

## The ways religious groups complement and complicate health care in Africa

**Sean Carberry (SC):** In the case of Uganda, there is a clear tension when religious groups are taking on healthcare missions like dealing with HIV/AIDS and in cases where religious doctrine might not necessarily square with the best public health practices. How do you go about bridging this divide and finding reasonable middle ground between those two?

**Katherine Marshall (KM):** There are three answers I think. The first one is that it's really only a small piece of public health, so that I think is a first answer. Let's keep this in proportion, it's not everything. Now there clearly is – and this is the second point – a major set of issues around reproductive health. [In Uganda] the churches are all over the place. In other words, there are some that would be considered in secular terms very liberal and there are some that are considered very conservative. First of all, you have to understand that. If you don't see this as a complex picture, you are going to get yourself into trouble and have unnecessary squabbles and debates. But you also have some room for discussion or you simply agree to disagree.

Then the third is what we hear all the time is that, on the ground, people work it out. If the Catholic clinic does not want to give out condoms or birth control devices, they send them to a clinic down the street that does, or the people just know that. Where it has become so visible and such a source of tension to a horrible extent is in the countries with the highest HIV/AIDS incidents. There the strategies of prevention has lead to something amounting to the 'alphabet wars' which are nonsensical but which reflect different philosophies. It's tragic that the debates around the prevention of a devastating disease have introduced more tension into discussions about the challenges of public health than there should be.

**SC:** Where does that tension come from and on what level is this from the WHO [World Health Organization], USAID [The U.S. Agency for International Development]? Where does that enter the equation?

**KM:** I think it's particularly the United States with the religious wars that we've had in recent years that has introduced a level of tension and absolutism which is viewed with bemusement and horror by people in other parts of the world. They simply cannot understand – and that applies also to the Catholic church – how someone could take such an absolute position on sex education and on distribution of condoms. To them [it] means condemning people to death and taking away their choices. Whereas for other people, an approach which they see purely with the face of a condom, means focusing on only one dimension of the debate which is immoral and fundamentally goes against their beliefs and their teachings. So it's lead to a polarization when what we need is a dialogue.

**SC:** Our reporters were running into missionary groups from very conservative evangelical churches in the U.S. and seeing examples where there was really very little healthcare going on. It was almost the pretext for getting people to come in and spend an afternoon where they are provided with bibles and sermons. How much of a piece of the overall puzzle is that and is that something that's growing? Is it problematic? Is it painting all of the faith groups with a bad image if that kind of thing is going on?

**KM:** I wish we had better numbers and understanding of what is really happening with the explosion of mission travel. My hunch is that the vast majority of healthcare that's provided – that has some kind of a religious link – is anchored in longer term programs and it's of very high quality. There clearly are some elements which are in the irresponsible category where they may do more harm than good. I would be very surprised if that is more than 3-4%, but it needs to be addressed. There is a long-standing debate that as to wear the boundaries of proselytism should lie. Obviously, there are some people who think that proselytism, i.e. spreading the gospel, is the most important thing in the world. However, there is also a very clear consensus – and there are codes of conduct and principles that are being agreed on in virtually every responsible institution – that it is immoral to have any conditionality on service to people who are poor. The idea that you would trade healthcare for reading a bible is generally viewed as immoral. As long as we have that consensus and we have a dialogue, I am confident that we can find solutions to the problem.