The life they now live: role of missionary hospitals in Sub Saharan Africa

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Abstract

Jesus’ self-confessed mandate was to proclaim good news to the poor and validate this message through miracles like healing. He sent out his followers to do likewise. Mission hospitals are the penultimate example of restoring health in the name of a Saviour who loves them. As a group of healthcare missionaries at Mbingo Hospital, Cameroon, we see the role for mission hospitals/systems for the following reasons: compassionate care, competence, an opportunity to reflect our faith, humility, vision, perseverance, social justice, integrity and accountability. We provide examples for each. Missionary hospitals/systems in sub-Saharan Africa are a training group for the principles all of us need to mature in during our Christ-centered journey of life.

Keywords: Africa, healthcare, mission hospitals

When Jesus of Nazareth walked on earth, He understood His position as the Son of God because He taught from the Word of God (based on references from the Old Testament), and He performed miracles. His self-confessed mandate is described in Luke 4:18-19: “The Spirit of the Lord is on me, because He anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord’s favor.” This is a direct quote from Isaiah 61:1-2. The most common of the miracles that Jesus performed were those involving healing: the deaf could hear, the blind could see, the lame were able to walk, those with leprosy were cleansed, the woman with the issue of blood stopped bleeding, even some of the dead were brought to life (Table 1). At Jesus’ command his followers were sent out preaching that the kingdom of God is at hand, and they validated or emphasized this by doing miracles (including healing) (Matt 10:8).
Table 1. References to the healing ministry of Jesus

<table>
<thead>
<tr>
<th>Types of Healing</th>
<th>Matt</th>
<th>Mark</th>
<th>Luke</th>
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<tr>
<td>Dumb will speak</td>
<td>9:32-33, 15:30</td>
<td>7:32-37, 9:17-26</td>
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<td>Blind will see</td>
<td>9:27-30, 15:30, 20:30-34</td>
<td>8:22-26, 10:46-52, 18:35-43</td>
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<td>Lame will walk</td>
<td>15:30</td>
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<td>Paralyzed will walk</td>
<td>8:6-13, 9:1-7</td>
<td>2:3-12, 5:17-26</td>
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<tr>
<td>Deaf will hear</td>
<td>9:20-22, 25:34, 8:40-56</td>
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<td>Issue of blood is stopped</td>
<td>20:30-34</td>
<td>17:15-18, 9:17-26, 9:37-42</td>
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<td>Epilepsy is healed</td>
<td>4:24, 17:15-18</td>
<td>9:17-26, 9:37-42</td>
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<td>Leprosy cured</td>
<td>8:2-3</td>
<td>12:10-13, 3:1-5, 6:6-10</td>
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<td>Fever</td>
<td>8:14-15, 1:30-31, 4:38-39</td>
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<td>Dropsy cured</td>
<td>14:1-5</td>
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<td>Withered hand made normal</td>
<td>12:10-13, 3:1-5, 6:6-10</td>
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<tr>
<td>Dead made alive</td>
<td>9:18-25, 5:22-43, 7:11-17, 8:40-56</td>
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</table>

Through the generations, this act of healing and teaching God’s word has been an example that sets apart the Christians in health care. Mission hospitals were the penultimate example of restoring health in the name of a Savior who loves mankind. In high income countries, many of these originally Christian institutions have become increasingly secularized for any number of reasons not the least of which is funding. However, in low- and middle-income countries, many mission facilities are still providing a significant component of health care, for example, in sub-Saharan Africa.

The authors of this paper are health care missionaries currently practicing at Mbingo Hospital, a hospital within the Cameroon Baptist Convention Health Services (CBCHS). The CBCHS is an indigenously administered co-operation of 12 hospitals and aligned health care centers throughout Cameroon. It is the largest faith-based health organization in the country. We see a role for the missionary hospital and/or health system for the following reasons.

Compassionate Care

The story of the Good Samaritan shows us three different heart attitudes. The business attitude is goal-focused, needing to be at a certain place at a certain time. The cleanliness or germ phobia attitude is focused on minimizing the risk to self. The patient focused attitude seeks to help the person in need and goes to the extent of paying the cost for their care. Those Cameroonians we spoke to indicate that the difference between the mission hospital and a government facility is that in the mission setting, the health care staff often take more time with patients. They speak with them and listen to their needs. In a pay for health care culture, as mission hospitals are, sometimes the debt of health care is even reduced or cancelled at mission facilities. To some extent this can be seen in the private health care setting of Cameroon; but, in a country where the majority live on $2 USD/day, private health care is not an option.

The other component of compassionate care is the model of care. In a government setting, often the focus is on the physical needs of the patient. In a mission setting the model of care includes whole person care. This puts the spiritual and emotional aspects of care as being as important as the physical aspect. The meaning of my disease is worked through from a God centered perspective and what that means to my life journey. This is especially relevant where, in the prevailing culture, the concept of spiritual forces is considered contributary to illness. This is brokered not just by the
ever-present chaplaincy programs but is a component of each health care team member’s skill set and practice. Exemplary examples of this kind of care include the palliative care and pediatric oncology care provided throughout CBCHS, but especially at Mbingo.

**Competence**

To be hired and maintain a job means the individual is appropriately trained for the task. Participating in continuing medical education is expected. CBCHS aims to hire licensed/certified practitioners to do the tasks whether nurse, physician, or dietician. In this setting, it is important not only to validate qualifications but evaluate to ensure that qualifications match competencies. There are initiatives to improve the quality of training and bedside care through the nursing school (Banso), the wound care program (Mbingo), the perioperative program (Mbingo), and physiotherapy program (Mbingo). There is no organized cervical cancer screening program in Cameroon, so the CBCHS has an ongoing training and mentoring nurse led VIA/VILLI/HPV testing-based program where nurses not only screen but some are trained to treat pre-cancers.

**Faith**

Hebrews 11:1 states that faith is the substance of things hoped for, the evidence of things not seen. Missionaries from other countries (including from within Africa) who come to an African country to work in health care come first with a strong sense of God’s sovereignty. God is in control. With the myriad of things that do not work as they should, the missionary knows that God is still in control. Just as the Son of Man did nothing of His own initiative, His disciples can do nothing without Him. Those missionaries, by and large, provide care that would otherwise not be available, and they work to improve the system through education, training, and mentorship. Both the missionaries from abroad and many nationals who choose to work in health care in a mission hospital setting sense God’s call for vocation and not just a job. That fundamental belief changes the whole tenor of one’s attitude toward patient care. You go the extra mile. You struggle with problems to try and find solutions. You work to make relationships not just happen but blossom.

**Humility (a servant attitude)**

In past years, the visiting missionary brought with them their education, resources, and the expectation of leadership. Where true development occurred, national leaders were identified and encouraged. Today, most health-related enterprises are led by local leaders in culturally conditioned administrative behavior, which can emphasize relationships, events, and hierarchy above systems, time, and collaboration. For visitors to contribute effectively to this environment, vision and energy must be balanced with respect and humility and a growing engagement with patterns of speech and behavior that demonstrate a willingness to share the enterprise and the consequent achievements.

**Vision**

When you live life with God as sovereign, God the Father, Son, and Holy Spirit become a part of each day through private and corporate prayer, devotions, and worship. This heart attitude has many sequelae that are unique to the mission hospital setting. For example, as a result of having morning chapel there is a rallying opportunity for announcements, so all staff hear the same message from the leadership. It is also a time to identify as a whole and not just the subunit where you spend your day.

Vision can also mean grander things. One of the Internal Medicine doctors at Mbingo lived his entire career with challenges of poor water supply especially during the dry season and intermittent electric power. A God ordained vision led to his central role in the development, supervision, and completion of a $2 million USD hydroelectric power project (with the generous aid of overseas donors) that gives the steady power supply needed for big equipment like the CT scanner. The bonus of this adequate water storage means a continuous water supply especially in dry season. The skill set for internal medicine and building a hydroelectric
power plant are vastly different, but when God is in the center, such a project is possible even amid civil unrest.

**Sacrifice**

In low- and low-middle income countries, people make great sacrifices for educational advancement (including the medical profession) for the financial security and comfort they tend to guarantee. While this is true even amongst national workers in the mission hospitals, many, whether expatriate or national staff, work for lower salaries. The goal is not self-serving, rather, it is patient-focused. Many of the rewards for this sacrifice are intangible, including inner peace, a meaningful existence, and a ready contentment and joy.

Amid this there are tangible rewards. A young lad was encouraged by his father to do voluntary house and garden maintenance for a long-term missionary nurse in acknowledgement of the sacrifices she was making. When the time came for further study, she was the first to contribute to his educational expenses through the respectful relationship that already existed.

**Perseverance**

In Romans 5:3-5, the Apostle Paul wrote:

...we also glory in tribulations knowing that tribulation produces perseverance and perseverance character and character hope. And hope does not disappoint because the love of God has been poured out into our hearts by the Holy Spirit who was given to us.

Things take longer in Africa – it’s a fact – this is Africa (TIA). Persevering to get sustainable change or to get to the other side of a hard season of life are not uncommon. To become a graduate of the Cameroon Internal Medicine program (4 yrs) or Pan-African Academy of Christian Surgeon program (5 yrs) takes perseverance. In 2019, our PAACS program was on hold due to the civil unrest; however, one surgeon stayed on site and handled the myriad of trauma cases with only house officers. There is a maturation, a walking with God as friend that happens in the crucible of fire. That has been Mbingo, especially in 2019, but to a lesser extent from 2018 to present.

**Social Justice**

Micah 6:8 says to act justly, to love mercy, and to walk humbly before our God.

John Perkin wrote,

*God always wanted the vulnerable in society to be cared for. He never intended for them to languish in poverty, abuse, slavery, homelessness or other types of devastation. When we care for individuals trapped in these ways, when we show them love and help them move toward freedom and wholeness, we do justice and God smiles. [5 Jan 2023 Morning Devotions. Lectio 365]*

The WHO advocate for Universal Health Care for cost-effective management strategies. They claim this is a human right. However, in much of Africa the model is a pay for service one, except for campaigns for vaccines. Even these depend on supply and geography. (For example, during months at a time in 2022, TB meds were not available for new cases.) Moving toward basic care for all is a social justice issue.

**Integrity**

The opposite of integrity is corruption. Power and money are closely linked. In the CBCHS, a patient pays only the cashier for their care. In other settings, many individuals ask for payment which can be confusing and threatening for the patient. We see patients at Mbingo where surgery was supposedly carried out at other centers (the patient paid for the procedure) but it was not actually completed. Not infrequently,
we see a scar on the abdomen but when the patient is opened, the bowel was resected and not anastomosed or the appendix was reported to be removed but actually the ovary was removed and the appendix still in place.

Accountability

Christians understand the biblical tenants of obedience to God’s commands and consequences resulting from disobedience. Some of the Cameroonians we spoke with gave examples of differences between government and mission hospitals. At mission hospitals, the staff come to work and work their shift. The staff carry out patient orders regardless of the time of day. This cannot be assumed in facilities where individuals can be protected from accountability by their close relationship to people in civil authority. In the Cameroon Baptist Convention, there is a hierarchy of respect and accountability within the CBCHS and an expectation of consequences for delinquent behavior.

Summary

In sub-Saharan Africa, where the GDP that goes to health care is comparatively low, where many patients must pay for health care, we see a clear need for the mission model of health care. For all the reasons listed above, this form of health care where God is recognized as supreme is really a training ground for the principles all of us need to mature in through the Christ centered journey of life.

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