

Case Study: Helping A Witch Doctor In Uganda

(Taken from When Helping Hurts How To Alleviate Poverty Without Hurting the Poor... And Yourself by Steve Corbett & Brian Fikkert)

This was the second week of small-business training class held in St. Luke's Church, deep in the heart of a slum in Kampala, the capital city of Uganda. Elizabeth, the director of women's ministries for a major Ugandan denomination, had kindly agree to help me test the biblically based small-business training curriculum that I was writing, so we ventured into the slum every Monday. Elizabeth started today's class by asking, 'Has God done anything in your lives as a result of last week's lesson?' A rugged lady raised her hand and said, 'I am a witch doctor. After last week's lesson, I went back to church for the first time in twenty years. What do I do now?'

Elizabeth firmly ordered her, 'Go and get your herbs and medicines, and we will burn them up right here on the floor of the church!'

After running home, the witch doctor marched to the front of St. Luke's Church and dropped her bag of herbs on the floor. She then confessed publicly, 'I have a demon living inside me who drinks 50,000 Ugandan shillings (approximately \$27 U.S.) of alcohol per day. I feed him through the profits from my witchcraft business. My specialty is keeping husbands faithful to their wives. Some of my best customers are in this church. But I forsake my witchcraft and become a follower of Jesus Christ.'

Elizabeth lit a match and dropped it onto the bag of herbs, 'The demons will leave if we burn the herbs,' she said. When Elizabeth finished praying, she hugged the witch doctor and said, 'From now on, your name will be Grace.' It was a dramatic event, but the drama wasn't over.

Many weeks later, Elizabeth and I trudged through the slum to visit Grace's house. After a ten-minute walk, we entered Grace's one-room shack, Grace was lying on a mat on the dirt floor and writhing in agony. A plate with a few morsels of food covered with fleas was the only other thing in the place. Grace could not lift her head and could barely whisper. Grace had developed tonsillitis. Because she was poor and has HIV, the local hospital refused to treat her. Desperate for relief, Grace paid her neighbor to cut out her tonsils with a kitchen knife. We are in the very bowels of hell, I thought to myself.

'I am afraid she will die of an infection. Can we get her some penicillin?' I asked, feeling quite helpless.

'Yes we can, but we'll need 15,000 Uganda shillings, about eight dollars U.S.,' Elizabeth said. I immediately reached into my pocket and handed

Elizabeth the money. Elizabeth and her driver went to the nearest pharmacy and bought the penicillin for Grace.

A week later I could hardly believe my eyes when Grace walked through the door of St. Luke's for the next session of small-business training class. I believe Elizabeth and I probably saved Grace's life with the penicillin that day.

What did I do wrong? (And DON'T look at the back page.. yet!)

You will recall that I gave eight dollars to Elizabeth, a Ugandan church leader, so that she could buy penicillin to save the life of Grace, the ex-witch doctor. I later realized that I might have done an enormous amount of harm to St. Luke's Church and its pastor, to the refugees in the small-business class, and even to Grace herself. Consider now all that we have discussed thus

far. Why might it have been a mistake for me to pay for the penicillin? How might I have done harm in the process of trying to help? What would have been more effective strategy for assisting Grace? As you consider these questions, never lose sight of the goal: reconciling relationships is the essence of poverty alleviation.

Grace was clearly in need of relief. Lying in agony on the floor of her shack, she was unable to help herself and needed somebody to provide assistance to her. But was I the best person to provide such relief? Remember a key relief principle we learned in chapter 4: *Respond when needs of the affected population are unmet by local people or organizations (or family members) due to their inability or unwillingness to help.* I never even considered this principle when reaching into my pocket for the eight dollars to pay for the penicillin. Relief was the right intervention, but I was not the right person to offer it.

I failed to consider the local assets that already existed in this slum, assets that included small amounts of money, a church, a pastor, and the social bonds of the one hundred refugees attending the small-business class. The truth is that there was more than enough time to walk back to the church, where the small-business class was still assembled, and ask the participants what they could do to help Grace.

Of course, handing over the money was so much easier and so much faster than asking the refugees to assist Grace; and therein resides the problem of many poverty-alleviation efforts: the North American need for speed undermines the slow process needed for lasting and effective long-run development.

Why does all this matter? Grace desperately needed relationships in the community in general and in St. Luke's Church in particular. Her former way of life had created many enemies, and, being infected with HIV, Grace was going to need solid support structures as time wore on. In fact, Grace needed to have her poverty of community alleviated if she was going to have any chance for long-term survival.

But I may have done harm to more than just Grace. My failure to identify and mobilize local assets may have hindered the development of those assets. For example, St. Luke's was a poor church struggling to minister in a poor community. My eight dollars removed a chance for St. Luke's to be what the Bible calls it to be: the body, bride, and fullness of Jesus Christ in this slum. I denied St. Luke's to be 'salt and light,' I joined decades of North American evangelicals in communicating that the 'mzungu' – the powerful, rich, educated white person – was the 'salt and light.'