+ RAISING LOCAL RESOURCES THE TRANSFORMATION OF A MISSION HOSPITAL IN CONGO

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have just finished reading a remarkable book about medical missionary ministry or what the author prefers to call inter-cultural heath care. The author, Dr. Dan Fountain and his wife, Miriam, were medical missionaries in Congo for 35 years. The title of the book is Health for All: The Vanga Story.¹ When God decided to bless the people of the Vanga District in Congo, he chose to use Dan and Miriam Fountain and a Congolese man by the name of Mr. Musiti, among others. Dr. Fountain's personal testimony includes what he sensed as a call to Jesus (not to missions) as a child. He specifically chose to study at a secular university (Colgate) so that he would be forced to encounter non-Christian views of the world. Dr. Fountain felt this was essential in order to share the Gospel in the many cultures he would encounter over the years.

This column is a combination book review and case study on the transformation of a mission hospital in North Western Congo/Zaire. It contains many lessons on local sustainability that I felt would be of interest to readers of *Mission Frontiers*. I believe this story should be read and reread by every medical missionary involved in cross-cultural healthcare. In fact, I believe it should be required reading for non-medical missionaries as well.

Dr. Fountain found himself and his wife, Miriam, travelling to Africa by ship in 1961—the same year that I first travelled on a ship from the USA to Africa. For the next 35 years Dr. Fountain led a major effort to prepare a hospital to provide health care for a quarter of a million people in the Vanga District. I have often told about different ways that the transition to self-reliance occurs. One of those ways is when the Lord removes the missionaries against their will. That is what happened at Vanga before Dr. Fountain arrived.

An expatriate medical doctor (Dr. Osterholm) had served at Vanga for twelve years. During that time he taught a member of the hospital staff (Mr. Musiti) to do all sorts of medical procedures. Then came the political turmoil of the early 1960s in Central Africa. When Dr. Osterholm was forced to leave, he turned the keys of the hospital over to Mr. Musiti. He told him that in the shoebox in his office desk in the hospital there was enough cash to pay staff for about one month. He then told Mr. Musiti that when that cash ran out, he should close the hospital and leave.

Little did anyone know at the time that this single event would be the most significant step in the indigenization of Vanga Hospital. Part of the transition had to take place in the mind of Mr. Musiti who was soon confronted with a crisis. A patient needed a C-section, and there was no doctor there to do it. Mr. Musiti knew the gravity of the situation and took counsel with the church elders. They reminded him that he had participated in many such operations over the past twelve years and that he should proceed for the sake of the mother, the child and their family. This he did, and there even came a day when Mr. Musiti had to do a C-section on his own wife.

After eighteen months with no medical doctor at Vanga, Dr. Fountain arrived on the scene. During that eighteen months everything was in the hands of Congolese staff who did not close the hospital, but managed it amid the political turmoil in the country. The hospital was there for Dr. Fountain to step into. But the die was cast; the hospital had its own administrator in Mr. Musiti, and Dr. Fountain made sure that ownership stayed just where it should be—in the hands of Congolese staff.

There was more than enough for everyone to do as they tried to help a quarter of a million people to get "health for all." The most significant thing they did was to convert the hospital from primarily curative care into a place to train staff who would go to the surrounding Vanga district to start village health clinics. Among their primary objectives was a plan to develop preventive health care in order to cut down on the number of long treks people were making on foot or by ox cart to reach the hospital. Care was taken to make sure that the village health clinics were in local ownership. On one occasion people in a village wanted a clinic and asked Dr. Fountain to provide the means. He asked what they needed. The quick answer was



"money." He asked what they might have from their own resources to use toward the building. They said they had cassava—a food staple. So Dr. Fountain suggested that they each bring a bag of cassava which could be sold to get the funds they needed. The entire building was built with local resources.

While this story shows a significant shift over the years to preventive care, it also shows the shift to local ownership. Dr. Fountain worked tirelessly to limit his own involvement so that local people would be owners or at least coequals in the decision-making process.

One of the striking parts of this story is the role of the medical staff in dealing with cultural issues normally in the hands of traditional practitioners of religion. Dr. Fountain had a remarkable ability to get to the heart of cultural issues that were characteristic of conflicting worldviews. He says that the single most important influence in his preparation for medical missionary service was reading a book called Bantu Philosophy by Placide Tempels (which has become a classic). One of the main themes of the book is the importance of understanding "soul force," something that Dr. Fountain believed must be recognized if one was to see authentic spirituality develop among African believers.

In my next column in *Mission Frontiers* I would like to delve into the cultural issues which Dr. Fountain grappled with every single day. These are most enlightening. This book is filled with ideas that will help missionaries to get a grasp of surrounding cultural dynamics. I can honestly say that if I had been introduced to Bantu Philosophy—or if I would have had this book about the Vanga story available to me as a younger missionary in Central Africa, things would have been significantly different. Look for my analysis of the cultural issues of this story in the next issue of *Mission Frontiers*. There is just too much to include here. In the meantime, I heartily recommend that you get a copy of *Health for All: The Vanga Story.*

Health for All: The Vanga Story is available through William Carey Publishers. www. missionbooks.org. See page 45 for more information on how to order this book.

NEXT STEPS IN ETHNODOXOLOGY: Tools and Resources

COMMUNITY

- International Council of Ethnodoxologists (ICE)
 - Join at www.worldofworship.org
 - Free newsletter:
 - www.tinyurl.com/subscribe-ICE-newsletter
- Global Consultation on Music and Missions (GCoMM)
 www.gcommhome.org
- Regional networks:
 - Asociación LatinoAmericana De EtnoArtes (ALDEA)
 www.etnoartes.com
 - Philippine Ethnoarts Community of Practice (PECOP)
 www.pecop.org
 - Korean Ethnodoxology Initiative
 www.tinyurl.com/KoreanEthnodoxology

MEDIA

- Videos from 2013 Consultation on Arts in Mission - http://tinyurl.com/arts-in-mission-videos
- YouTube channels for ICE and ethnodoxology
 www.youtube.com/user/ethnodoxology
- Heart Sounds Int'l and "Sounds of Global Worship"
 www.youtube.com/user/HSIOM

SEMINARS

See the "short courses" button at www.worldofworship.org

BOOKS & JOURNALS

- Ethnodoxology Handbook and Manual
 www.ethnodoxologyhandbook.com
- Global Forum on Arts and Christian Faith (ICE journal)
 www.artsandchristianfaith.org

UNDERGRADUATE AND GRADUATE-LEVEL DEGREES

- All Nations Christian College (UK) www.allnations.ac.uk
- Center for Excellence in World Arts at GIAL—www.gial.edu
- Fuller Seminary
 - www.brehmcenter.com/initiatives/globalworship
- Liberty University
 www.liberty.edu/index.cfm?PID=1191
- Moody Bible Institute www.moody.edu/music/ba-music
- Payap University (Thailand) www.li.payap.ac.th
- Redcliffe College (UK) - www.redcliffe.org/ethnomusicology-and-arts