstone 2015:23). To compound an already worrying situation, some even went further to declare that angry ancestral spirits whose wishes and desires were abandoned, and the obnoxious activities of witchcraft, demonic forces and evil spirits were responsible for the Ebola outbreak. Of course, because such interpretations clearly converged with traditional perceptions of strange diseases, they were easily accepted by the public.

Two implications in the fight against Ebola clearly emerge from their interpretations. Firstly, it was understood as lending support to the general sense of apathy and suspicion that there was a government attempt to cover up the crisis. Featherstone (2015:22) notes that some faith leaders denied the medical basis of Ebola. Many others even believed that medical and health personnel were actually spreading the very Ebola they claim to be fighting. Furthermore, there was an increase in cases of stigmatization. This was partly due to the perception that had developed where Ebola sufferers were themselves perceived as being punished for their involvement in witchcraft. Thus, people began to hide their sick, resisting all attempts to have them taken to isolation centres. Some even believed that because body parts were forcibly removed from Ebola patients, this explains why there was an increase in deaths. The effect was that communities decided to hide their sick and continue traditional burial practices so that their deceased relatives would be given appropriate traditional burial rites. The practice of hiding the sick and conducting secret burials led to increases in new infections and deaths, including medical practitioners, traditional healers, pastors, healing evangelists and other law enforcement agency officials (Featherstone 2015:22).

A second impact was the effect it had on the ministry activities of healing evangelists. We noticed that the healing ritual of laying on of hands was immediately suspended and the government ordered all faith healing centres closed. Anointing with consecrated items such as holy oil, holy water and anointed handkerchiefs were replaced with cell phone ministries. Healing evangelists resorted to praying for sick people over the phone. The sick were told to personally use consecrated

items on themselves after the cell phone prayers. Charismatic camp meetings, conferences, revivals and all night prayer meetings, that are a vital means of corporate worship, were banned. This was because the virus is known to spread easily among people who have close contact with each other. The roles of church ushers was expanded to include regular temperature checks with infrared thermometers. Even offerings were to be fumigated and ushers ordered to wear hand gloves before counting money. The traditional handshake that members shared at the end of the worship service was banned. Sitting too was much more spaced out to prevent body contact with people. The use of microphones during worship service was severely restricted. In some churches, those who were scheduled to take part in the worship service were asked to bring personal microphones to prevent the spread of Ebola in the congregation (Theresa, Christian and Nnadi 2014:73-74). With Ebola in town, the very nature of corporate worship was never the same again.

A major consequence of this theological reflection was the changing role of faith leaders throughout the Ebola crisis. In the months immediately after the outbreak, some faith leaders played key roles in perpetuating misinformation about the virus and promoting stigma (Featherstone 2015:22). However, as knowledge about containing Ebola expanded, government authorities, national and international health experts decided that it would be a prudent idea to include as many people as possible in the fight against the disease. It dawned upon all the parties concerned that there was more collaboration that had to be done if the eradication of Ebola was to be achieved. Faith leaders, traditional healers, healing evangelists have to be mobilized, trained and re-deployed to their home communities to help fight the virus. As this was done, the disease began to show signs of slowing down.

Evaluating the Charismatic response to the Ebola crisis

While the involvement of healing evangelists in the fight against Ebola certainly invites reflection, the scourge brings to the fore certain issues that have clear ramifications for understanding the role of faith leaders in times of national disasters. Three of these issues are worthy of further consideration.

First, as Ebola spread among the population, people succumbed to fear and their faith faltered. The arrival of Ebola and the conflicting messages about its causes, lack of cure and prevention sent shock waves across the spine of the nation. The heaviness and uncertainty that fear creates and the fact that Sierra Leoneans were initially left to deal with the tragedy all alone, increased the nation's sense of powerlessness in the face of a ferocious enemy. So, as Ebola raged on like wild fire in the savannah fields, the faith of many began to dissipate. Sierra Leoneans need no reminder that when they begin to see foreign expatriates withdrawing (yes, even missionaries!), major airlines cancelling flights into and out of the country, and land borders with neighbouring countries being closed, they know that things are

going to get bad. I mean really, really bad. History reminds us that this was exactly what happened in the 1990s when a barbaric and horrendous rebel war tore apart the country leaving innocent civilians scraping for a living as refugees in neighbouring countries. Sadly, with Ebola many felt that this was happening all over again. Unfortunately, this time the enemy is not one who can be summoned to the table for peace talks. What we have here is an enemy who is mercilessly lethal and deadly. Sierra Leoneans, both within and outside the church, succumbed to enormous levels of fear and their faith faltered in the face of the lethal and cold hands of Ebola. While it is reasonable that fear gripped the nation, however, the traditional interpretation seems to have exacerbated fear in the people. By construing the present crisis as emerging from a harbinger of demons and evil spirits, healing evangelists inadvertently compounded the fear of the populace against an unknown enemy and depleted whatever was left of their faith.

Second, where fear and faltering faith reigns, false prophecy is bound to also reign. Fear is the bedrock that breeds false prophecy. Fear about the obnoxious activities of mystical and supernatural powers is prevalent in the belief system of Sierra Leone. When natural events happen that beats imagination and defies any explanation, people are quick to consult seers, mediums and diviners whom they hope will give a spiritual or divine interpretation about what is amiss and prescribe remedial measures. Sadly, many Christians are inclined to listen to such voices from within the church that are claiming that Ebola is some sort of punishment from God for un-confessed sin and terrible wrong doing in the land. According to these teachers, this punishment includes ailments such as strange fevers (Leviticus 26:16; Deuteronomy 28:22). The only cure involves pouring salt in boiling water and bathing with it (2 Kings 2:19-22). Some of the salt should also be sprinkled in and around dwelling homes to fend off this curse. Further, humanitarian aid in the form of anointed elements, such as olive oil, holy water, miracle handkerchiefs were also shipped to help the government fight-off Ebola. This misinformation was so prevalent that Christian and Muslim faith leaders formed actions groups against Ebola, such the *Christian Action Group* (CHRISTAG) and *Islam Action Group* (ISLAG). Rev Daniel G. Sesay, vice moderator of CHRISTAG and senior superintendent minister at the *National Pentecostal Mission* had to participate with members of ISLAG in radio and television discussion programs to educate the public about the medical causes of Ebola. I must note that what false prophecy did was to deny the scientific facts about the origin and spread of Ebola. Ebola is a virus whose fatality rate is estimated at 90%. Because this vital piece of information was the missing link in the Charismatic equation of the crisis, false prophecy spread among the people.

And third, in situations of crisis such as the one visited upon Sierra Leone by Ebola, Bible interpretation suffers terribly in much the same way as the people who

live in that context. The view on Scripture taken by people experiencing suffering often reflects a search for meaning that brings back order to the chaos of life. They are tempted to read Bible passages that speak of comfort, hope, assurance, healing or even the total defeat of supernatural and spiritual forces who are responsible for human suffering. Sometimes, although many of the Scripture passages have a context that is substantially different from their experiences, they are nonetheless applied to such contexts. It is no wonder then that the Ebola conundrum led to a plethora of hermeneutical applications that claimed that the outbreak was a result of sin in the church and nation (Leviticus 23:16). Other interpreters blamed the scourge on the activities of demonic forces (Matthew 4:24; Matthew 8:16; Luke 8:2; Revelation 16:14), whose primary intention was to fulfil their yearly and insatiable want of human blood. And still others see Ebola as a visitation of judgement upon the activities of political leaders and that God is now using this situation to issue a wakeup call for the church (1 Corinthians 10:6). Because these interpretations were given by revered church leaders such as those discussed above, they were simply accepted without any attempt to subject them to critical biblical scrutiny.

Whereas such interpretations are an attempt to apply Scripture to the existential needs of believers, it is important to note that other factors were also involved in the continuing spread of Ebola. Sierra Leoneans need no reminder that many people are living under conditions of poor hygiene with inadequate or nonexistent health facilities. Even when there is an outbreak of seasonal diseases such as cholera that could easily be controlled where basic hygiene facilities exist, such diseases end up claiming the lives of many people before they are eventually brought under control. Although Ebola has no vaccine or cure, if appropriate resources such as routine health care facilities are put in place, the spread of Ebola could have been contained much earlier.

The church must learn to lead in times of unprecedented crisis and change. This leadership should include supplying a hermeneutically sound exposition of Scripture in the face of popular but faulty hermeneutics. It requires the church to harness the knowledge of health practitioners in the fight against Ebola. It calls on the leadership of the churches to adopt multi track approaches as the nation struggles to contain the deadly outbreak. Bible interpretation, health education and community sensitization are to be used to build up the church and strengthen the faith of Christians. This, in my view, is an area where the efforts of healing evangelists failed in the fight against Ebola. While their interpretations of the crisis were culturally appropriate, the same could not be said of its biblical and medical approach. It is no secret that the problems bedeviling the health sector were broader than Ebola. Addressing the spread of Ebola will require more than altering deeply entrenched

cultural beliefs. It requires the churches to apply biblical perspectives in the context of medical science so that cultural misgivings are effectively dealt with.

6. Conclusion

God calls believers in all generations living under different circumstances to consider their ways and draw near to him. What transpired in West Africa may be seen in the broad contexts of Jesus' end time narrative (Matthew 24:3-14). It seems clear that human suffering may happen so that subsequent generations can learn from the experiences and mistakes of previous generations (Psalm 102:18; Romans 4:23-24; 1 Corinthians 10:11). Ebola is an unfolding tragedy for Sierra Leone and West Africa. Many precious souls were lost to the disease. People are infected with or affected by Ebola. The nation's fragile economy will take years to rebuild. Social interaction particularly, the treasured culture of handshake and hug have been forever altered. However, as Charismatic healing evangelists have affirmed, new life will emerge out of this abyss of death and hopelessness. The People's faith in a God who does heal will grow stronger than ever before. And, through these painful experiences of people, God will be glorified. But the church is called to witness to human suffering in ways that are biblically conscientious as well as culturally appropriate. The Ebola crisis will soon end. The outstanding question that remains though is this, are the churches adequately prepared to deal with any such disasters should they occur in the future? One hopes that they are.

References

- Anderson, Allan. 2005. "African Independent Churches and Global Pentecostalism: Historical Connections and Common Identities", In *African Identities and World Christianity in the Twentieth Century*, Klaus Koschorke, ed., Wiesbaden, Harrassowitz Verlag.
- Bangura, J. B. 2015. *The Matrix of African Pentecostal Social Action: A Study of the National Pentecostal Mission Sierra Leone*. Brussels, WCM Publications.
- Bangura, J. B. 2013. *The Charismatic Movement in Sierra Leone (1980-2010): A Missio-historical Analysis in view of African Culture, Prosperity Gospel and Power Theology*. Leuven, Belgium/Amsterdam, The Netherlands, ETF/VU University.
- Blyden, Sylvia Olyinka. 2006. "Sierra Leonean Women in Public Life: A Beacon of Pride, Success and Lessons for an emerging Generation", *Awareness Times Newspaper*, June 13.
- Conteh, P. S. 2009. *Traditionalists, Muslims, and Christians in Africa: Interreligious Encounters and Dialogue*. Amherst, NY. Cambria Press.
- Curtis, A. 2014. 'Ebola; Why the Death and Suffering?' *New African Magazine*, no 452. <http://newafricanmagazine.com/ebola-death-suffering/>
- De Rosny, E. 2006. 'New Forms of Healing Ministry in Africa: The Catholic Church in Cameroon.' 99-108. In E. *African Christianities*, Messi Metogo, ed., London, SCM Press.

- Featherstone, A. 2015. *Keeping the Faith: The Role of Faith Leaders in the Ebola Response*. London: CAFOD Joint Publication.
- Finnegan, R. H. 1965. *Survey of the Limba People of Northern Sierra Leone*. London, H.M. Stationery Office.
- Gaiser, F. J. 2010. *Healing in the Bible: Theological Insight for Christian Ministry*. Grand Rapids, Mich, Baker Academic.
- Gibbs, N. 2014. 'Why the Ebola fighters are TIME's choice for Person of the Year.' *TIME Magazine*, 10 December.
- Gittins, A. J. 1987. *Mende Religion: Aspects of Belief and Thought in Sierra Leone*. Nettetal [Germany], Steyler Verlag/Wort und Werk.
- Harris, W. T., & Sawyerr, H. 1968. *The Springs of Mende Belief and Conduct: A Discussion of the Influence of the Belief in the Supernatural Among the Mende*. Freetown, Sierra Leone University Press; [Distributed by the Oxford University Press, New York].
- Hollenweger, Walter J. 1997. *Pentecostalism: Origins and Developments Worldwide*. Massachusetts: Hendrickson.
- Human Development Report. 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience - Sierra Leone*. Executive Summary. Geneva, UNDP Documentation, 2014.
- Kalu, Ogbu. 2008. *African Pentecostalism: An Introduction*. Oxford: Oxford University Press.
- Leach, M. 2015. 'The Ebola Crisis and Post-2015 Development.' *Journal of International Development*. 27, no. 6, 816-834.
- Lord, Andrew. 2005. *Spirit-Shaped Mission: A Holistic Charismatic Missiology*. Milton Keynes: Paternoster.
- Mambu, F. A .M. 2011. *The Fifth Ministers Church Growth Strategy & Renewal Conference*. Grafton, Sierra Leone, Faith Healing Publications.
- Oldstone, M. B. A. 1998. *Viruses, Plagues, and History*. New York, Oxford University Press.
- Omenyo, C. 2014. 'African Pentecostalism', 132-151. In *The Cambridge Companion to Pentecostalism* Robeck Jr., C. M. and Young, A., eds. Cambridge, Cambridge University Press.
- Quamann, D. 2014. *Ebola: The Natural and Human History of a Deadly Virus*. New York, W. W. Norton & Company.
- Reitsma, B. J. G. 2012. 'Health, Wealth and Prosperity: A Biblical-Theological Reflection', In *Evangelical Theology in Transition: Essays under the auspices of the Centre of Evangelical and Reformation Theology (CERT)*, Kooi, C. V. D., Staalduine-Sulman, E. V., & Zwiép, A. W., eds. Amsterdam, VU University Press.
- Reno, W. 1995. *Corruption and State Politics in Sierra Leone*. Cambridge, Cambridge University Press.
- Sawyerr, H. 1968. *Creative Evangelism: Towards a New Christian Encounter with Africa*. London, Lutterworth Press.
- Sawyerr, H., and Parratt, J. 1996. *The Practice of Presence: Shorter Writings of Harry Sawyerr*. Grand Rapids, Mich., W.B. Eerdmans Pub. Co.

- Shaw, R. 1997. 'The Production of Witchcraft/Witchcraft as Production: Memory, Modernity, and the Slave Trade in Sierra Leone', *American Ethnologist*. 24, 856-876.
- Sprecher, A. 2015. 'Handle Survivors with Care', *New England Journal of Medicine*.
- Theresa, N. C., Christian, N. G., and Nnadi, F. 2014. 'The Pervasiveness of Ebola Virus Disease in Africa: Implication for Economy, Ecology and Socio-Religious Dynamics', *JOSR Journal of Humanities and Social Science*. 19, (69-77).
- Yambasu, S.J. 2002. *Dialectics of Evangelization: A Critical Examination of Methodist Evangelization of the Mende People in Sierra Leone*. Accra, AOG Literature Centre.
- Wyse, A. 1989. *The Krio of Sierra Leone: An Interpretive History*. London, Hurst in association with the International African Institute.