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Seeing Differently: Changing the Paradigm of the Health of the Public

The scissors kick was a wonderful way to do the high jump. Until a guy said, “What the heck, I think I’ll go over back first.” He did. The rest is history.

Larry Pray

At one level, this book is about the relationship between public health and religion. It is a relationship with deep historical roots that remain much closer to our time than what current intellectual formation and disciplinary training in either public health or religious leadership fully grasps. Reconnecting the two is more important than one might think. One of our major undertakings here, then, is to argue for that reconnection—for the sake of public health and for the best in religious traditions.

We do not need to defend the importance of public health. We are aware, however, that in the world of public health and of professional biomedicine, things “religious” or “faith-directed” are not easily grasped, absorbed, or even welcomed. Conversely, religious or faith leaders are often equally as mis-directed or forgetful about the pertinence of their own traditions for public health, though religious faiths include strong transformative currents oriented toward greater well-being for all. Religion in its deepest foundations and public health in its genesis are not just about specific intellectual disciplines or fields of practice but, ultimately, about the health of the whole and health for all, the well-being of people and populations. The emphasis of this book is on why, and how, we can and should take religion and faith more seriously in the common task of contributing to healthy citizens in a whole world.

Paying attention to religion and public health also means, by definition, confronting the shape of the public in our time. This, too, is no small issue in the face of the erosion of public sphere proper through the seemingly inexorable penetration of the triumphant instrumental rationality of money and power, of markets and bureaucracies, which hold dominion over vast regions of our lives, not least, our health and well-being. This is so important, that we speak not
only about religion and public health, but also about religion and the health of the public.

We write about these issues because we have an empirically grounded commitment to the necessary intellectual task of rethinking the relationship between religion and public health, honed through a combined twenty plus years of work in the field. In Gunderson’s case, this work began with the establishment of the Interfaith Health Program (IHP) in 1991 at The Carter Center in Atlanta, US, after he had spent many years of work on poverty, hunger, and economic development in Africa. This informed his leadership as director of IHP at The Carter Center and after, when it moved to the Rollins School of Public Health at Emory University. Since then, he has carried the ideas and knowledge gained through multiple experiences, studies, and associations with others to Memphis and the large Methodist Le Bonheur Healthcare system located there. Here he has put into practice much of this learning in helping rethink and reshape the hospital in the light of a larger journey of health that includes congregations, communities, and other partners at every level. Cochrane was drawn into this work by Gunderson at a Carter Center meeting in 2002, though their relationship was predated by a series of events on religion and public life organized by Cochrane from the University of Cape Town in the late 1990s in which Gunderson participated. A focus on faith or religion and public life has shaped much of Cochrane’s personal and academic life, beginning with his involvement from the late 1960s in well-known anti-Apartheid Christian movements in South Africa (particularly the Christian Institute, and the Institute for Contextual Theology), informing his teaching and research at the universities of KwaZulu-Natal and Cape Town as well as several international institutions, and continuing through to this work in religion and public health.

Both of us have been shaped by histories and contexts that are dominantly Christian. This introduces certain limitations into what we write and how we write it, though it also enables us to link phenomenological with analytical, internal with external understandings, and critiques of religious or faith traditions by paying attention to what we know in this regard, while providing some necessary concreteness to the general concepts we are introducing. Still, we have also engaged widely throughout the years of work reflected in this book with people of other religious traditions or none, well beyond any particular Christian narrative, and with many people trained in public health and allied disciplines. We think, therefore, that the theoretical framework introduced in this book is indeed generalizable, and that it readily opens up space for accounts from other religious or nonreligious perspectives. At least we hope so.

The book addresses public health and religious thinkers, leaders and practitioners. Its broad intention is to pose the possibility of another way of engaging with each other than the one that ignores what each brings to the other in working for the greater health of the public. More than an intellectual enterprise, the book also serves, against the instrumentalization of life, as a call for a recovery of the deep vocations of both public health and the vast majority of religious faiths. In this sense, it is a manifesto, advocating for a different way of seeing religion and public health that we believe, supported by concrete examples that