

# He Gave Us a Valley

## Apologies

Very few names are used throughout this book. This is not because I think I achieved all this alone. It is not because I am unaware how deeply indebted I am to the many who made up the team throughout the years. I have not wanted to involve any in the responsibility for my mistakes, my thought processes and sometimes faulty deductions. The blame is mine: the hard work was ours: the glory is God's alone.

# He Gave Us a Valley

*Helen Roseveare*

CHRISTIAN  
**FOCUS**



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## Brief Historical Resume

- 1925** Born at Haileybury, Herts, England.
- 1931** Primary and secondary school education.
- 1945** Converted while a medical student at Newnham College, Cambridge.
- 1953** Sailed to Africa under the auspices of the Worldwide Evangelization Crusade (WEC) to the Belgian Congo. Eighteen months establishing medical services at Ibambi, NE Congo.
- 1955** Moved seven miles, to establish WEC medical centre at Nebobongo, comprising: 100-bed hospital and maternity services; leprosy-care centre and children's home; 48 rural health clinics in immediate vicinity; training school for national paramedical workers, that is, male and female assistant nurses and midwives.
- 1958** Two years of furlough with further medical training in UK.
- 1960** Independence: formation of the Republic of Congo.
- 1964** Rebellion and Simba uprising (civil war): five months' captivity.
- 1965** Rescued by National Army: one year's furlough in UK
- 1966** Returned to Africa under the auspices of WEC to Congo/Zaire, to give seven years' service in an inter-mission (comprising five missions and churches) medical project, at the Evangelical Medical Centre of Nyan-kunde, NE Zaire, to establish 250-bed hospital/maternity complex and leprosy-care centre; training college for national paramedical workers; several regional hospitals and dispensaries; radio-advisory linkup throughout the medical services; a 'Flying Doctor Service' through the Missionary Aviation Fellowship, to all regional hospitals; a central supply depot for drugs and equipment.
- 1973** Home to UK after twenty years of African service.





# 1

## Laying Foundations

We chugged steadily across Lake Albert in the small steamer. The mosquitoes were ferocious, and yet unable to imprison me within the butter-muslin walls that surrounded the low bunk in my insufferably hot cabin. I leant on the bulwarks, gazing across the dark ripples, piercing through the night to get my first glimpse of the mountains of what was then the Belgian Congo.

A deep excitement surged through me as the earliest grey of dawn touched the peaks. Was it really possible, after all the years of training and planning and expecting, that at last the true adventure was to begin? I was twenty-eight, with a university degree in general medicine and surgery, from a good, happy home background, stepping out into a new beginning. It was 14 March 1953.

Eight years before, in my first year at university, I had met some Christian students whose quality of life had so challenged me that I was forced to face up to the demands of Christianity. After three months of listening and questioning and watching, various circumstances led to my spending a week at a houseparty in London during the Christmas vacation. I turned up at Mount Hermon College to join a gathering of keen Christian girls and young women, training as officers for young people's camps and houseparties the following summer. I just didn't fit: I didn't talk their



language. I couldn't understand their spiritual jargon—but I could understand their happiness and friendliness.

I soon found that I enjoyed the orderly Bible study sessions, and I started to read avidly through Paul's letter to the Christians at Rome. The truth began to penetrate my thick skull—it was true! It was no myth. It was no out-dated fairy-tale. This God was real, and true, and vital. He cared. He cared for me personally and wanted—fantastic realization!—my friendship. By the end of the week I had capitulated to the clear facts, the obvious reasonableness and the exciting challenge of the gospel. God loved me enough to die for me: would I say thank you? I would and I did. God loved me enough to have a job for me to do in His service: would I sign on? I would and I did. Perhaps it all seemed a bit of a gamble at the start. I knew so little; but I knew I wanted peace of heart and purpose for living—and no-one else had offered me both. No other religion or political group even hinted at a way of deliverance from sin, a fresh start with a clean slate, a new indwelling power to enable me to achieve the goal. A Christian leader at the houseparty wrote a verse in my newly-bought Bible: 'That I may know Christ, and the power of his resurrection, and the fellowship of his sufferings' (Phil. 3: 10). I went to read the verse in its setting that evening, and was tremendously challenged at Paul's dramatic way of stating what I was beginning to feel:

But what things were gain to me, those I counted loss for Christ. Yea doubtless, and I count all things but loss for the excellency of the knowledge of Christ Jesus my Lord: for whom I have suffered the loss of all things, and do count them but dung, that I may win Christ, and be found in him, not having mine own righteousness, which is of the law, but that which is through the faith of Christ, the righteousness which is of God by faith: that I may know him, and the power of his resurrection, and the fellowship of his sufferings, being made conformable unto his death; if by any means I might attain unto the resurrection of the dead.

Phil. 3: 7–11

A terrific gamble! What if it didn't pay off? What if it was all an illusion, unreal and untrue? Wasn't it almost too fantastic to believe anyway? Wouldn't one be dubbed a religious fanatic?

Despite the crowding in of such thoughts, I was amazed at myself. Within minutes of a great personal transaction between myself and God, whereby I simply thanked Him for dying for me, believed Him for His forgiveness, and accepted His invitation to serve Him, I had already an ability to laugh at these apparently-specious arguments to put me off. I knew with an unshakable assurance that God was real, that His salvation was true, that I was accepted by Him into His family and His service. God's orderly array of facts in the Bible, plus the consistent witness of the unhypocritical, outright good lives of my new friends, plus now the new ingredient of the persuasiveness of His Spirit in my heart, won the day for me. A great sense of thrill, mingled with a growing sense of privilege, took possession of me.

It took six and a half years to get my medical degree, six months in a missionary training centre, six months in Belgium studying French and tropical medicine—and at last, the five week boat and train journey to East Africa and across half of the great continent to the border of Congo.

Then started eleven extraordinary years of hard work and happiness, mingled with heart-breaks and disillusionments, heights of apparent success alternating with sloughs of despair; yet the net result of all this, judged by the world's standards, was not particularly impressive.

By August 1964 a small 14-acre plot of land in the great Ituri forest of the Congo basin had been turned into a 100-bed hospital and maternity complex with all the necessary ancillary buildings and services. Many of the actual buildings were already there before ever I arrived: many of our team of workmen had been trained by previous missionaries. Subtracting the inherited start from the visible finish, it might seem that we had done very little in those eleven years.

I suppose one hundred patients underwent surgery each year, some of whom would otherwise have died; one hundred young men and women were trained as hospital orderlies and assistant midwives, all of whom would otherwise have

remained in relative ignorance; many thousands of babies were born, who would have been born anyway, but with a 50% increase in the chance of survival; many tens of thousands of sick were treated, scores of whom would certainly have died without our help. But there were moments when I was tempted to ask if this was enough to warrant the enormous outlay of energy and strength.

Individually, and as a team, the medical group involved in the project had learnt a lot over the years. But would that accumulated knowledge justify the expenditure involved and make the whole thing worth while?

The first of many missionary-lessons were taught and learnt right at the start in 1953 at Ibambi. Starting with nothing but an upturned tea-chest, a camp table and a stool, a primus stove and a saucepan, I discovered what it was to be fenced in with difficulties. With no helper, black or white, so much that should have been done to maintain medical standards just proved impossible. Good training told me that a patient with a high fever and chills, painful eyes and profuse sweating was probably suffering from malaria. Treatment in those early days was quinine in a suitable dose according to the weight of the patient, but only after the diagnosis had been confirmed by the laboratory, by seeing the parasite in a blood-smear in the microscope. This microscopic procedure, even in an adequately equipped laboratory, would take a well trained technician at least five minutes. With fifty or more patients daily showing symptoms of malaria, this would have added over four hours to the day's work. With no electricity, these four hours would have to be worked into the programme during daylight. Yet besides these fifty malarial patients, there were probably fifty others with chest complaints, fifty more with abdominal pain and diarrhoea, and countless more with ulcers and sores. Chest patients needed ten minutes each for history taking, examination and diagnosis, even without laboratory examination of sputum or radiological examination of lungs. Yet they probably received a cursory glance. Each abdominal sufferer needed careful stool examination besides all other routines, possibly some fifteen minutes each...

The day simply wasn't long enough. And so malarial symptoms prompted treatment with quinine, with a quick estimate of weight and no laboratory confirmation. I actually asked God to give me a gift of discernment so that I could pick out the one or two really sick patients with pneumonia or tuberculosis from the line of people with coughs and colds. Similarly, one built up through experience an almost uncanny sense which sorted out the roundworm sufferers from the hookworms, and the amoebic dysentery sufferers from those with bacillary infection—and God overruled.

When I began to realize that over 200 patients were being treated daily, and record cards showed that probably 75% or more were responding immediately to the initial treatment given, I began to see that it was not necessarily a lowering of standards to treat malarial symptoms without laboratory confirmation: rather it was a necessary adaptation to circumstances, with a change of method to achieve the same goal, and with somewhat more realistic hopes of success. These same 200 patients daily, having received something that aided their physical pain to subside, were then much more open to listen to the preaching of the gospel.

Then the first students came. What a motley crew they were! Yokana and Mangadima both from seventh or eighth standard (the equivalent of first or second year at an English secondary school); Mapuno and Bakiogomu and two other lads probably from fourth-grade primary schools, and non-achievers at that; and then Elizabeth Naganimi with no formal education at all, but a bright, keen spirit and a desire to learn and serve. So my second round of difficulties started. I was not a trained teacher, I had no course material; I was going to try to lecture in a mixture of two 'foreign' languages, French and Swahili, neither of which was the first language of student or teacher, and lastly, I was not myself a nurse, and therefore did not know the subject-matter that I hoped to teach.

Again God came to my rescue, and slowly we learnt to overcome this second hurdle. For the first eighteen months of our new training school, we wended our way day by day, with moment-by-moment improvisations to meet each immediate need. God taught me to teach as the need arose.

There were huge and hideous ulcers every day in the clinic, so I taught how to cleanse them, curette them, treat them and bandage them. A patient came in with burning fever, and so we launched into a lecture on how to use, read and understand a thermometer. In the ward, a post-natal mother developed a high temperature, so we taught the dangers and causes of infection, and how we could prevent as well as treat them. A baby was brought in with broncho-pneumonia, and I demonstrated the use of the stethoscope and how to arrive at a diagnosis. An endless stream of patients, with a seemingly limitless supply of abdominal symptoms, provided us with material to discover the use of the microscope and to learn to recognize every possible species of intestinal parasite.

Students and lecturer learnt together and language very soon ceased to bother us. We created our own course material (aided eventually by the notes of a senior missionary health officer) and went at our own pace. The day of reckoning lay ahead, when we went together for the State final examinations. I for one was intensely nervous, and feared the ditch beyond the hurdle would be our undoing. But the students, in blissful ignorance of what was involved, confident that they knew what I had taught them, and assuming that this must be sufficient, went through with their heads high. By dint of interpreting French questions and Swahili answers, the examiners were eventually convinced that all but one of our group would do good rather than harm, if let loose in a rural dispensary; and we went home rejoicing with six Government stamped and signed certificates, and six 'medical evangelists' were launched into our new medical service.

There were other difficulties too, on a more personal level, regarding my relationships with my fellow-missionaries. Early on these problems led to loneliness and a sense of insecurity, of not being wanted or welcomed or quite trusted by the fellowship. This, combined with the work-load and consequent inability to take a night off-duty, or to go away for a week-end, brought out in me an irritability and shortness of temper that often caused me considerable loss of sleep. I'd always had a hasty temper, but this had largely been under control for the previous eight years, since my conversion to

Christ. Now the hot and angry word would burst out again, before I could control it, and to my shame. Patients who came to the dining-room window while we were at the midday meal would get a sharp word from me to 'go to the dispensary, and not bring your germs to our home'—and a sad look would come to the faces of senior missionaries, who treated every visitor to their home with kindness and respect.

Evangelist Danga, in charge of the catechists' training course and the workmen's programme at Ibambi, took me to task for this un-Christlike behaviour. 'Don't excuse yourself. Call sin sin, and temper temper. Then face up to the fact that your white skin makes you no different to the rest of us. You need His cleansing and forgiveness, His infilling and indwelling, the same as we do. If you can only show us Doctor Helen, you might as well go home: the people need to see Jesus.'

During my eighteen months at Ibambi I was enormously helped by Danga and the student catechists, by Bakimani and the Bible School students, and by Pastor Ndugu and teams of church elders from various areas of the Ibambi church, to put up two large wards and outbuildings around our dispensary. They taught me to use an axe; to choose the right tree to resist termites and rotting; to select good clean grass and durable fibres for thatching. I learnt how to plan the layout of the building with regard for the prevailing wind, the slope of the roof with regard for the tropical rainfall. I knew how to dig out lime from the right forest streams, and to make whitewash for the walls, not only for its aesthetic look but for its disinfectant value. Together they taught me in the evenings, around the fires, to slice well-dried bamboo and to bind it correctly to make strong, resilient beds, and to weave palm-fronds for roofing and grasses for mats.

Then in 1955, following the graduation day of our first class of students, the medical team was asked to move from Ibambi to Nebobongo, seven miles north. We were asked to take over the care of the maternity and leprosy centres, with the associated orphanage, that Edith Moules had started fifteen years before. Here there were 14 acres of land, sloping down one way or another from a half-mile-long central strip of plateau. Available for immediate use were two brick-built,

thatched bungalows for missionaries, similar buildings for maternity care and midwives to the north, and for orphans and widows to the south. A large, unfinished dispensary building half a mile to the west was almost all that was left of the previous thriving colony for the care of leprosy patients, nearly one thousand of whom had been transferred to a Government camp eight miles to the north, or else returned to their forest villages.

So we moved and restarted our medical centre, this time with the outpatients' clinic in the sitting-room, the pharmacy in the dining-room, and the night nurses' room in the guest-room of my new bungalow home. We became instantly aware of our urgent need of other arrangements! The smell and the noise by day, the disturbed hours and the ease of theft by night, made life almost intolerable. New buildings were a must. But how? There was no Bible School with its students, no catechists' school with its workmen, and we did not even have our own church pastor with his team of elders. So who would put up our needed buildings?

I often felt very frustrated by the church arrangements, by which Nebobongo was only an outpost from Ibambi and not a church in its own right. This greatly aggravated the difficulties with regard to buildings. For anything we needed, or for permission to do anything we planned, we had first to apply to Ibambi, which involved a cycle-ride of seven miles of switchback road in all weathers. This became a constant irritant. The danger of a hot, unguarded retort when asked to do a medical trip to some distant outlying place for one of the missionaries, when I felt (possibly unjustly) that they were unwilling to see our need of help at the medical centre, became more and more real.

We were such a small, insignificant team, yet we were asked to carry such a huge and important burden. At first there were only Florence Stebbing and myself as the missionaries involved, with Agoya our evangelist and his wife Taadi, a group of paramedical auxiliary students, pupil midwives, and a handful of men, discharged from treatment in the leprosy care centre during the previous years. None of us had talents or training as builders, plumbers, electricians or

mechanics. We learnt by trial and error to make bricks and to fire a kiln: I went to Ibambi to copy in diagram-form their beehive kiln, and then to a local rubber plantation where the Belgian agent had a large, six-firing-hole wet-brick kiln. We discussed the various possibilities, the amounts of firewood necessary for each type, the ease of construction, and, in addition, how to fill in the Government forms needed to authorize the construction as well as to pay the taxes for the firing.

Later again, between clinics and classes, we learnt painfully and slowly the difference between cement and concrete, and how to make each to a consistent quality; how to lay foundations and footings, do corners and bonding, set doors and windows; how to prepare roofing timber and to hoist the triangles and fix the trusses; how to square the corners of the asbestos sheeting and bore the holes for fastening it with nails; how to fix a ridge so that the building did not leak, and the guttering to take advantage of the rainfall.

But it all took time and money; it involved sore hands and blisters; it needed tact and wisdom in handling unskilled labour on nominal wages. And sometimes it was truly hard to see if it was really worth the effort. Through it all, the unskilled labour became at least semi-qualified, to the standard to which the teacher had been able to be taught! This did something for general self-respect and morale, but it also did something in regard to desire and demand for higher wages!

During these years there was the continual problem of responsibilities beyond my training. If the ease with which I responded to the missionary call to service overseas was due in part to my own inherent dread of professional criticism and competition, and the realization that in the heart of the Ituri forest this was unlikely to exist, now there was the horror of responsibility. True, in the medical missionary's life there is unlikely to be much pressure in the rat-race for promotion. On arrival at Nebobongo I became immediately, in the eyes of the national population and the missionary personnel, if not in my own estimation, the senior consultant surgeon, physician, paediatrician and obstetrician. But there was no comrade, no colleague, with whom to discuss cases or to

share problems. Always I had to make the decisions of life and death by myself: and I knew only too well how inadequate was my training for this vast responsibility.

In particular, the burden of care for white colleagues weighed on me. Not that I ever wished to treat white any differently from black: far from it! But my African patients did not know enough to be critical. They trusted me unquestioningly and loved me unreservedly. They knew instinctively that by God's grace I would do for them the very best in my limited power, and that this was better for them than no care, or even than witch-doctor care. European patients, however, knew what they wanted, and what they expected: they had home standards with which to compare our frail and insignificant service.

Then these same Europeans stopped coming to me. Missionaries and tradesmen alike started to make the long, tiresome journey northeast to Dr Kleinsmidt, or the even longer journey south to Dr Becker. And I allowed jealousy to creep in and increase my frustration. How perverse can one be? I feared them when they came, and was hurt when they didn't come! I felt vaguely humiliated by my failure to provide the service that they wanted: and I felt even more wrapped up in a medical loneliness and weariness.

Then in all this whirlwind of activity—construction of new and repair of old buildings; teaching of students and preparing their course material; caring for patients, surgical, medical and obstetric; leading the spiritual as well as the physical life of our family of workmen, students, pupils and children; organizing and supervising some forty-eight rural clinics; ordering and preparing our drugs and medical stores; supervising the work in the small laboratory and down in the leprosy-care centre—in all this the Lord graciously visited our Nebobongo work with revival.

For four years the revival fires had been burning brightly in all the surrounding area, from some 700 or 800 miles south to 100 miles north, from 200 miles west to 100 miles east. Possibly about 100,000 forest villagers had been touched by the fervency of the Christian church in those days. Church services were alive and exciting: no longer slow, monotonous

hymns and short, uninteresting sermons. Now everyone sang from their hearts with their faces alight with joy: everyone listened to the preaching of the Word with interest and expectancy. Lives were changed, and ordinary folk lived out what they believed in. Hypocrisy and insincerity were hardly known any longer, especially among the older members of the congregations.

In an ever-changing congregation like ours at Nebobongo, where patients came and went and the student body changed every two years, we needed continuous waves of revival to keep us alight. Joseph Adzanese from the Ibambi Bible School, with his wife Mary, and another couple came to spend ten days with us. Much prayer had been made before and during the convention, and the Lord graciously worked in our hearts. Pupil midwives were first touched: sins were confessed, hearts were cleansed and then filled with joy. Next the blessing spread to the workmen and their families; and finally to the paramedical auxiliary students.

Through the ministry of that convention, and a further ten day visit to Pastor Ndugu's village, twenty miles away to the east, I also was deeply blessed by the fires of the Holy Spirit. In particular, the Lord revealed to me the sin of criticism of others, pride in my own achievements, failure to trust Him in my own inabilities, almost glorying in my frustrations. He showed me again the dangers of over-busyness, much doing, tireless activity, if it wasn't backed up by prayer. How easily it would all lead to spiritual bankruptcy, and work for work's sake, with no goal of spiritual fruit. In a prolonged period of time apart, alone with God, He filled me again with an intense joy and the deep peace of His abiding presence.

Shortly afterwards, I went home to England for furlough and much needed rest and refreshment, and a period of further medical and surgical practice so as to be better able to cope with the tasks of the future.

Back to Nebobongo in June 1960, as the great day of Congo's Independence dawned. John Mangadima was appointed as Administrative Director of our medical centre, in accordance with the practice of the hour. John had been one of the first group of students who arrived for training in July 1953

and qualified in October 1955. Since then, he had followed two years of training at the Bible School at Ibambi, where he qualified at the close of 1957 as an evangelist and Bible teacher. He returned to Nebobongo at the beginning of 1958 and worked alongside Dr John Harris, another missionary doctor who was in charge at Nebobongo during my period of furlough. Mangadima was proving himself a very able medical auxiliary, a conscientious surgical assistant, a keen and willing administrator: but more important still, from my point of view, a real companion and friend.

Four troubled years of strains and tensions shook the new, young Republic, during which time we sought to consolidate the work of the medical service and to prepare national workers, such as John, for the task of leadership and responsibility. For this, above all else, we required Government recognition for our training programme, and legal certificates in the hands of our qualified workers.

Ever since the inception of the training school for paramedical workers at Nebobongo, we had been applying for this recognition. It was true that, before Independence, our applications had been made with no very great fervour. It had not seemed so essential then, and we had known that the all-Roman Catholic Government was hardly likely to favour a Protestant medical service with official recognition. Through the years of the colonial era, our students had been able to sit their final examinations alongside other students in the region, drawn from similar schools run by the Roman Catholics. The priests had not demurred, as my services as a lady doctor were available to help the nuns in the area as required.

But following Independence, our African colleagues started to put pressure on us to make the school 'official'. This was not just as a status symbol, but also because of a growing fear that only paramedical workers with authentic diplomas would ultimately be accepted into the nationalized medical service. Perhaps I was slow. My French was poor, my efforts were spasmodic; my conviction of the rightness of the move was half-hearted. Whatever the reasoning, the recognition had not come. Then a letter came, implying that all unrecognized

schools, paramedical as much as secondary, would be closed down. To be accredited was suddenly an urgent necessity.

Fresh letters were written, new forms filled out, different applications put in. Nothing happened! No response was received. John Mangadima pleaded with me to try again. I was fearful of annoying the authorities by my impatience: I was fearful of grieving my team by my apparent indifference. Eventually I reapplied.

One day, as I was using ten spare minutes during the lunch break to clean out the carburettor of our van, a smart car drove up to my front door. There was Dr de Gott, the local government doctor from Paulis (now Isiro), and with him two strangers, whom he introduced to me as I hastily wiped my hands. They were Dr Trieste, a government inspector from Kinshasa, and Mr Jenkins, a male nurse with the World Health Organization, together responsible for the medical and paramedical teaching programmes throughout the country.

I was shattered. My always-scanty knowledge of the French language seemed to desert me altogether. I was tongue-tied at the awfulness of the situation. This was our legal inspection. On the next hour depended all we had worked for during the last ten years.

Tears stung my eyes. It all seemed so unfair. Why could they not have warned us, sent us word, allowed us time to present ourselves in the best light possible? The telegram to warn us of the date of their arrival arrived two days later, and presumably they never knew that we were completely unprepared.

Dr Trieste almost ignored me, talking rapidly to Dr de Gott about plans they had for developing the three Red Cross hospitals in our area, Pawa, Babondi and Medje. They had just come from Pawa, with its superb ultra-modern buildings and equipment, and excellent laboratory facilities. They were going on from us to see the other two, and also Bafwabaka, the large Roman Catholic centre. They had merely stopped at Nebobongo on their way through, to save petrol. The very way they talked showed that they had never even considered recognizing us.

Their patronizing tone put me on my mettle. We put on the very best show possible. As they went round, I refused to be cowed or defensive, and staff and students responded wonderfully. They spoke up in answer to questions and challenges far better than I dared to hope. I launched out into French explanations, amazed at my own audacity.

True, we did not then get the recognition we so much coveted, but we were not just written off. We were given two to three years to improve our buildings and to increase our patient/student ratio. In fact the report was remarkably conciliatory, and even complimentary in parts; but as the inspectors were leaving on that traumatic afternoon, I sensed a complete lack of sympathy between the central Government inspector and the local jungle situation.

We did not get recognition. We did not have legal diplomas. There seemed nothing more we could do at the time. What frustration to realize that John Mangadima, capable and mature enough to step into my position, had no official papers to legalize such a move. Legally, he was an 'assistant nurse', as his general education had reached only a certain level. Practically, he was an able houseman to me in surgical and medical services, and a capable assistant in administration and organization.

Not only was I frustrated in my own keen longing to see a national take the lead, but so also was John. He was frustrated in that he had not sufficient outlet for his keen ability, not sufficient stimulus for his acute mind, and particularly not sufficient general knowledge to appreciate that all this was due not to the white man's superiority and unwillingness to hand over, but rather to circumstances of place and timing of birth quite beyond our control. His natural nationalism made him often appear proud; his frustrated leadership ability made him often appear bossy and even offensive to others in the team.

Then suddenly in August 1964 we found ourselves plunged into the horrors of the Simba uprising. The brutality and coarseness of those evil men almost overwhelmed me. Through ten months at Nebobongo they wrought havoc, destroying property, stealing possessions, inflicting cruelties,

instilling fear. Shops emptied of all stores. All work ceased and the economy crumbled. Good men were murdered, many others tortured and mutilated. All sense of order and discipline disappeared and anarchy took over. We foreigners were rounded up and taken off to prison, from where we were eventually rescued by the National Army and flown to our various homes. The nationals were hounded and threatened, their homes often burnt and all their possessions looted. Schools were all closed, and even small school children rounded up to serve as 'Simba reserves', many being killed in battle. Hospitals and dispensaries tried to stagger on, till all supplies were exhausted: and then they too closed down and medical workers, like all others, slipped away into hiding in the great Ituri forest.

Many times in the first ten weeks John, like others, stood by me, and would gladly have given his life if he could have protected me. One day, a carload of apparently friendly rebel soldiers drove up to my house. John went with me as we crossed the courtyard to them from the school. They asked to be given berets, such as they had seen other rebels wearing. These others had declared that they received them at Nebobongo, but in fact they had stolen them a few days previously from the store of Youth Club uniforms in my home. There were none left, and I said so. Immediately one of them accused me of lying and of refusing to give them what they wanted. He raised his rifle to strike me with the butt-end—and John threw himself between us and took the blow. Eventually we calmed them down with a quip of humour, offering them each a bowl of loganberries and condensed milk and saying that, in English, these were also called 'berries'—and the situation passed.

Another night seventeen wild youths, armed with spears, clubs and crowbars, swarmed into school, demanding our vehicle, the keys and the driver. After much haggling, I was eventually forced to drive them to Wamba, 70 miles east, in darkness and rain with no lights or windscreen wipers. Two miles up the road we pulled in at a plantation factory, to ask for petrol and motor-oil. When a local mechanic brought these, he was then asked to repair the lights and self-starter.

I meanwhile stood alone in the dark, conscious that death was very near. I had earlier deliberately disconnected lights, starter and wipers, an act that, when discovered, would be considered blatant sabotage and worthy of instant death. At that moment I became conscious that I was not alone. Turning my head, I found John once again standing beside me, and Joel, a first year student, with him.

The lights shone out. Shortly afterwards the engine revved up. In a moment of startled silence as the engine cut out, the rebel lieutenant asked if it had been an act of sabotage. ‘Assuredly’, the mechanic replied: and seventeen enraged youths turned on the three of us, now clearly visible in the full glare of the headlights. The three of us tensed to take the assault, expecting to be instantly in the Lord’s presence, when, suddenly, all seventeen were checked, poised in full charge, unable to move a muscle. God had stepped in. It was as though we were surrounded by an invisible barrier of heavenly glory, which blinded our assailants as the midday sun might have done.

‘Go on! Kill us—it doesn’t matter. We shall go to be with Jesus which is far better. But one day, God will demand our blood at your hands.’

Suddenly, inexplicably, as though they had forgotten our existence, they swung round, loosed from the grip of the paralyzing power. Laughing and jeering they piled into the van, forcing the mechanic to drive them away into the night.

And the three of us were left there in the dark and the rain, alone and cold, but alive. As we walked home in awestruck silence, my heart was deeply moved that these two had stood by me, ready to die if need be, rather than let me face the ordeal alone.

The same happened on the day I finally left Nebobongo. I had been captured several days previously, taken away at night with only the clothes I stood up in. We had been driven to Isiro to be shot, and then had been reprieved, brought back and since held under house-arrest. A senior officer of the rebel troops had visited us and agreed that it was best for the three women missionaries from Nebobongo to stay with those at Ibambi. Then someone had casually remarked that I had not

been given time the previous week to ‘pack my suitcase’—in the midst of assault and wickedness!

So the rebels had arranged to escort me to Nebobongo to collect whatever I needed to return and live at Ibambi. On arrival, they gave me an hour ...

The Nebobongo church council gathered at once in my home, and we read from the Bible and had prayer together. Then I handed to one the keys of the office and showed him the books and all the money in hand. Together we agreed to divide it all at once, and to give it out to each member of the ‘family’, rather than leave it to be stolen by the rebels. I had listed all my ‘property’—portable typewriter, ancient bicycle, pressure lamp—and written a letter transferring ownership of each item to one and another member of the team. I talked to Mangadima about drugs and equipment, medical and surgical procedures, and handed him the whole responsibility for the medical service, as acting director in my absence.

Their total silence, tear-filled eyes, pathetic nodding acquiescence in everything I did and said, told its own story. Hearts were being torn open. Each was reeling under the sense of impossible and unwanted burdens of responsibility, and the realization that the one they loved and respected and relied on was actually leaving.

The rebels came back and ordered me to the lorry—plus the hurriedly-stuffed suitcase. And my little adopted daughter Fibi, just ten years old, clung to me, sobbing pathetically.

‘Mummy! Mummy! Take me with you! Don’t leave me behind again! Please, please, Mummy, take me too!’

My heart ached with a great twisting pain. I hardly dared to look at the child as she clung to my skirt and I pressed her to me. I kissed her tight curls, as my eyes were blinded with tears—and heard a quiet voice beside me:

‘Doctor, when Jesus was on the cross, He turned to John and asked him to look after His mother. I’ll take your little girl in the same way and he gathered Fibi up in his arms and carried her away to his own home. In the moment of my urgent emotional crisis, John had been able to swallow his own grief and the poignancy of his own loneliness and need, and rising above it, to think only of my need.

Then, after we had been driven away, John quietly took over the direction of the medical centre, showing great wisdom as well as courage. Rebel soldiers were everywhere: some were in the wards as patients, one young man with compound fractures of thigh and leg in the surgical ward, and another with severe schistosomiasis in the medical ward. Everything the nurses did was watched and reported. Entering the pharmacy stock-room daily became hazardous, as rebel gangsters always followed, and it needed endless tact and skill to steer them out without their looting the shelves. There seemed little possibility of obtaining any further supplies, and John realized the urgency of preserving all that remained and using it sparingly and without waste: and most certainly, they could not afford loss by looting.

Late one night, silently, alone, alert and watchful, John slipped over to the store and set to work. He divided everything into ten piles—penicillin, aspirins, anti-malarial drugs, vermifuges, sulphonamides and vitamins; syringes and needles, thermometers and bandages, powders and creams. He parcelled up each pile into cartons and plastic bags, listing each article as he did so. Then, glancing cautiously round the deserted courtyard and listening intently for the sound of anyone else awake and prowling, he slipped out with one load, one tenth of all he had.

In the early hours of the morning, he woke a village workman and handed him the precious packages. 'Go out now, from the back, in the dark, and bury these somewhere. Tell no-one; don't look inside. Then if rebels demand to know anything, you can honestly say you know nothing. One day I shall ask you for them, but till then, forget about them!'

John quietly repeated this procedure, going every twenty minutes to nine other different workmen. By 4.30 a.m. he had delivered all ten precious burdens, and no-one knew that another had also received a similar task. By daylight, everything was buried and all traces covered—and John took a quick hour's sleep before the new day's activities burst upon him.

Through the fifteen ensuing months, roughly every six weeks or so, he visited those ten homes again, one by one,

under cover of darkness, and recovered his precious stores: and the hospital continued caring for the sick, rebel and civilian alike. Many must have marvelled, and possibly questioned, the apparent ability to continue treatment all that year, with never more than a week's supply of drugs visible! But John kept his secret locked in his heart till after the deliverance by the National Army, and our return with new stocks and supplies.

Other problems faced John and the evangelist Agoya. One was the presence in the nurses' training school of several students from distant parts, who did not know the local tribal languages. Every time rebels raided the hospital and nurses' homes there was danger of a beat-up, as all strangers were suspected of hostile activity. So they arranged for these students to leave and go to stay, two by two, in church homes in nearby villages, away from the main road. But there, another problem arose. Now, instead of the rebels suspecting them, it was the local population who rose against them, treating them as spies as they could not talk their language.

So they were all brought back to Nebobongo, and Agoya and John arranged to care for them themselves, in a hurriedly constructed dormitory not far from the medical centre, hidden in the local forest land: and there they remained in safety through six months of rebel activity.

At last the National Army arrived and drove out the rebel forces. Nebobongo became an official refugee camp, and troubles even worse than those of the rebel occupation broke upon them. Everyone hiding in the forest was commanded to come out to one of these official camps, so that the National Army could move into the forest to flush out and kill all the rebels. Our small village with facilities for about five hundred under normal conditions was suddenly overrun with several thousand starving refugees—and who was to control the mob?

John and Agoya, with other Nebobongo workmen, did all they could. Every refugee was allocated a 'spot' for sleeping. Church and classrooms were used, as well as every home and cook-house, and even some of the hospital wards. People were packed in like sardines. Workmen patrolled the food

gardens and the avenue of fruit trees, and gave out stores as they could, but nevertheless wholesale destruction and looting commenced on a scale far beyond that of the rebels.

Suddenly the leaders found that the students they had so carefully guarded throughout the rebellion had become the chief of the looters. My lovely home had become a battlefield: 'first come, first served' was the order of the day. The students stole drawers from the sideboard to make suitcases and took the very books from the shelves to make mattresses! Too late the leaders moved in to protect property—there was virtually nothing left to protect!

Then the day came when these same students packed up 'their' belongings to set off on the long trek of 300 miles or more to their homes. National soldiers heard they were setting off, and moved in rapidly. According to the new laws, none could 'walk', that is, travel from one region to another, without the Colonel's permission. The students were therefore taken to the Colonel. One was actually his nephew! Before signing road-passes for them, he demanded that each one should open his suitcase (the drawers of my cupboard closed with padlocks stolen from the pharmacy!).

There was a pause. Soldiers stiffened, alert to the students' hesitation. A menacing silence filled the air.

'Open up,' the Colonel commanded in a cold, quiet voice.

The suitcases were full of stolen property—my clothes and my cutlery, pharmacy drugs and hospital equipment. The punishment for stealing at that time was death.

At that precise moment, John cycled up, driven by some inner sense of urgency, and took in at a glance the whole affair. The six students would be shot, including Samuel Yossa, the Colonel's nephew. There was no favouritism, no tribal link now, which could save those who used rebel tactics: they would be wiped out.

John stepped straight through the group and stood before Colonel Yossa.

'Sir,' he spoke with quiet respect, and yet with fearless authority. 'I am responsible for these young men. Let me die in their place.'

A stunned silence. All eyes seemed riveted on John, and then slowly moved to Colonel Yossa. The latter hardly knew John, nor all that was represented in the drama before his eyes, and he turned to his local adjutant for advice.

‘This man is our doctor, sir. He is utterly trustworthy, amazingly capable, the medical director of the local hospital. These are students from their training school ...’ His voice trailed away. The situation was beyond him. What could he advise? He’d never heard of anyone offering his life for others. He and most others were maddened by the criminal act of the students, especially after the way John had cared for them through the previous months. So far as he was concerned, they deserved death. But John...? It was impossible to comprehend.

The Colonel gazed steadily at John and marvelled. Yossa was a godly man, and he deeply admired the quiet courage and devotion of this young man before him.

‘Take them away,’ he said to John, ‘and deal with them as you see fit. Don’t let them come near us again.’ And he dismissed them all.

John told the students to close their cases and go back to Nebobongo. He was tired and emotionally exhausted. He watched them go, with eyes full of sadness, unable to understand why they hadn’t responded to all they had heard of the gospel. The Colonel touched him gently and John turned. The older man held out his hand and they shook hands, one gentleman with another, and the Colonel quietly said: ‘God bless you, sir. And thank you.’

As John turned to leave, a soldier gave him six road-passes for the errant students; at a signal from the Colonel; and two days later, the students left Nebobongo to trudge homewards—sobered perhaps, yet rebellious and angry at heart, as their suitcases had been emptied and each filled with two days’ food rations only.

From then on, from July 1965 until our arrival in April 1966, John and evangelist Agoya did all they could to reorganize life. There was much to discourage, and at times they were tempted to despair. Chaos and disorder were on all sides. Shattered buildings, roofs riddled with bullet-holes; not a glass

window intact; doors and windows and their frames ripped out for firewood. My home was stinking with filth, as the 300 refugees housed there had feared to leave the building during the twelve hours from sunset to sunrise. The refugees had completed the destruction of the primary-school buildings, started by the rebels, smashing forms, desks and blackboards for beds and firewood. Nothing was safe from them.

The committee, organized by John and Agoya, counted up all their resources, everything they had been able to salvage. They brought the books up to date and prepared for a six month 'period of delay', knowing that they could make no contact with the outside world till far more had been achieved in the way of 'mopping-up' operations. The leaders found they had sufficient funds to allocate a very small token salary to each workman; with which they tried to encourage them to pull themselves together and start work again. Buildings were the prime concern. They checked up on each, evaluating the degree of damage and what would need to be done to make them, at least temporarily, usable. They balanced one against another, and so decided to rip down one to repair the next.

The work proved to be positive therapy against the depression caused by the senseless destruction of the rebellion, and against the disillusionment setting in from the apparent inability of the delivering National Army to do anything for their succour. As the people pulled together to do something of worth, their minds started to tick over and they were slowly persuaded that it was really possible to start all over again. The more they chatted and discussed the pros and cons, the more they came back again and again (so they told us later) to the phrase: 'If only they [i.e. the missionaries] come back', and they realized how much we had meant to each other, black and white, just in the even tenor of our everyday lives.'

They tackled my home first. The whole long south wall had to be pulled down, the roof shored up, and then all rebuilt, using bricks gathered from the other missionary dwelling which had been destroyed. New window and door frames had to be invented—and the local carpenter Bebesi mysteriously produced a saw, plane and other necessities, suspiciously encrusted with red earth! Up in the roof, a smashed packing

case provided shutters for one window. And so on. Greek merchants had returned to Isiro, 40 miles north, and Aunzo, my cook, was authorized by the group to go and bargain for a roll of cloth, using the tithe of all their meagre monthly allocations—and from this, sheets were made for my bed, curtains put up at my bedroom window, and a cloth laid on the bamboo table that the leprosy patients had laboriously plaited for me.

Taadi, our evangelist's wife, gathered the women together and organized a veritable battery of activities, from a baby crèche to four classes for the primary school children, from digging, weeding and planting food-gardens to gathering in large quantities of firewood for hospital and homes. Somehow she scrounged one precious chicken from somewhere, and daily they watched it fattening for my welcome feast, for, they reasoned, 'She must come back to us soon!'

After the initial flooding with some 3,000 local refugees, these were allowed back to their own villages to start life again: then came the second wave of several hundreds of refugees from 60 to 100 miles in every direction, mostly from the south, desperately seeking food and clothing, housing and security. They were grouped according to tribes, the healthiest in each group being appointed leaders. Each group was assigned a small area down in the largely disused leprosy camp, where they were told to build a new row of dwellings, with cook-houses and toilets, and to cultivate a stretch of land behind each dwelling. Slowly, a degree of self-respect and disciplined order was inculcated. There was ever-growing optimism and, I was later told, the frequently-expressed confidence: 'Surely our doctor will come soon!' For me, it was not quite as simple as that.