# The Vanga Story: A Revolutionary Approach to Healthcare

By **MIKE SODERLING**
**AND KATHERINE (FOUNTAIN) NILES**

**Mike Soderling**, MD/MBA was trained as an OB/GYN physician who worked in private practice for 10 years before following a calling to serve full-time in Central America for 11 years. Upon return he assumed the role of Director for Health for All Nations (a project of Frontier Ventures), an organization that seeks to catalyze solutions to complex global health challenges. Mike, his wife Chris, and daughter Leah reside in Pasadena, CA.

**Katherine (Fountain) Niles**, PA-C, received a Bachelors degree from Colgate University, Hamilton, NY and a Physician Assistant degree from University of Florida, Gainesville. Katherine was raised in Congo by missionary parents and is now serving with her husband Wayne, also a missionary kid raised in Congo. Katherine walks beside a network of 14 Baptist mission hospitals raised up through her parents' ministry as they pursued the ambitious goal of providing sustainable and quality Christ-centered health care to Congo's rural, marginalized and poor population

It's 1961 and war is raging in the Republic of Congo. The Congo Crisis was ravaging the country after they had gained independence from Belgium. This would last until 1965 and would take the lives of an estimated 100,000 people. Into this grim picture arrived a young surgeon missionary and his nurse wife; Daniel and Miriam Fountain. I would encourage the reader to read the two previous articles in *MF* regarding the work of this remarkable man at:

https://www.missionfrontiers.org/issue/article/the-transformation-of-a-mission-hospital-in-congo

https://www.missionfrontiers.org/issue/article/the-transformation-of-a-mission-hospital-in-congo-2-western-medicine-and-sp.

These articles focus mainly on the cultural sensitivity Dr. Fountain displayed as he worked toward sustainable (a word that he would not have used at the time), locally owned health-related initiatives. The key lesson learned is that we can avoid unhealthy dependency if we follow certain best practices in global health missions.

In this article I will turn our attention to other lessons Dr. Fountain learned from his Congolese colleagues and patients and which he also wrote extensively about in his final work, *Health for All, The Vanga Story*. These were reinforced for me through a nearly ten year mentor/mentee relationship between Dr. Fountain and me.

The "Vanga Story," in a real way, documented two careers dedicated to exploring and practicing a Christ-centered model of compassionate health care as it integrated the resources of modern medicine with a biblical approach to health and healing (individual and community), the role of the church, and the importance of Christ-following health care professionals. As I (Katherine Niles) walk beside this next generation of Congolese health care professionals, grown from my parents' work, and see them straddling world views of secular/physical and animistic/spiritual, we continue to learn how integral to healing is the Church as the body of Christ, and how important we are to the healing of patients—as disciples of

Jesus trained in disease pathology. In our Congo world, the "reductionist understanding of health," is overwhelmed by a spiritual worldview, and professionals daily face the challenge of finding language to bridge these worldviews as they care for patients, patients' families and the communities from which patients come.

## A Biblical Understanding of Health

I believe if Dr. Fountain were still alive today, he would say the most important lesson learned was that the Church has struggled with a very limited and reductionistic understanding of health. Many in the West particularly think of health in terms of being disease-free, adding in perhaps that we eat well and exercise some. There is an occasional referral to our spiritual well-being, but it is difficult to find where all aspects of human existence are put into the context of a discussion on health. Dr. Fountain would say that health cannot actually be defined but that we must come to a more biblical understanding of health. It is the intimate nature by which our mind, body and spirit exist within a certain set of relationships we call community and culture. This is how the Church should be thinking about health. If she does this, I believe Dr. Fountain would say she will see where the gaps exist in her calling to heal people and make them whole. The Church can and should be playing a leading role in helping people live healthy and whole lives in Jesus. But the Church must be there to effect that type of transformation—to be planted where she does not exist, and to live up to her call as a healing agent where she does exist. Outside of that most important relationship, being a dedicated follower of Christ which is born out of discipleship, we cannot be truly healthy. That is where we experience the shalom of God.

But how can this become a reality? Churches that understand health from this perspective can then apply it to their local ministry setting. One way is to have church leadership attend a course we have developed called Christian Global Health in Perspective. Also, one of the overall purposes of our organization, Health for All Nations, is to work with and influence at least one seminary per year to begin integrating into their DNA this biblical understanding of health and getting it into the minds and practice of their students (and faculty).

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## Whole Person Care Using a Team-Based Approach

As Dr. Fountain became increasingly aware of the great needs surrounding the Vanga hospital (serving a population of 250,000 souls) it became clear to him that he could not serve, as just one physician, the needs of even those who were in hospital for treatment. This would lead him to see the value in a team-based approach to caring for people. "Dad taught nurses, and later doctors, to tease out and identify important spiritual roots to a patient's pathology/disease as they spent time in routine patient diagnosis and care. The curriculum Dad developed for training nurses in the beginning (because none existed in Congo's national health program) included a social/spiritual history so nurses—and later doctors—would be a conduit for spiritual pathology to come into the presence of Christ." As the hospital chaplain, Mrs. Masieta's gifts and understanding of the spirit paved the way for recognition of the value and necessity of the team approach.

In the West (and increasingly in all cultures and nations) healthcare has been dehumanized and turned into an industry that does a very poor job of treating the whole person. We want things to be as simple as possible. Our emphasis is on reducing the illness, or disease, to its most basic level so that we can apply the appropriate remedy based on material and social causation as best practices. An example from my own experience: one of the most challenging cases for me as an OB/GYN doctor, was a woman whose primary complaint was chronic pelvic pain. Being a good western technician (for that is mainly what we are) I would have my differential diagnosis list and based on symptoms and previous treatments might elect to do a laparoscopy to assess for endometriosis, a well-

known cause for pelvic pain. What I was not trained to do was to think primarily in terms of the social and mental or spiritual background that could have led to the presenting symptoms. Where is there time in our current western system to delve deeply into how a history of physical abuse may be the main problem in such cases? If this is something that is recognized as a potential root of the problem, we must set up a referral to another specialist who may or may not send us her/his assessment. The patient is fractured in her treatment and no one is caring for this person as an integrated being.

One of the most difficult and challenging lessons learned then in this regard would need to be to acknowledge that if all the aforementioned is true, we are whole persons, mind/body/spirit, living in community with many relationships, then perhaps the most important caregiver is not the physician but the one who is helping deal with our spiritual well-being (though this does not preclude the physician or other healthcare professional from filling this role). This will be extremely difficult to get into routine thinking about health and healthcare.

## A Systems Thinking Approach

Dr. Fountain received a note from the Minister of Health for what was now known as Zaire. He was to report immediately to Kinshasa, the capital for a meeting with him. Dr. Fountain prepared for the worst. Thinking he may be sent home for some unfounded reasons he made the long journey with some trepidation. He needn't have worried. The meeting was called to applaud Dan's efforts in increasing access to health care by developing a healthzone around the Vanga hospital. He provided expertise to Congo's Ministry of Health in the implementation of this model throughout the entire country (the DRC now is covered by more than 500 health-zones). Dr. Fountain had mapped his region, learned the population he was to serve and implemented a system whereby all those in his zone would be within a two-hour walk of a community health center, built mostly by the community, and to which a nurse trained in primary health care was assigned to live in the community and to provide primary and preventive health care to that community and villages surrounding. He and Miriam, together with their Congolese colleagues, developed an educational program at the hospital whereby individuals chosen by their community could come and be educated to provide primary healthcare services. This is what I would call a systems approach to a massive problem. Identify the complex challenge to be addressed, in this case we could say health for all in his zone of responsibility, map out assets, and jointly with the help of others make plans for how to overcome the challenge. This requires for some, especially from highly individualistic nations, a mindset shift. From a hierarchical mindset, where the physician is often assumed to be in charge, to one that acknowledges that to overcome complex challenges it will require a more adaptive/servant leadership approach. This requires input from a diversity of opinions and backgrounds.

## Applied to the Unreached People Group Challenge

We believe strongly that these elements will also serve the Church well as she continues to address the Unreached People Group challenge. Some of the most significant breakthroughs in the most difficult parts of the world were catalyzed by health-related outreach efforts. If we take a deep understanding of health from a biblical perspective with us into the field and combine that with true whole-person care (as Jesus modeled for us) and a systems thinking approach we will find a much greater return on the investment being made to reach the remaining ethne who as of yet have no knowledge or witness to Jesus the Messiah. MF

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