

OPINION

PENTECOSTAL SHEPHERDS AND EMPTY CATHEDRALS

Religious leaders have to adjust to the times, writes **Oludayo Tade**

In this piece, I analyse how some church leaders in Nigeria view the ban on religious gathering and through their utterances, project themselves as 'protecting the Church' against alleged plan by the devil to halt the growth of the 'church' in COVID-19 era. Undoubtedly, the COVID-19 era has been the age of redefinition of spaces, re-categorisation of what is important and what is not, demystification of over-rated persons, places and things as well as the battle of persons for relevance and significance in a rapidly redefining social situation. While COVID-19 is devilish to some, it has helped others to rediscover themselves in the management of their lifestyles, exposed the loopholes in our health system, made some people millionaires and ruined the livelihoods of others. In this era, only survival and living are the two most important pursuits to the rich and poor.

As a contemporary cause of social change, COVID-19 is altering cherished values, transforming cultures, rituals and social institutions. Institutions of the family, politics, education, media and religion have been hit below the belt and are battling to survive and stay relevant. Of these institutions, religious institution is vociferous in its acceptance of the reality of COVID-19, particularly the way the virus is altering and redefining religious spaces and practices. Some would even say that the pandemic is forcing followers to re-evaluate their religiosity.

The two voices reverberating against the continued ban on religious gathering are Bishop David Oyedepo of Living Faith International (Winners Chapel) and Chris Oyakhilome of Love World Incorporated. Bishop Oyedepo smelled rat that locking the Church and opening the market space was aimed at checking the growth of the Church of God. His co-comrade, Chris Oyakhilome was badly hit with the disappearance of performances which he was usually treated to and the reverence extended to him by the mammoth worshippers. Through their opinions, they unveiled the functional derivable of preaching in the physical space rather than the virtual sermonising that COVID-19 has imposed on them.

Was the policy of lockdown designed to diminish the influence and growth of the church as posited by Bishop Oyedepo? Church to Oyedepo is the physical and massive structures where worshippers gather to watch the performances of their pastors, smile, dance, pay tithes, make donations and offerings. But with empty cathedrals, the shepherds are missing their sheep who are avoiding risky spaces until the pandemic is over. However, since Bishop Oyedepo would not agree that only the living will serve and praise the Lord,

the followers have reconstructed the spaces of worship to their homes and neighbourhoods. This is in line with Matthew 18:20 where God says where "two or three are gathered in my name, there am I in the midst of them". This verse nullifies Bishop Oyedepo's construction of his built edifice as Church. In so far as the gathering is in the name of God, He is there.

While the Mega Churches have their own broadcast channels and have been reaching followers online while holding large conventions before now, their complaints over COVID-19 ban show the importance of face-to-face communication and how this is seemingly irreplaceable by virtual preaching. It was Chris Oyakhilome who let this out while complaining on why some Christian leaders agreed with government that the Church should be closed. He felt they had done a disservice to the House of God. Is Church not a place of healing? He asked. Later, he would betray his selfish pursuit by lamenting that "...they said there would be compensation for the period of the lockdown. What compensation can be enough to replace the praise and worship of the congregation? I hope you have enjoyed the time so far, only you in the cathedral did online transmission. Hope you enjoyed it so far? But thank you very much for what you did to the House of God." Certainly, religious leaders are finding this time very strange but they have to adjust to it. Being alone in the cathedral is like a footballer playing alone in the Stadium without fans. It is boring...no viewers, no clapping for the right moves. But as good shepherds, the pastorate must ensure that the sheep follows the Biblical counsel in Isaiah 26:20 to be safe.

We should also understand the political economy of our positions on the ban. Like other institutions, the partial or total lockdown is having impact on churches (and mosques) diminishing human presence, tithes, donations and offerings. Many ongoing projects within the church (and mosques) have also stopped because the 'feeders' are also

The Church is a risky space for COVID-19 spread. For instance, COVID-19 transmission in South Korea was fuelled by the Shincheonji Church whose 5,080 members tested positive for COVID-19 as of March 25 when the country's confirmed cases was 9,137!

struggling to survive and saving the little left to feed. During this time, very few Churches and Mosques have risen to support their members, while other 'ministers' still plead with their members enduring salary cuts, disengagement, rightsizing and downsizing to send money to 'nurture the work of God'.

There is no need for the Bishop to compare food market opening with banned Church gathering. Market people are not suffering Spiritual famine — they start their day with individual and group prayers while market evangelists take the word of God to them to indicate that the church is not the physical structures. How orderly and safe will it be to be inside church singing and dancing with face masks on? If shepherds feel the congregation are denied spiritual foods, he can end spiritual famine by leveraging on social media and online broadcast channels to feed the sheep.

Methinks the physical structures of the Oyedepo and Oyakhilome's massive cathedrals can be likened to the isolation centres where those who have tested positive for COVID-19 are being treated. The Statistics of the fatalities and recoveries from the isolation centres tell the story. Just like people attend churches for different purposes, not all people get their problems solved spiritually. For those in isolation centres too, their families pray for their recoveries but prayers of people with better immunity get answered while those with underlying morbidity illnesses and low immunity gave up the ghost. What this tells us is that prayer is an ongoing activity and it is not on lockdown. The leaders of the Church (and Mosques) should become functional and innovative during this period to retain their relevance in a post-COVID-19 Nigeria.

It is logical to say that no one is standing against the Church because the church of God is not emplaced in the territories of individual pastors like Bishop Oyedepo and Pastor Oyakhilome. What has happened is a rational reaction on the part of the followers to choose between staying safe at home or risking being arrested or infected in the 'House of God'. Who orchestrated the plan that the Christians will end their 40 days fasting with the coming of corona virus and that the Muslims will observe Ramadan fasting without the normal rituals? I think God is using the pandemic to tell all of us that not a pastor or Imam can save whom he has not saved. This perhaps explains why people are looking up to God,

—Dr Tade, a sociologist, sent this piece via dotad2003@yahoo.com

(See concluding part on www.thisdaylive.com)

HOW CORRUPTION DESTROYED OUR HEALTH SYSTEM

Iheoma Obibi canvasses unity among the people for quality representation in government

Our state television channels have been inundated with claims by state governors of beautifully constructed and equipped hospitals they have built and excellent healthcare delivery services being offered to the people in their respective states. The mirage of twin mirrors is all too real because when you appear at the designated hospital location the next day, you will not find anything that has any semblance with what you saw on the television the previous night.

This is Nigeria where projects are conceived, executed on paper, and someone in a ministry somewhere signs-off that the job has been completed.

Every day, several second term governors jostle for television air time just to show people how they are working hard to ensure quality healthcare. The reality is rather more lurid, there is often no hospital under construction; it is a farce and it is mostly 3D computer generated. Even where one is being built, it takes years to complete it.

Every year, governors inundate us with huge sums tagged as budget to improve living standards, with health being allocated a limited amount. Yet year in and out, Nigerians who can afford it, are flown abroad to receive emergency medicare which may be near absent in government-owned hospitals. Others, rely on self-medication often with disastrous results and a lack of resources to get the best medicare die from ailments that should not have killed them.

How can one comprehend the simple fact that a state that has over two million people does not have an MRI machine or mammogram machine in any government owned hospital, yet some consultants of the same hospitals own the best gadgets in their privately-owned hospitals.

This can only happen in Nigeria, where oddity appears normal. Every day, people lose loved ones to death because of the absence of unreliable medical equipment to keep them alive. It has been noted the increase in the number of persons battling organ failure such as kidney or liver failure. But how many hospitals have enough dialysis machines to cope with the numbers of patients? It is not surprising to note that out of all the hospitals in your state, no government-owned hospital has one.

More worrisome is that the sudden emergence of COVID19 has forced all of us to acknowledge that only a few states in Nigeria have functional ventilator machines to aid patients having respiratory challenges due to serious ill health in the government-

owned hospitals. Yet our senators, members of the House of Representatives, state Houses of Assembly, local government chairmen, their deputies, and councillors regale the electorate with endless speeches on how they have provided such amenities in the hospitals.

More worrisome is that many people revel in adulation from political watchers for using their supposed private funds to foot medical bills of people. So, rather than equip hospitals, Nigerian politicians prefer to see their names trending on social media for providing funds to assist individuals in need of medical support to treat one life-threatening illness or the other.

It will make more sense for politicians to ensure that hospitals are built and equipped for people to access quality medicare without the dehumanising grovelling demanded from sick people. In Nigeria, hospitals are built and commissioned on paper, a few people share the money, including members of the monitoring team who within three months show up with expensive cars, while the projects if commenced, are abandoned.

How is it that a contractor funded to build a hospital for government becomes rich over night while the hospital building remains at lintel level?

Suddenly the contractor is invited everywhere as an outstanding Nigerian, decorated with awards and the next thing he is pencilled down to contest elections because he has money, the people's money. Many have become rich at the expense of the people. Many who should be in jail are walking free. Demanding accountability and responsibility from our elected officials is clearly not working.

It has been alleged that some unscrupulous operatives of the Economic and Financial Crimes Commission (EFCC) have in turn profited under the pretence of investigating allegations of corruption of public officials. Thus it is no surprise to see operatives use undue influence to get postings into such agencies or into the fraud investigation units of the Nigerian Police Force.

A visit to teaching hospitals will leave you shuddering with fear. Obsolete and none functional equipment everywhere. Medical students are not left behind in this chaos which has an overall impact on their training and in the institutional support they received from the health sector.

The federal medical centers are overwhelmed. Everyday throngs of people troop into them for solutions to their health concerns, while many get solutions, some are faced with shocking

realities in the facilities. It is only in Nigeria that patients are seen on the corridors where medical staff convert walkways to shift bed space for ailing patients. It is safe to say that every government hospital is always overbooked with inpatients.

For some reason we have normalised the appointments of career politicians with absolutely no knowledge of medical practice as members of governing boards of hospitals, hence when doctors are campaigning and demanding for better health structures, systems and equipment, they politicians are never on the same page with them.

Our unspoken and documented experiences are that often times uneducated misfits masked as politicians are put in charge of hospital administrations. Resulting in accusations of illegal wealth generation to the detriment of innocent citizens.

For instance, how many house committee members of the Senate, House of Representatives, or State Assemblies have medical doctors as members, or better still have a working knowledge of medical issues and practice? Your answer is as good as mine.

Internationally, surgeons have adopted laser methods to conduct surgeries which has been acclaimed safer and better but not so in Nigeria, not because the medical practitioners don't want to, but because our governments have refused to provide them with the necessary modern equipment to do their work effectively.

Do we remember, when one of the sons of President Muhammadu Buhari was involved in an accident in Abuja, no hospital was deemed fit enough to treat the young man. He was flown abroad while his friend also involved in the same crash was left to Nigerian medical system.

There is a joke within Nigerians that their politicians rather than equip hospitals, prefer travelling abroad to die, only to be received in a motorcade at the airport for burial.

Yet truth be told, Nigerian medical doctors have proven to be some of the best outside the country. Two years ago, a Nigerian trained surgeon performed surgery on a yet to be delivered baby. He brought out the baby, operated and fixed the challenge, and put back the baby in the mother's womb. It was a huge medical feat performed by a Nigerian doctor in the United States of America.

—Ms. Obibi of Alliance for Africa wrote from Lagos.

(See concluding part on www.thisdaylive.com)