ALTRUISM IN ACTION:
THE SOUTHERN BAPTIST NURSE MISSIONARY IN NIGERIA,
MID-TWENTIETH CENTURY

by

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ABSTRACT

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Altruism is an imperative for nursing practice and education, but no research has explored its meaning using a historical method. This study aimed to explicate the meaning of altruism through the study of four Southern Baptist nurse missionaries. Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters served in Nigeria between 1920 and 1981. Their correspondence archives were used as primary sources of data and analyzed for examples of altruism. These women founded orphanages and leprosy treatment programs, and managed clinics and hospitals run by the Southern Baptist Church in Nigeria. Additional interconnected variables of race, gender, and religion were also found to influence their work. The findings of this study supported altruism as a sacrificial behavior motivated by benefiting others. Nursing’s presence in global health, its expansion in leadership, and its future identity are supported by the study of these four nurses. Further research into the work of nurse missionaries in nursing’s past is recommended to increase the understanding of missionary work and altruism.
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A. M. S.
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PREFACE

I slept and I dreamed that life is all joy. I woke and I saw that life is all service. I served and I saw that service is joy.

Kahlil Gibran¹

A life devoted to the benefit of others through self-sacrifice is the life of an altruist, but it can also be found in the life of a nurse, specifically a nurse missionary. Nurse missionaries, as understood in this research, are nurses who received their training and education through a formal nursing program and chose to work with a faith-based ministry to provide nursing care in foreign, often underserved, countries (Deming, 1952; Robert, 1996; Wall, 2015). The study of their lives and work, using a historical methodology, aims to increase an understanding of altruism, specifically as it is seen in nursing practice. Four nurse missionaries who worked with the Southern Baptist Foreign Mission Board in Nigeria between 1920 and 1981 were identified for this exploration into altruism. A discussion of the historical methodology and its application in this study, a review of the primary and secondary sources, a multidisciplinary definition of altruism and its relevance is provided for the reader in this chapter.

¹ This quote is often cited without reference but is widely attributed to Khalil Gibran (1883-1931). A similar quote is also referenced to Rabindranath Tagore (1861-1941), though no specific citation is found.
In addition to addressing altruism in the lives and work of these nurse missionaries, this study utilized a cultural analysis that places emphasis on the meaning of their practice within the context of the larger nursing and religious society of the mid-20th century (Buck, 2008). The religious and spiritual backgrounds of both the missionary nurses and the countries where they served were used to frame this study. Additional areas were also explored, such as: Why did nurses choose to work as missionary nurses? What type of nurse chose to work as missionaries (e.g., education level, family background, socioeconomic status)? What motivated missionary nurses to choose to work in Nigeria? How did nurse missionaries view their work? Did the nurses view themselves as altruistic? How did the community view the missionary nurses? What role did gender have on their work? How did the religion or spirituality of the nurse missionaries influence their work? How did the religion and politics of Nigeria influence the nurse missionaries?

This study began out of this researcher’s curiosity about the experiences of nurse missionaries stemming from their own personal experiences. As a nurse and nursing student, this researcher has participated in several short-term medical mission trips, providing public health teaching, nursing clinics, and maternal-child wellness visits to impoverished communities in Kenya, Peru, and Mexico. These experiences were transformative for this nurse researcher, and the practice of sacrificial giving for the benefit of others with such great needs remains an intriguing topic. Beyond the altruism of nursing, this researcher was interested in how the global factors of race, gender, and religion influenced the work of nurse missionaries.
History’s most basic and foundational goal is to provide information about the past (Gaddis, 2002). This information may include people, politics, geography, or social issues of a specific time period. History has a greater aim, however; a more profound purpose lies in the application of this knowledge. In its greatest sense, history not only tells us what happened in the past, but it also gives us an identity for our present and our future (Gaddis, 2002; Lewenson & Herrman, 2008).

Historical research is unique from both quantitative and qualitative methodologies and has a rigorous process of its own. John Gaddis (2002) identified that a historian has a “shifting perspective and enlarged experience” (p. 4), and it was this quality of historical research that expanded the questions of this study as the researcher explored the literature. Although historical research does not follow a prescriptive method, it provides the researcher with powerful freedom in ideas and perspectives and how the study can be conducted. The foundation for this exploration was rooted in Gaddis’ (2002) open-minded approach to understand the lives and work of four Southern Baptist nurse missionaries who worked in Nigeria in the mid-20th century.

This researcher took careful steps to adhere to historical practice, beginning with background reading on the history and events surrounding the context of the four nurse missionaries. The time span of their work begins in 1920 and ends with the latest nurse missionary retiring in 1981. Although no work has specifically addressed the work of these women, extensive scholarly publications on the history of women missionaries, the Southern Baptists, and their work in Nigeria, were reviewed. For example, Robert’s (1996) *American Women in Mission: A Social History of Their Thought and Practice*, Ajayi’s (2011) “The Place of Ogbomosho in Baptist Missionary Enterprise in Nigeria,”
and Richards’ (2012) *History of Southern Baptists* provided a detailed account of the history and development of nurse missionary work in Nigeria.

The primary sources for this study were the correspondences of the four nurse missionaries between the Foreign Mission Board of the Southern Baptist Convention. Ruth Kersey was appointed in 1920 and retired in 1955, Amanda Tinkle was appointed in 1938 and retired in 1973, Hazel Moon was appointed in 1946 and retired in 1981, and Helen Masters was appointed in 1950 and retired in 1981. All four of these women worked as nurse missionaries with the Southern Baptist Mission in Nigeria.

Their archives are housed at the Southern Baptist Historical Library and Archives in Nashville, Tennessee, and contain application documents, letters, office memos, newsletters, and, on occasion, drawings penned by the four nurse missionaries or by others concerning the nurse missionaries. These documents provided a first-hand account of the lives and work of the nurse missionaries, at times addressing not only the nursing care but also the larger context of how race, religion, and gender were influencing their work. The primary sources were read by the researcher for data relating to their life and work. Quotes that provided examples of their altruism and discussed race, religion, and gender were noted. In addition to combing the data for illustrations, a timeline was crafted to understand the chronological events of their lives in relationship to the larger historical context.

essays edited by Reeves-Ellington, Skylar and Shemo (2010) entitled *Competing Kingdoms: Women, Mission, Nation and Protestant Empire* provided supporting foundation on Protestant mission history and beliefs as well as how gender influenced women in ministry.

Additional published works included Wall’s (2015) *Into Africa: A Transnational History of Catholic Medical Missions and Social Change*. Written by nurse historian Barbara Mann Wall, this text provided an in-depth historical analysis of Catholic sisters and their nursing work in Ghana, Tanzania, and Nigeria. This text also described the historical development of medical missions, specifically with the Catholic Church in Africa during colonialism and after 1945. The focus of this study was the transnational connections of the Catholic Church and medicine to research the missions.

This research offers a unique perspective of nurse missionaries compared to Wall’s (2015) examination of Catholic sisters. Catholic missionaries literally marry the church and are supported by a large global Catholic network for leadership and finances (Wall, 2015). The Southern Baptist nurse missionaries participated in similar work addressed in this text, but they were not restricted from marrying and were supported by a smaller network for leadership and finances (Roberts, 1996).

Robert’s (2002) *Gospel Bearers, Gender Barriers: Missionary Women in the Twentieth Century* is a work that explores the historical Protestant missionary activities of women across denominations. Specific chapters discussed the mission education in Southern Baptist churches, the Catholic interpretation of the mission motto “Woman’s Work for Woman,” as well as the impact Protestant missions had on the status of women in Africa. This book did not specifically discuss nursing or medical missions but did
identify nursing as a common missionary activity for women. The study of Southern Baptist nurse missionaries is supported by Robert’s (2002) work but examines a distinct understanding by addressing the work of nurses as missionaries in the Southern Baptist church.

These published works offer references into the political, social, and cultural contexts of American nursing as well as Protestant missions in addition to the contexts of Africa during the mid-20th century. This researcher explored these sources to help shape and develop the direction of the study as well as to introduce new themes or questions to explore in the data.

It was not the aim of this study to provide a detailed account of the history of Southern Baptist missionaries, Nigeria, or nursing, nor did it seek to determine the inherent “good” or “evil” in missionary work. Missionary work, particularly in relation to colonial influences in Africa’s history, has been a topic of scholarly debate about its helpful or harmful effects. This researcher recognizes the positions of competing scholars who do not view missionary work as altruistic, but rather as a method of westernizing a community and changing a culture. This research suggests a different view on the work of these nurse missionaries by explicating their altruism as evidenced by their archived correspondence.

Curing Their Ills explored the use of the missionary language of salvation as a method of changing African culture with social and moral engineering. This research provides a diverse perspective, however, by exploring the nurse missionaries as altruists whose motivation was not rooted in cultural change, but rather in their combined efforts of health and evangelism.

These texts are but a sample of the competing interpretations presented in discussions of missionary work in Africa and provide a different perspective to that of an altruistic missionary. They are important works that this researcher acknowledged in the development of this study. These readings, in addition to others, were used throughout this research to support the historical context of the nurse missionaries. The intention, however, was not to make claims about missionary work in its entirety, but rather to explore the lives of four specific nurse missionaries as examples of altruism and address how their race, religion, and gender influenced their work.

Indeed, these nurse missionaries utilized their western medicine to influence cultural practices, particularly with nutrition, in an effort to improve the health of their patients. While the debate continues about the larger impact of missionaries on non-western cultures, the focus of this study was to explore the lives of four specific women. It was also not the intention of this study to claim global benefits of missionary work, but instead to address specifically the positive impact these four women’s lives had on their patients.

Historical research examines all contexts of a time period or topic, including politics, economics, and cultures (D’Antonio, 2008; Lewenson, 2008; Lundy, 2012). All variables are intrinsically related and cannot be isolated for separate study in historical
research, and so they must be analyzed in relation to each other (D’Antonio & Fairman, 2010). The relationships of a historical context are studied by a researcher to consider a wider and more comprehensive perspective beyond a single context (Toman & Thifault, 2012). The lives and work of these nurse missionaries cannot be studied in isolation but must be addressed in relation to their contextual variables. Using this approach, this researcher examined not only the lives and work of the nurse missionaries, but how the contexts of race, religion, and gender influenced their experiences.

Altruism is defined in the nursing literature as an internal characteristic of nurses, namely their concern for the well-being of individuals (American Association of Colleges of Nursing [AACN], 2008). It has been established, however, as a benchmark for baccalaureate nursing education and professional standards (AACN, 2008; American Nurses Association [ANA], 2015). Nursing has a tradition of giving of itself for the direct and intended benefit of the patient, but now altruism is an expectation of both nursing education and professionalism.

Understood more broadly, altruism is an action taken that exceeds the obligation of a giver (Scefcyzek & Peacock, 2011; Steinberg, 2010). The motivation for this action must be to benefit a receiver, and the action must come with a cost to the giver (Clavien & Chapusiat, 2013; Scefcyzek & Peacock, 2011). These costs can be physical, financial, donations of time, or a potential future sacrifice.

Returns and rewards do not disqualify an action as altruistic; however, altruism is not present if there is not a cost to the donor. A donor may receive personal satisfaction, joy, and a sense of fulfillment, or may gain new relationships and friendships from his or her altruism (Carbonnier, 2014; Haigh, 2009). Altruism only exists, however, when a
donation is motivated by benefiting a receiver and not for what the donor hopes to get in return for the action (Clavien & Chapusiat, 2013; Haigh, 2009; Scefcyzek & Peacock, 2011; Steinberg, 2010).

The value of altruism in nursing is appropriately highlighted in education and practice standards; however, no existing research has explored its meaning using a historical method. Thus, this study aimed to address how altruism can be viewed in the lives of nurse missionaries while also allowing for an exploration of more global themes, including how race, gender, and religion influenced their work.

This study was limited to Southern Baptist nurses who served full-time with a faith-based mission in Nigeria and focused on the period of history spanning the mid-20th century. The mission fields of Africa were prioritized during this time by Christian ministries, and by the 1950s, more foreign missionaries were serving in Africa than any previous time period (Hastings, 1989). This shift occurred as the mission fields of China and India began to close with the rise of communism and anti-western movements (Robert, 2002). As a result of this shift, the tribal areas of Africa gained the attention of evangelistic movements.

With the decline of European colonialism in Africa after World War II, mission movements aimed to support newly independent nations with public health campaigns, schools, and hospitals with a fresh emphasis on international justice (Adeney, 2002; Huber & Lutkehaus, 1999; Robert, 1996, 2002). At this time in history, for both American and African cultures, it was not culturally appropriate for men to spend time with women in their homes (Adeney, 2002). Partially as a result of this culture, missions led by women were viewed as essential to gain access into homes to care and preach to
women and children (Clymer, 1986; Robert, 1996; Wall, 2015). The years spanning the mid-20th century were chosen for this study because the women’s specific ministries of education and nursing were particularly exemplified in this time period.

The significance of this study as it relates to nursing is foremost to enrich the knowledge of nursing’s past achievements. A historical study can support nursing’s identity by recognizing its religious foundations and practices through a lens of altruism (Gaddis, 2002; Lewenson & Herrman, 2008). In addition to an increased understanding of altruism, supporting significance for this study includes nursing’s Christian foundation, present expectations in global healthcare, international service learning, and leadership.

Nursing’s foundation is rooted in the emergence of Christianity, a faith that directs its followers to care for the poor, the sick, and the disabled in a community (Matthew 25:31-46). Phoebe, a 1st-century Christian who, as a leader in the church, nursed the sick and the poor, has been identified as the first visiting nurse (Stewart & Austin, 1962). The holistic framework that modern nursing uses as its compass for practice is embodied in the early Christian nurses who cared for body and spirit simultaneously (Robert, 1996; Stewart & Austin, 1962).

Modern nursing as understood in the present context also finds its roots in Judeo-Christian ethics (Hickman, 2006). Florence Nightingale, known as the Mother of Modern Nursing, began her work with a call from God (Elliot, 2004; Stewart & Austin, 1962). She stated in her own testimony, “On February 7, 1837, God spoke to me and called me to His service.” Responding to this calling, Nightingale left her affluent lifestyle at the

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age of 19 and pursued a life in nursing, making groundbreaking achievements in nursing research on sanitation, environment, and philosophy (Elliot, 2004; Stewart & Austin, 1962).

The Nightingale pledge remains a standard work in nursing text and is often used by nurses entering the profession. This pledge, published in 1893, was written by Lystra Gretter, an instructor of nursing at Harper Hospital in Detroit, Michigan and titled to honor the work and values of Florence Nightingale (ANA, 2017). The pledge begins with an acknowledgment of the presence of God and the vow that nurses make with Him: “I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and practice my profession faithfully” (ANA, 2017, para. 1). Modern nursing has its footing in Christianity and Florence Nightingale, the Mother of Modern Nursing, lived religion and nursing in unity. The nurse missionaries of this study shared that holistic framework in their practice and provide an example for nursing’s present and future.

This study projects to emphasize the importance of globalization for nursing by exploring the experiences of nurse missionaries in Africa. Cultural encounters that may have led to clashing world views and perspectives were undoubtedly part of the nurse missionary practice (Robert, 2002; Wall, 2015). The Institute of Medicine (IOM, 2009) and the United Nations (2015) have prioritized the importance of globalization and cited commitments to global health heightened by technology, advances in travel, and shared accountability of population health. Nursing’s current time presents similar challenges experienced by the nursing missionary in the mid-20th century, and the lessons learned from our predecessors may help us navigate our expansion. The waters of globalization in
nursing are not uncharted, and nursing may find maps for successful navigation in the study of the nurse missionary.

The study of nurse missionaries can also provide significance to the educational approach known as international service learning. International service learning is an approach that extends the partnerships of universities into the global environment and provides opportunities for students to serve foreign communities while meeting educational objectives (Flecky, 2011; Gillis & MacLellan, 2010). Schools of health and medicine have been incorporating these programs into their curricula to support the global community and meet the educational needs of students. University campuses have an average of 77 such partnerships ranging from nonprofits, faith-based organizations, government agencies, and healthcare institutions (Campus Compact, 2008).

International service learning benefits the communities served by providing desperately needed access to care as well as potential continued benefits through a partnership. This approach also benefits students in a multitude of ways, but most practically by allowing them to develop the knowledge and skills related to nursing care (Flecky, 2011). Schools of health are benefited by preparing students with a broad and valuable experience while simultaneously fulfilling their missions of addressing healthcare needs and disparities at the global level (Flecky, 2011). The concept of altruism is threaded through some of these service learning experiences and, as a result, the study of nurse missionary experiences in Africa may have significance in developing and strengthening service learning models in nursing curricula.

Leadership in nursing practice was embodied by the nurse missionary. Often working independently without a physician, the nurse missionary was responsible for
establishing and maintaining hospitals, clinics, and public health programs for a community (Wall, 2015). Advocating for community needs, requesting resources from American churches, and expanding their education of disease management were the expected activities of the nurse missionary (Robert, 1996). They provided examples of women in leadership to the Southern Baptist churches that were unaccustomed to viewing women in leadership positions at the time. The study of nurse missionaries in Nigeria may increase our knowledge of the challenges and opportunities of leadership with international partnerships.

This study is significant not only to nursing’s history and its achievements, but also to the examination of experiences in nursing that will help shape its future. The stories of these nurse missionaries, of their sacrifices and accomplishments, deserve to be recognized by our profession and the global community. As the nursing profession continues to promote globalization of healthcare and service, educators and administrators can apply their lessons to service models in schools and patient care settings.

The primary sources of this study, although they provided hundreds of pages of correspondence from the nurse missionaries, inherently possessed limitations. These letters were first-hand accounts provided by the nurse missionary to the Foreign Mission Board of the Southern Baptist Church. Essentially, they were written by the nurse missionaries to their employer and, as such, may not have been written as honestly or in as much detail as letters written to a close friend or even private notes in a journal. The researcher recognized this limitation and, as such, understood the accounts and details provided in the data as only one possible interpretation of the women’s work.
Another limitation of this study is the lack of supporting primary sources, namely the use of oral histories of those who knew and worked with the nurse missionaries, as the researcher proposed doing when developing this study. The nurse missionaries of this study remained single and had no children of their own, which made locating participants a challenge; as a result, oral histories were not included in this study. The researcher acknowledges the lack of oral histories to either support or challenge the correspondence of the nurse missionaries as a limitation of the study.

As a result of these limitations and as a fact of historical methodology, the analysis and conclusions can only be understood as one interpretation. Different sources of data with a different researcher’s lens could yield diverse findings than those in this study. The researcher, however, views the potential for diversity as an advantage of the historical method because it promotes a continued exploration of a topic or time in history, each providing valuable insights into the past and helping shape the future.

The lessons learned from the past are more than nice to know—they are imperative. A strong sense of identity is necessary for understanding one’s place in the world. Historical research is paramount to the identity, meaning, and relevance of nursing (Fairman, 2014). It can serve as a solution to the nursing identity crisis by providing knowledge from its past that will support its present and promote its future (D’Antonio & Fairman, 2010).

In this study of Southern Baptist nurse missionaries serving in Nigeria throughout the mid-20th century, the researcher aimed to analyze primary and secondary sources through a lens of altruism, assessing their intentions, sacrifices, and the benefits to Africa.
Studying the nurses in our past will accomplish what history aims to achieve—that is, to provide nursing with a clearer identity and prepare it for its future.

The following chapters address each nurse missionary individually, with a detailed account of her life and work in Nigeria. Chapter I provides an extensive background of missions, Nigeria, and nursing. Ordered chronologically from the time they were appointed, Chapter II focuses on Ruth Kersey, Chapter III on Amanda Tinkle, Chapter IV on Hazel Moon, and Chapter V on Helen Masters. Chapter VI explores their work in relation to altruism and also addresses the interconnected variables of race, religion, and gender. The epilogue offers nursing implications, future research recommendations, and final conclusions.
Chapter I
INTRODUCTION

Caring for the sick and serving those in need are foundational principles of the Christian faith. Dating back to the 1st century A.D., the care of the sick and dying was provided by Christian followers who emulated St. Luke, the great physician and disciple of Jesus Christ (Clymer, 1986; Huber & Lutkehaus, 1999). Nursing was viewed as a Christian practice that promoted Jesus’ teachings of serving those in need. Care was offered in diakonia (Christ rooms) for travelers, community members, and victims of epidemics (Stewart & Austin, 1962). Community hospitals began to appear during the 4th century, with the Nosocomium, the first Christian hospital which opened in the Roman palace of Fabiola. Fabiola is identified in history as a Roman altruist, an aristocratic volunteer who carried out much of the bedside care and feedings in addition to donating her wealth to the benefit of the poor and malnourished (Stewart & Austin, 1962).

International service from a professional perspective began through faith-based mission work in the mid-19th century (Schoepflin, 2005). Doctor John Scudder is credited as being the first American missionary and served the communities of India in the early 19th century. Scudder, and the missionary physicians and nurses who followed, travelled to foreign impoverished communities not only to share their faith but also provide necessary medical care (Paul, 1990). Following World War II, there was an
increase in medical mission participation that addressed the structural needs of foreign communities by building hospitals, clinics, and training facilities (Wall, 2015). Christian denominations support medical missionaries for long- and short-term international service to answer their religious calling in sharing their faith as well as caring for the sick (Schoepflin, 2005).

**Modern Mission Movement**

Protestant denominations, including the Southern Baptists, identify mission activity as the essence of the church (Hoyle, 2002). Directed by the Great Commission of Matthew 28:16-20, Baptists see their calling as to “go into all the world and make disciples” (Matthew 28:19; also see Hoyle, 2002). This passage of scripture is regarded second only to the transformative scripture of John 3:16, where Jesus declares, “For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life” (John 3:16). Protestants understand the Great Commission as a calling for all believers, regardless of race, age, gender, or ethnicity (Hoyle, 2002; Oliver, 1952; Robert, 1996).

Protestant mission activity began in Africa in the late 19th century in conjunction with abolitionist movements that aimed to serve the indigenous communities (Hastings, 1989). Service missions were also furthered by the Protestant student mission movement where American students travelled to India, China, Africa, and Latin America to spread the gospel and democracy for social progress (Clymer, 1986). Protestant missionary movements had the strongest presence in South Africa and the western coast of the
continent, while Catholic missions prevailed in the eastern countries of Africa, such as Nigeria, Tanzania, and Uganda (Robert, 2002; Wall, 2015).

**Missions and the Southern Baptist Denomination**

The Southern Baptist tradition is a Protestant denomination of Christianity. This specific denomination was the result of a meeting held by a group of Baptists throughout the southern United States in 1845 that discussed the recent General Baptist Convention (GBC) meeting (Heier, 2016). This group of churches decided to break apart from the GBC because they disagreed with its lack of evangelical efforts in the southern states as well as its position on Baptist ministers holding slaves (Heier, 2016). The Baptist churches in the South were looking for an increase in missionaries to their communities as well as an acceptance of slave holding for ministers. While missions in Africa began with abolitionist movements led by Protestant religions (Hastings, 1989), the Southern Baptist Church provides a unique position by splitting off to preserve their slave-owning lifestyle. As a Protestant denomination, however, Southern Baptist churches share the claims of Christ and the Bible but have some unique expressions of their faith.

Baptists interpret the Great Commission of Matthew 28 to be the quintessential purpose of the church, and this scripture is viewed as second by its followers only to the conversionary text of John 3:16 (Hoyle, 2002). The central task of the church, as understood by Southern Baptists, is missionary activity. Southern Baptist churches place a greater emphasis, compared to other Protestant denominations, on evangelical missions; it is their mission to share the Gospel and convert others to Christianity (Hoyle, 2002). Participating in what these churches refer to as “Kingdom Work” has served as the foundation for Southern Baptist church activity and education (Heier, 2016). Other
Protestant missions did not share the strong emphasis on evangelism, instead focusing on professional work such as teaching or healthcare (G. Kenny, personal communication, April 23, 2018). This study provides a unique area of research by examining the nurse missionaries of the Southern Baptist church who did not separate evangelism from their professional work of nursing.

Traditionally, Southern Baptist education on mission activity is divided by gender. Currently, the Girl’s Auxiliary (GA) is an educational program offered to young girls in Southern Baptist churches that is built on advancing levels based on a girl’s knowledge and involvement of the mission of the church (Hoyle, 2002). Each level, known as a Forward Step, references a royal title, such as “maidens,” “ladies in waiting,” “princesses,” and “queens” (Hoyle, 2002). GA activities include weekly church-based meetings, independent study, and week-long summer camps, and they encourage girls to engage in leadership and promote their potential to affect world change (Flowers, 2012). Girls are also encouraged from a young age to be active participants in the mission of the church and express their leadership to fulfill the Great Commission of Matthew 28. From an early age, girls are exposed to missionary work by learning about them, praying for them, and supporting them financially (Hoyle, 2002).

Post-Colonial Africa—1940s

Africa’s history can be viewed in three divisions: a pre-colonial period leading up to the late 19th century, a colonial period of imperial rule between the late 19th and mid-20th century, and the post-colonial period generally beginning after World War II (Schler, 2014). The pre-colonial period is identified by African autonomy expressed with kingdoms, empires, and chiefdoms, while the post-colonial period expresses African
autonomy with nation-states, unique flags, currencies, and sovereignty (Cooper, 2002).

Colonization of Africa by European powers such as the British and the French marks the colonial period that attempted to replace African autonomy. The colonial period is understood as a time in history of conversion and civilization by Europeans who viewed Africans as producers of labor (Alemazung, 2010.)

Before World War II, some scientific communities accepted theories of racial inequality and made distinctions between primitive and civilized societies (Cooper, 2002). Hitler’s racist regime in Germany exposed the ideas of racial inequality as inherently false and World War II gave international attention to human rights and equality. After World War II, Africans who had fought with Europe against Hitler began to question why the Atlantic Charter, a widely publicized policy between the United States of America and the United Kingdom that detailed the self-determination of all individuals, did not apply to them (Babou, 2010). As a result of the international perspective on human independence, Africa began to press against colonial rule in an effort to regain the autonomy it previously had.

European control in Africa was declining after World War II and Africans began to establish government systems to support their independence, namely with healthcare and education (Cooper, 2002; Wall, 2015). In the 1950s and the 1960s, African politics reflected the message that only an African government can protect the interests of its people, and European governments were transitioning out and being replaced by more autonomous native governments. Missionaries viewed this delicate period in Africa’s history as an opportunity to serve the communities that were no longer supported by
European healthcare and struggled to find access in the newly forming governments (Robert, 2002).

**Post-Colonial Nigeria**

Nigeria is a coastal country in western Africa bordered by Benin, Niger, Chad, and Cameroon (see Figure 1). Nigeria became a country under British rule in 1900 when Frederick Lugard conquered the region in the north, and by 1904 Nigeria was divided into the Protectorate of Southern Nigeria and the Protectorate of Northern Nigeria (Cooper, 2002). The Protectorate of Northern Nigeria was viewed by the British as an experiment in indirect rule, whereby civil authorities would collaborate with indigenous leaders and administrators were encouraged to lead from a distance and keep existing native systems whole (Robins, 2010). In 1914, the Protectorate of Northern Nigeria, the
Protectorate of Southern Nigeria, and the capital colony of Lagos were unified as Nigeria under British rule (Hagher, 2011).

Nigeria was later divided into eastern, western, and northern regions by the British (see Figure 2), which led to power struggles within and between the regions for federal control (Cooper, 2002). The northern region was the most populous in the 1950s and was ruled by a traditional Muslim elite. The west was the wealthiest due to its cocoa resources and housed the capital city of Lagos. The eastern region provided the majority of educational opportunities that prepared citizens to work in Lagos or other large cities. Each region feared the others would gain federal control: the north was feared for its

Figure 2. Map of regions in Nigeria (1954)
tightly controlling Islamic elite, while the east and the west were feared for their wealth and education (Vaughan, 2016).

The educated and politically aware citizens in Nigeria who were ruling at the regional level played a significant role in Nigeria’s independence from Britain in 1960 (Cooper, 2002). Autonomy was slowly realized in Nigeria after World War II with the indirect ruling of Britain, but Nigerian independence was officially declared on October 1, 1960 (Hagher, 2011). After its independence, Nigeria experienced turmoil over oil exportation from the eastern region, the overthrowing and assassinations of leaders, and a 3-year civil war from 1967 to 1970 in which the eastern region declared its own independence and named itself Biafra (Cooper, 2002). The federal government of Nigeria won the war and Gowon, as the newly established Nigerian leader, divided Nigeria into 12 states, each with its own government institutions, services, and educational system. While religious tensions between Muslims and Christians were present during this time, the greatest strains of post-colonial Nigeria were over control of the oil trade (Vaughan, 2016).

As Nigeria has diverse geographies and regions, it also has a diverse population. The three most common cultures seen in Nigeria are the Yoruba, the Fulani, and the Igbos (cometonigeria.com, 2018). The Yoruba live mostly in the southern and western regions of Nigeria and have a unique language, also called Yoruba, and today make up approximately 35% of Nigeria’s population (cometonigeria.com, 2018). They identify with a religion known as Aborisha, which consists of many gods and spirits and community-based rituals led by the Olorisa, or priest (cometonigeria.com, 2018).
The Fulani, also known as Hausa-Fulani to reflect the integration of two groups, are an Islamic group who reside predominately in the northern regions of Nigeria (cometonigeria.com, 2018). As a nomadic culture with pastoral roots, the Fulani communities travel mostly in the northern regions of Nigeria, using agriculture to sustain themselves. Physical appearance is celebrated and the Fulani are often identified by their brightly colored and patterned clothing, face tattoos, piercing, and jewelry. Their unique language is known as Pular or Fufulde. They adhere to a moral code known as pulakku, meaning “Fulani pathway,” which promotes patience, modesty, hospitality, and hard work (cometonigeria.com, 2018).

Members of the Igbo community largely reside in the southern and eastern regions of Nigeria; they are largely well educated and play a role in Nigerian politics. Today, many of the Igbo are Christians and are known for their hospitality and unique styles of music using traditional instruments made from hollowed logs, clay jugs, and hand bells. Their most popular form of music, known as Highlife, is a combination of jazz and traditional music (cometonigeria.com, 2018).

**Missionaries in Post-Colonial Africa**

As a response to a need perceived by Christian evangelists, missionary activity peaked in Africa and by the 1950s there were more foreign missionaries in Africa than ever before (Hastings, 1989). Missionary societies sponsored nurses and physicians to set up hospitals in Africa to provide care, sanitation, immunization, and midwifery services (Wall, 2015). Women were viewed as the key gender to influencing the future by both missionaries and the African governments who understood that if women can be taught
childrearing and household management, for example, they would raise a new generation of Christians and Africans (Cooper, 2002).

Horton (1993) understood that Christianity’s expansion in the 20th century was an outcome of people travelling away from their homes and their local gods. He argued that monotheistic religions, such as Christianity, travelled better across Africa because they provided a shared symbol, practice, and moral code that allowed better cooperation across Africa. Christianity also provided a connection to the God of the Europeans, the colonizers. Missionary practices focused on individuals, their dress and style of home, and believers embraced this transformation as what Cooper (2002) described as a “colonization of the mind” (p. 27). Missionaries, with a goal of conversion and behavior changes, often believed they were progressing Africans from their savage beliefs.

Christian missionaries viewed their efforts as sharing the Gospel message of Jesus Christ while promoting a social gospel that tried to improve a society through education (Kallaway, 2009). Some leaders view this as a threat to Africa because it challenged their cultural practices of polygamy and initiation rights. For example, one group of Nigerians were found to have rejected Christianity after the pastor refused to baptize a wealthy polygamist (Muthengi, 1995). Others, like the Kikuyu tribe in Kenya, sought ways to accept Christianity without abandoning their history by founding schools that embraced their culture and maintained their Christian faith (Cooper, 2002).

**Southern Baptist Missionaries in Nigeria**

Southern Baptist missionary activity in Nigeria began in 1850 with the arrival of Thomas Jefferson Bowen who was appointed by the Foreign Mission Board of the Southern Baptist Convention (Ajayi, 2011). Their mission work, however, experienced
great resistance in the northern town of Ilorim as the large population of Muslim Fulani
did not allow them access (Atanda, 1972). In 1855, after years of attempting to establish a
mission station in Illorin, the ruler of Ogbomosho, Baale Ogunlabi Odunaro Apaebu,
offered his hand in friendship to the Bowens and welcomed them into this town. They
were offered gifts and housing accommodations in Ogbomosho by the ruler and
established a day School and Sunday School for their missionary work. Mr. and Mrs.
Bowen, due to ailing health, left Nigeria in 1856 and returned to the United States,
leaving the work to Bowen’s companion William Clarke (Ajayi, 2011).

The following decades saw a decline in Southern Baptist missionary presence and
influence in Nigeria. The American Civil War, in addition to decreasing the number of
men available for this work, also resulted in an economic crisis for the Southern Baptist
Convention that severely impeded their work in Nigeria (Richards, 2012). Between 1868
and 1874, as the United States was rebuilding from the damaging effects of the Civil
War, there were no Southern Baptist missionaries in Nigeria (Ajayi, 2011). During this
period, Moses Ladejo Stone, a Nigerian native who was educated and fostered by
Southern Baptist Missionary Revered R. H. Stone, took leadership of the ministry, was
ordained in 1880, and served as pastor of the First Baptist Church in Lagos for 19 years
until his death in 1913 (Maddry, 1939).

Throughout the 19th century, Southern Baptist mission attention had been
concentrated on the southern and western regions of Nigeria, as the largely Muslim towns
in the northern region had been closed to Christian missions (Ajayi, 2011). In 1914,
however, with the consolidation of regions in the Northern Protectorate and the Southern
Protectorate, travel and relocation across regions also began to spread Christianity, and
specifically the Baptist faith (Hagher, 2011). One hundred years after Reverend Bowen and the Southern Baptists began their work in Nigeria in 1850, Baptist mission work had spread throughout the country (Ajayi, 2011).

The instruction and training of Nigerians to become Baptist ministers had been an intention of the Southern Baptists, beginning with Reverend Bowen. It was his belief, and the belief of the Southern Baptist Convention, that if their efforts were to take root and be successful in a lasting and meaningful way, then the development of Nigerians was critical (Bowen, 1939). In 1898, the theological and training institution was founded and moved through several cities in Nigeria for the first two decades of the 20th century. In 1921, the Seminary was fixed in Ogbomosho as a comprehensive theological institution where it remains today (Ajayi, 2011).

After the withdrawal of Southern Baptists from China in the 1940s as a result of communist control, Ogbomosho is the oldest mission station in which Southern Baptist missionaries still live (Collins, 1993). Ogbomosho became the epicenter of Baptist Mission work, later adding the first primary Baptist school, the Baptist School of Nursing, the Motherless Home, leper settlements, and a School of Midwifery, to name a few (Ajayi, 2011). Ogbomosho today has the reputation of being the single largest Baptist community in all of Africa (Ajayi, 2011).

**Woman’s Work for Woman**

The 20th century brought specific ministries designed by and comprised of women, particularly in the Protestant faiths. Missionary work was highly regarded by women because it provided one of the only opportunities for leadership in the church (Hoyle, 2002; Huber & Lutkehaus, 1999; Robert, 1996). The women’s missionary
movement at the beginning of the 20th century was characterized by the motto: “Woman’s Work for Woman” (Flemming, 1989; Robert, 1996). This movement promoted the cultural attitude of gender separation, emphasizing that women were best equipped to reach other women and their children with the gospel message. While the women’s specific ministry originated as a small and isolated sector of the church, it quickly expanded through the founding of orphanages, hospitals, schools, and evangelic outreaches (Robert, 2002).

Protestant women viewed their ministries as a mission to not only evangelize to their fellow women, but also to liberate them from their oppressive social societies (Robert, 2002). Meeting in their homes to provide education, literacy programs, and care for mothers and children were but a few of the activities of the Protestant women missionaries. Their assumption was that a conversion to Christianity would not only secure eternal salvation but also improve their social standing on Earth by emphasizing Jesus’ teachings of self-worth and equality (Adeney, 2002; Hoyle, 2002; Robert, 2002).

World War I caused many Americans to reconsider the superiority of western culture, and new notions of internationalism and self-determination replaced past motives of a dominating Christian nation (Robert, 2002). A mission of friendship and partnership between nations became the focus of ministry during the last half of the 1920s and women sought to encourage female Christian leaders in the non-western world. Ministry activities of this time focused on supporting women’s higher education, baby-care clinics, home economics schools, and training in child welfare (Robert, 1996).

After World War I, women’s missions declined due to economic, cultural, and political factors. In 1920, American women received the right to vote and promptly
ushered in Prohibition (Andersen, 2011). Protestant women viewed this legislation as a victory, but with the right to vote came greater notions of gender equality and freedom, exemplified in the flappers\(^1\) of the 1920s (Robert, 2002). Separate women’s causes, such as a woman’s specific ministry, were now viewed as stuffy and old-fashioned (Robert, 2002).

The Protestant churches of the 1920s, in response to notions of gender equality and efficiency, with a noted subtext of male domination, began incorporating women’s ministry into the larger mission sector of churches (Robert, 1996). Women, despite having the right to vote in American elections, often had no rights to speak or vote in church councils (Hoyle, 2002). As a result, they were unsuccessful in maintaining a women’s ministry and the financial support they had established. At the start of World War II, women’s specific missions were reduced to a fraction of their former self (Robert, 2002).

The financial consequences of the Great Depression in the 1930s on women’s missions also resulted in their decline. Like all institutions and individuals, the American Protestant churches suffered financially during the 1930s (Robert, 1996). As a result, women’s missionary activities were questioned for their effectiveness and appropriateness. Some theological questions about the presence of an evangelical mandate in the Bible even arose as churches sought to survive financially during the economic crisis (Robert, 2002). As women’s ministries were incorporated into the larger mission sector of Protestant churches, women began to hold positions on boards and

\(^{1}\) A flapper was a young woman in the 1920s who embodied a free spirit and challenged women’s style by wearing drastically shorter hair and dresses (Spivake, 2013).
councils to influence the mission vision of the church (Adeney, 2002). While the presence of women in a leadership position of a church was historical, the women represented a small minority of the council, and as such, the cross-cultural focus of women’s missions was lost. A paradox existed in women’s missions in that the women who were affirming the salvation, freedom, and equality of the gospel for women were practicing in the patriarchal context of the early 20th-century Protestant church (Adeney, 2002; Robert, 2002).

**Missionaries and Globalization**

European colonialism was rapidly declining after World War II as a result of global independence (Robert, 2002). Missionary leaders in this post-war context began to reconsider the mission objectives of the church and replaced the former spreading of western ideals with new ideas of nationalism, devolution, and global partnership (Hardiman, 2006; Oliver, 1952; Robert, 1996, 2009). After World War II, the large mission fields of China and India became closed by communism and anti-western movements. As a result, churches needed to explore new mission areas to redeploy their missionaries (Oliver, 1952; Robert, 2002; Tyrell, 2010). The new attention of churches and missionaries to the tribal areas of Papua New Guinea, Africa, and Latin America were given due to their diverse language and ethnic groups, and therefore increased numbers of missionaries were needed to address the multiple and varied needs (Robert, 2002).
Biomedical Knowledge

Missionaries in the mid-20th century, in addition to their convictions in spreading the gospel, strongly believed in the sharing of western medical achievements. Healthcare professionals after World War II had an unparalleled faith in biomedical knowledge, specifically with the discovery of penicillin, and desired to bring that to Africa (Wall, 2015). These medical missions also focused on educating the local communities on western methods of nursing. Teaching native nurses and healers the importance of hygiene, nutrition, and midwifery were among the daily duties of nurse missionaries (Robert, 1996; Wall, 2015). Although no reliable statistics are available from this time, many Africans by the middle of the 20th century had been exposed to modern medicine, and western medicine transferred into the African culture more easily than other western features (Worboys, 1997). During the time of the nurse missionaries’ health promotion education, some countries saw a decline in maternal/child mortality and disease rates (Wall, 2015).

Nurses as Health Missionaries

Modern nursing has been referred to as a ministry of health. Isabel Hampton Robb, the first superintendent of the Johns Hopkins Hospital nursing school and noted nurse leader, declared the role of nursing as “a ministry; it should represent a consecrated service” (Robb, 1901, p. 66). Nightingale herself began her career in nursing with what she described as a call from God. In her personal testimony, she stated, “On February 7, 1837, God spoke to me and called me to His service.”² While she maintained religion as

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part of her practice, Nightingale viewed nurses as missionaries in a non-religious way. Nurses trained under the Florence Nightingale model of nursing were known as “The Nightingale Missioners” because, although they were from diverse faith backgrounds and took no religious vows of service, they were willing to do anything possible to improve the health of others (Stewart & Austin, 1962).

**Nursing Education**

Nursing education in the 20th century developed in a time known as the Progressive Era (1890s-1920s), distinct for its political protests, social reform, and an increase in women’s public activism. Female voices, including nurses, were advocating for progressive improvements for labor conditions, children’s education, and maternal-child welfare (Frankel & Dye, 1991). Reforming nursing education into the realm of higher education was included in educational reform as nurses of the Progressive Era were advocating to elevate the nursing profession to match the scientific prestige of other disciplines (Scharton, 2013). The nurse missionaries entering professional education in the mid-20th century were entering into programs that had been developed in the Progressive Era for the social improvement of women and nurses.

Upon successful completion of their education and training, missionary nurses would seek out nursing positions in a mission field through the guidance of their minister or through mission boards (Deming, 1952). Missions overseas would also place advertisements in nursing journals and publications describing the needs of the hospital or clinic, the specific work duties, and the culture and country (Sweet, 2004). Depending on the size of the mission and the work needed in the area, a nurse missionary would be
committed to several years of service often with a 1-year furlough to return home and further her education (Stewart, 1929).

**Summary**

This chapter has provided an in-depth exploration of the history of mission work, the Southern Baptist Church, Nigeria, and nursing. Consideration of these missionary women’s lives and work must be done in unison with their position in history. This introduction has been provided to prepare the reader to meet the nurse missionaries of this study. The next chapter presents the first nurse missionary, Ruth May Kersey, who served in Nigeria from 1920 to 1955.
Chapter II

RUTH MAY KERSEY

Ruth May Kersey was born to Mr. Phillip W. Kersey, a farmer, and Mrs. Emma Cornelia Kersey in rural Hanover County, Virginia in 1889. The end of the 19th century, in addition to Kersey’s birth, is significant for nursing and foreign missions.

The professionalization of nursing in the United States had begun in the late 1860s with the influence of the Nightingale system of nurse training (Dock & Stewart, 1931). Bellevue training school for nurses was opened May 1, 1873, and nursing reform quickly followed. When Kersey was 4 years old, nursing had established its first professional organization at the Chicago’s World Fair in 1893. This famous meeting resulted in the American Society of Superintendents of Training Schools for Nursing that advocated for enhanced teaching, improved living conditions for students, and a minimum of entrance requirements into newly established schools of nursing (Dock & Stewart, 1931). Isabel Hampton Robb, a champion for nursing education and professionalization, promoted increased education for nurses who wanted to prepare as heads of schools and nurse educators, and in 1899, when Kersey turned 10, the Hospital Economics course at Teachers College in New York City opened and enrolled two students.
Women’s role in foreign mission work was also expanding in the early years of Kersey’s life. Women had traditionally served as wives of missionaries and were not recognized with the missionary title themselves (Robert, 1996). Their focus was on being a wife and a mother to their children, but they desired to reach the women around them because men had limited access in segregated cultures of eastern societies. In January 1868, the missionary wives reported the overwhelming responsibility of being wife, mother, and missionary, and proposed that single women may have a place in the mission field for their availability in responsibility. Their efforts were united as the Women’s Board of Missions, an ecumenical group, which was founded to work for women and children, increase mission knowledge among women, and train children in ministry work. By 1890, 60% of the American mission force was comprised of single women (Roberts, 1996).

Nigeria serves as the primary background to Kersey’s life and story and its complicated colonial history begins 28 years before she was born. In 1861, Britain began the occupation of Lagos and annexed it as the first British colony (Cooper, 2002). Later in 1904, when Kersey was 15, Britain formed two protectorates in Nigeria: one in the northern region and one in the southern region; in doing so, it had combined many diverse ethnic groups into a single political entity. With the British colonials came the British Protestant missionaries. Their missionaries succeeded in Nigeria until 1886 when the French Catholic fathers arrived and rivaled the Protestants for religious and political territory. Protestant influence remained the greatest force in the western areas of Nigeria among the Yoruba (Cooper, 2002).
Kersey was baptized at the age of 9 in September 1898 in the Ashland Baptist Church. She applied to be a foreign missionary with the Foreign Mission Board of the Southern Baptist Convention at the age of 31 after completing her nursing training in 1920. The application for missionary appointment at this time was four pages inquiring about the personal matters, family life, domestic relations, education, religious life, and missionary purpose of the applicant. Her application revealed that no one in Kersey’s family had been a missionary before, she was not in debt, did not drink alcohol or use drugs, had a cheerful and hopeful attitude, and would “do my best” to adapt to “new and strange conditions of the life in a foreign field” (Ruth Kersey, Application for Missionary 1920, p. 1). She was in good health, read religious literature for general reading, and reported that her form of exercise was “Work. (Have no time for other exercises)” (Ruth Kersey, Application for Missionary 1920, p. 1). She was unmarried and noted that she did not contemplate marriage.

Kersey was a student at the public school in Hanover County from 1896-1907, Richmond High School from 1907-1908, and Hanover College Richmond studying English and History from 1913-1914. At the age of 25, she enrolled in the Southern Baptist-run Women Missionary’s Union (WMU) Training School in Louisville, Kentucky, in 1914. She graduated in 1916 with a Bachelor’s in Missionary Training Degree. It was at WMU that an encounter with a missionary doctor inspired Kersey to become a nurse. The Foreign Missionary News published in her obituary on November 10, 1958, that:

While a student at the Training School she heard a missionary doctor to Nigeria tell of the great need for medical work in that country. Feeling called to help meet that need, she entered nurse’s training at Retreat for the Sick,
Richmond. She graduated from Retreat in the spring of 1920, was appointed a missionary soon afterward, and sailed for Africa before the year was out. (Ruth Kersey dies, *Foreign Mission News*, November 10, 1958)

Kersey enrolled in nurse’s training at Retreat for the Sick in Richmond near her home in 1917 and graduated in 1920 with her nursing degree; she reported that her school average was “about 85” (Ruth Kersey, Application for Missionary 1920, p. 1). She was not sure if she could learn languages easily because she “[hadn’t] studied enough to know” (Ruth Kersey, Application for Missionary 1920, p. 1). She could lead in singing but could only play a little piano and could not teach either. She read several books to prepare her for mission work, namely *The Romance of Nigeria, The Light of the World, An African Trail, and The Cure of Africa*; in addition, she “studied Comparative Religion and Missions under Dr. Carver” (Ruth Kersey, Application for Missionary 1920, p. 1).

In response to her religious life and missionary purpose, Kersey found the lines given for her responses insufficient and extended her answers between the margins, often using two or three sentences to provide a reply. She prayed in the morning and at night, and also studied the Bible and firmly believed in the efficacy of prayer. She taught Sunday School classes for her church and participated in “visiting the slums in Louisville” (Ruth Kersey, Application for Missionary 1920, p. 1). She had considered foreign mission work “ever since a small child” (Ruth Kersey, Application for Missionary 1920, p. 1) and felt it was a life work. As she wrote, “Because Christ said ‘Go into all the world and preach the gospel to every creature’…I believe that was meant for me. He also said ‘Heal the Sick’” (Ruth Kersey, Application for Missionary 1920, p. 2). When asked if she preferred a special field, she wrote, “Africa…I have always felt that it is the least desirable from a personal viewpoint” (Ruth Kersey, Application for
Missionary 1920, p. 3). She also noted that she would desire medical missionary service and wrote again of her 3 years of nurses’ training at the Retreat for the Sick.

Kersey was appointed as a missionary on June 10, 1920, at the age of 31 as a single woman and sailed for Africa on December 28, 1920.

When she arrived, she was sent to work with Dr. George Green at the Ogbomosho Hospital. No correspondence is available before the 1942. It is not known if the letters are missing or if correspondence to or from Kersey was not done during these years. A church bulletin for a service unveiling a memorial plaque for Kersey noted that she worked for 6 years with Dr. Green at the Ogbomosho Hospital before she had another encounter that would further shape her life’s work. Mrs. Green was quoted in an article published by the Women’s Mission Union:

Ruth had lived in our home when she first came to Nigeria and I could almost tell what she was thinking as she looked at the little black baby whose Mother had died and at the father with such pleading in eyes. Somehow he had managed to keep the baby alive for nearly two weeks and the loving heart of the missionary was touched. She told the father to leave the baby and she would do what she could. The Africans knew nothing about artificial feeding and she knew the baby would die—and she reached out her arms for the child. She had a crib taken from the hospital to her house, “Rose Cottage”, named the baby Emma (for her own Mother), and started a determined program to keep her alive! Every two hours the baby had to be fed, thus interfering with much needed rest for Ruth was still the only missionary nurse in the hospital. Soon the baby began to gain and became a happy, healthy child. She became quite an object of curiosity for such a thing had never been known in that section of the country before. How could it be that a missionary could care enough to one, small, motherless baby! And as time went on, other babies whose mothers died at, or soon after childbirth, were brought to the hospital. In fact, so many were brought that a whole room in the hospital had to be set aside for them. (Mrs. Green quoted in Miss Ruth May Kersey—A tribute: Southern Baptist’s first missionary nurse to Nigeria 1920-1955, written by Rees Watkins, published by the Women’s Missionary Union on December 11, 1958)

Thus, the Home for Motherless Children was founded. A building was constructed next to the Ogbomosho Hospital and housed about 45 infants and small
children at a time. Dr. Sadler, the Secretary for Africa at the Foreign Mission Board, wrote to Mrs. George Wagley in response to her interest about the Home for Motherless Children that

about twenty years ago an African father, whose wife had died at childbirth, appeared at Miss Kersey’s door with a starving infant. Miss Kersey’s mother heart was touched, and she took the child and began to nurse her back to health. Since that time scores of children have been literally snatched from the jaws of death and given Christian training. (Dr. Sadler to Mrs. George Wagley, June 14, 1945)

The letters that are archived from Kersey begin in 1946 with a handwritten letter to Dr. Sadler, the Secretary for Africa at the Foreign Mission Board. She reported to him that

we have only very small children at the Children’s Home and are trying to get homes for them or are sending them to their fathers as they are strong enough. We are sending some of the larger ones to school and are helping others, but there are many who are supported entirely by their fathers after leaving us. We keep about forty-five babies all the time. (Ruth Kersey to Dr. Sadler, September 29, 1946)

Kersey was diligent in advocating for a new building with a larger space that would better accommodate the needs of the Home for Motherless Children. In 1946, Dr. Sadler wrote to Kersey about the Board meeting recently held, in which “half a million in excess of the amount appropriated in 1945 was voted in the Board’s recent meeting. We have the money and are happy to respond to the requests that come from various fields” (Dr. Sadler to Ruth Kersey, October 17, 1946). Funds were not directed, however, for the construction of a new building for the Home of Motherless Children at this time. In 1947, she wrote again to Dr. Sadler of the inadequacies of the present building, saying that it lacked a play room, an isolation room for contagious children, and “many other things are lacking” (Ruth Kersey to Dr. Sadler, October 24, 1947). In addition to the practical needs of increased space for a play room and isolation spaces, Kersey feared for the negative impact on their mission this lack of space may cause. “If we are to send the children back
to heathen and Mohammedan [sic] homes at an early age, say four or five years, we still
need a new building more suitable for caring for little children” (Ruth Kersey to Dr.
Sadler, October 14, 1947).

In the early 1950s, Kersey began to acknowledge her limited time remaining in
Nigeria and the need for a successor to take her place. In looking for a nurse to support
her in her work and then relieve her for her upcoming furlough, she wrote to Miss Edna
Dawkins at the Foreign Mission Board on October 31, 1949, describing her work and
petition for more help.

This is a full time job and I think it too much for me/1 person to do, but
perhaps I am getting old. The one in charge must be able to manage the home
with between forty-five and fifty infants and small children and a number of older
boys and girls school-age who receive advice and help. Some of them help with
the care of the smaller children. Then there is the matter of finances to be taken
care of and accounts to keep. Also we have a staff of about fifteen nurses,
washmen and laborers to look after. Many problems often arise in connection
with them. I am on duty most of the day and on call at night whenever there are
sick babies and this is often. (Ruth Kersey to Mrs. Dawkins, October 31, 1949)

Dawkins dated a reply to Kersey 5 weeks later acknowledging her need for
another nurse, and also addressing the lack of appropriate candidates. She wrote on
December 9, 1949:

Please be assured that Mr. Maddox and I will keep in mind the need for a nurse
to relieve you about a year from now. We are earnestly seeking to find someone
for that work, as well as nurses to help meet the other needs there in Nigeria. I am
sure that you are praying with us that many other young people will feel led to
offer their lives to serve God on some foreign field. Mr. Maddox and I talked with
over one hundred eighty volunteers at Southwestern Seminary last week. Of
course, many of them will not be ready for several years, and we found only one
nurse who will be ready for appointment this spring. We shall keep looking,
however. (Ms. Dawkins to Ruth Kersey, December 9, 1949)

Kersey was able to take her scheduled furlough, as it is documented to have lasted
from July 16, 1950, to November 21, 1952, on her missionary record. There was a gap in
her correspondence from Dawkins’ letter dated December 9, 1949, and a letter from Dr. Sadler to a church in Florida dated April 1, 1952, so it is unclear who relieved Kersey in Nigeria or how her request for increased help was resolved, if at all. The letters resumed in 1952 and offer some information on the nature of Kersey’s health and the reason for her extended furlough. In 1952, one of the churches that supported Kersey, the First Baptist Church of Palatka in Florida, inquired about the status of her ministry work. Dr. Sadler responded in a letter to Dr. Davis C. Woolley at the church dated March 31, 1952:

Miss Kersey is still nursing her sister. It was thought that when our nurse came home a year ago last August, her sister might pass away at any moment. She has lingered on now and is thought to be near death.

It is easy to understand that your people are desirous of supporting a missionary who is actually on the field. However, I would suggest that you hold the matter of discontinuing Miss Kersey’s support in absence for a few weeks. We, of the Foreign Mission Board, are still carrying her on our roster as an active missionary.

Miss Kersey’s own health is not good. It is not certain that she would able to return to Nigeria even if she were not responsible for the care of her sister. If she should be placed on the inactive list, we would not expect your church to support her. (Dr. Sadler to Dr. Woolley, March 31, 1952)

Kersey had also been requesting that the mission board stop paying her the monthly stipend, presumably because she did not feel she was working enough to earn it, instead focusing on the care of her ill sister. Dr. Sadler wrote again to Dr. Woolley at the First Baptist Church in Palatka, Florida one month later on April 29, 1952:

As you can well imagine, Miss Kersey has been under terrific strain for the past year and a half. While the doctors have found nothing radically wrong with her, they are suggesting she remain in this country for about six months longer. In view of these circumstances and the possibility that Miss Kersey will not return, you will probably wish to designate your support to some other individual. (Dr. Sadler to Dr. Woolley, April 29, 1952)
Kersey did return to Nigeria for one last time on November 21, 1952, after her extended furlough of rest and recovery with a new resolution of securing someone sufficient to take her place and continue the work she started. She had not been in Nigeria for over 2 years and acknowledged the difficult transition, but also described feeling a sense of home. She wrote to Dr. Sadler on September 17, 1953: “After an absence of near two years it seemed harder than usual to get back into the routine here again, but the babies soon made me feel at home.” In the same letter, Kersey wrote about her apprehension in finding someone to replace her, saying: “I cannot be here many more years and I am so anxious that there shall be someone real interested in the work to carry on” (Ruth Kersey to Dr. Sadler, September 17, 1953).

Indeed, Kersey would leave Nigeria the following year under the advice of her physician. Six months before Kersey returned to the United States, Dr. Sadler made a visit to Nigeria and wrote to Kersey on May 21, 1954, extending his gratitude for her work. He wrote:

This is to thank you for the kindness you extended me during my sojourn to Nigeria. It was good to be in your home, and I appreciate your showing me the monument which has been built to you [Kersey Home for Motherless Children]. It is a tribute of which any persons would be proud. Your devotion has elicited the gratitude of hundreds of Nigerians. Years from now many will rise up to call you blessed. (Dr. Sadler to Ruth Kersey, May 21, 1954)

In the same letter, Dr. Sadler attempted to relieve Kersey’s noted anxiety about the future of the Children’s Home and the recruitment of a nurse to continue her work. He wrote that “several missionaries have been appointed for Nigeria recently” (Dr. Sadler to Ruth Kersey, May 21, 1954). Miss Helen Masters, a nurse missionary who is introduced later in this study, was also mentioned in this letter. Dr. Sadler wrote that
“Miss Masters was in the office last week. Her sailing was delayed, but she is on her way now” (Dr. Sadler to Ruth Kersey, May 21, 1954).

Five months later, on October 10, 1954, Miss Kersey wrote to Dr. Sadler of her decision to leave Nigeria and return home permanently to the United States. She wrote that “My blood count is very low and I have some other complications which I hope are not too severe but Dr. [indecipherable name] keeps talking to me about going home so now I have very reluctantly decided to go as early as I can.” She wrote about possibly securing passage with another co-worker, Miss Sanders, who was leaving on November 16th. She went on to say, “This has been very hard to me, but I am finding His grace sufficient and I know He will be with me. Whatever lies ahead of me I surely want His will to be done.”

Upon receiving Kersey’s notice of leaving Nigeria as soon as feasible, Dr. Sadler wrote a letter acknowledging her service and again expressing his gratitude. He wrote on October 29, 1954:

You may be sure that we here in Richmond are appreciative of this service you have rendered. I cannot think of a more devoted servant than you. Literally you have poured out yourself in behalf of others. You may be sure, also, that we are bearing you up on the wings of our petitions. We will welcome you here at the headquarters and in our home as well. (Dr. Sadler to Ruth Kersey, October 29, 1954)

Once Miss Kersey had returned to the United States, she was hospitalized at the same hospital where she was trained as a nurse. Dr. Sadler wrote to her at the Retreat for the Sick Hospital in Richmond, Virginia, on December 17, 1954 that a nurse, Miss Myrtice Taylor, was a potential candidate they were pursuing to work at the Children’s Home. He added that “Almost immediately I wrote the young lady in an effort to lay the burden of those motherless children upon her heart.”
The following year, Miss Kersey was released from the hospital to a home addressed at 2321 Floyd Avenue in Richmond. The nature of the letter was to make Kersey aware that her retirement had been accepted. Interestingly, the original sentence is typed as “When your resignation was accepted...” but the word “resignation” is crossed out and a handwritten “retirement” was placed above, with a note to direct the reader to “see board minutes 10/55.” It can be suggested that there was a discrepancy in the terms of Kersey’s leaving the ministry over whether it was a resignation or a retirement, with a retirement seeming to have been the decision. She was 66 years old at retirement and had served for 35 years as a nurse missionary with the Southern Baptist Foreign Mission Board in Nigeria.

Miss Ruth May Kersey died on November 8, 1958. In a letter to the Foreign Mission Board, Emmanual Tairuo Kersey, so named because he was a child of Kersey’s Home for Motherless Children, wrote of his sadness in her passing:

What shall we write? What can repair the irreparable loss? It is futile, we know, to turn to philosophy for condolence. Philosophy even can never heal the broken heart. It you lose one wife, as a great philosopher once said, you can get another. A mother once lost can never be replaced. Hence, the loss of our beloved mother in Christ is indeed a very very great blow to us. (Emmanual Tairuo Kersey to Foreign Mission Board, November 13, 1958)

He continued:

Christmas is now near when we shall feel the loss of her cheerful countenance and her amicable disposition as well. Her generosity and kindness to us whenever we went astray is still fresh in our memories. Her comforting words of advise [sic] whenever we feel discouraged is also green in our memory. Her love for us at our individual birthdays is indisputable. The training and instructions in fact, they are still of greater help to us in our Christian lives. What can we do to repay the debt of gratitude that we owe her? Nothing really but to live a good Christian life the foundation of which she has laid before she died. (Emmanual Tairuo Kersey to Foreign Mission Board, November 13, 1958)
The letter went on to say, “We thank the Board for what her life meant to us on a whole. Please do not be early in well doing. May the Board grow from strength to strength” (Emmanual Tairuo Kersey, November 13, 1958). The letter was signed “On behalf of Kersey’s Children in Nigeria” (Emmanual Tairuo Kersey, November 13, 1958).

An article titled “Miss Ruth May Kersey—A Tribute: Southern Baptist’s First Missionary Nurse to Nigeria 1920-1955” written by Rees Watkins was published by the Women’s Missionary Union on December 11, 1958. The article was a tribute to the life and work of Miss Kersey and included quotations from her friend and coworker, Miss Eva Sanders. Miss Sanders remembered:

Never was there a more humble, reticent personality than that of our Ruth Kersey. Little is known of her accomplishments and the true greatness of her contribution to Nigeria for she seldom spoke of herself or allowed others to do so. Recently I have had several contacts that reveal quite a bit. I was being treated by a dentist when a fine looking young assistant came in to ask about his “Iya” (Yoruba word for mother). He was one of the babies for whom she had cared for. Just before I came home an alert looking teenager appeared at my door asking me to bring greeting to the beloved “Iya”. She had saved his life. And a pleasant, smiling woman with a big healthy baby appeared one day at my door – it was Emma come to send love to the “Iya”. Today the fruit of her labours is seen as pastor’s wives and other Christian workers proudly acclaim Miss Kersey as the one who rescued them in infancy. And strong, young men witness for Christ with boldness and fluency she never exercised. She lives in hundreds of African lives today. (Mrs. Sanders quoted in “Miss Ruth May Kersey—A tribute: Southern Baptist’s first missionary nurse to Nigeria 1920-1955, written by Rees Watkins, published by the Women’s Missionary Union on December 11, 1958)

As for the future of the building for the Home for the Motherless Children, Sanders revealed that

the first baby house and a new, adequate building was her last labor of love in Nigeria. Most of it was built while she was on furlough—but she planned it and it was her joy to open it. She even learned to drive to the new home in a car given her by Virginia women after she was sixty years of age. As a tribute to her, the mission named the new plant THE KERSEY CHILDREN’S HOME. (Mrs. Sanders quoted in Miss Ruth May Kersey—A tribute: Southern Baptist’s first
missionary nurse to Nigeria 1920-1955, written by Rees Watkins, published by the Women’s Missionary Union on December 11, 1958)

Kersey’s work, in addition to the Home for Motherless Children, also included nursing missionaries who were ill, serving as pediatric advisor to the Ogbomosho Hospital, and holding clinics on proper feeding for mothers in the community, as Miss Sanders recalled. Kersey was remembered in the article as one who quietly and unobtrusively she gave herself for others. No task was too menial and no job was too great to command her very best.... Nothing could be more appropriate than the commendation of Jesus “Well done, good and faithful servant, enter thou into the joy of the Lord.” (Mrs. Sanders quoted in Miss Ruth May Kersey—A tribute: Southern Baptist’s first missionary nurse to Nigeria 1920-1955, written by Rees Watkins, published by the Women’s Missionary Union on December 11, 1958)

Ruth May Kersey was appointed as a nurse missionary by the Southern Baptist Church in 1920 and served in Nigeria for 35 years before retiring at age 66. She worked in the Baptist Hospital in Ogbomosho before founding the Kersey Home for Motherless Children. The next chapter focuses on the life and work of Amanda Tinkle, another nurse missionary to Nigeria who served from 1938 to 1973.
Chapter III

AMANDA ARVILLA TINKLE

Amanda Arvilla Tinkle was born September 12, 1907 in Benton, Arkansas, and was baptized in the Southern Baptist church at the age of 11. Tinkle’s formative years and nursing education were the products of a time period known as the Progressive Era (1890-1920), distinct for its political protest, social reform, and an increase in women’s public activism. Female voices, including nurses, were advocating for progressive improvements for labor conditions, children’s education, and maternal-child welfare (Frankel & Dye, 1991). Reforming nursing education into the realm of higher education was included in educational reform as nurses of the Progressive Era were advocating to elevate the nursing profession to match the scientific prestige of other disciplines (Scharton, 2013).

At the time of Tinkle’s birth, Nigeria had been under British rule for 7 years and had recently been divided into two Protectorates, Northern and Southern, while the capital city of Lagos was kept as a third entity (Cooper, 2002). The Protectorate of Northern Nigeria was set up as a collaboration in which British authorities would work with indigenous leaders. British leadership was encouraged to maintain a distance and help preserve existing native systems (Robins, 2010). In 1914, when Tinkle was 7 years
old, the Protectorate of Northern Nigeria, the Protectorate of Southern Nigeria, and the capital city of Lagos were unified as one Nigeria under British rule (Hagher, 2011).

Southern Baptist activity in Nigeria began half a century before Tinkle’s birth. In 1850, the first Southern Baptist missionary Thomas Jefferson Bowen went to Nigeria to plant churches with self-governing congregations. Several Baptist churches were founded during the last half of the 19th century as well as the Theological Training School for native teachers and preachers (Ajayi, 2011). The same year Tinkle was born (1907), Dr. George Green opened the first Baptist Medical Center in the basement of his home, which would later grow into the medical center where Tinkle would spend her last years working as a missionary nurse (Ajayi, 2011). The churches and congregations were officially united as the Nigerian Baptist Convention in 1914, with ministry efforts focused on Christian teaching and conversion (Ajayi, 2011).

After graduating from high school in 1927, Tinkle entered a training school for nurses at Arkansas Baptist Nursing School. She worked as a rural school teacher, a private duty, and a hospital nurse after graduating in 1931 before applying for missionary service. She was appointed as a missionary on December 8, 1938, at the age 31. In her application for foreign missionary, Tinkle reported that she had entertained the desire to become a foreign missionary “ever since she became a Christian” because she believed “with all my heart that God calls me to service in a foreign field” (Amanda Tinkle, Application for Foreign Service, 1938). Tinkle did not identify a specific preference on where she was assigned, instead stating “anywhere God wants me and He believes where the need is greatest” (Amanda Tinkle, Application for Foreign Service, 1938).
The earliest letter in her archive was dated March 6, 1939, and was signed JRF for Jessie R. Ford at the Foreign Mission Board of the Southern Baptist Church. The letter was in response to a letter Tinkle had sent on January 31 and mentioned the Board’s surprise that “the folks in Africa did not know that you were a nurse. Your going was so suddenly arranged for, that the letter telling them about it did not reach Africa until after you did” (Jessie R. Ford to Amanda Tinkle, 1939). Tinkle’s sudden arrangements for work in Nigeria possibly reflected the Southern Baptist’s desperate position for increased missionaries, specifically nurse missionaries, in the area—so desperate in fact that the Foreign Mission Board apparently did not have adequate time to coordinate Tinkle’s travel to ensure those in Nigeria were aware of her coming.

Upon arriving in Nigeria, Tinkle was charged with running a dispensary in Shaki, a town west of Ogbomosho in the western territory of Nigeria. In a response to Ms. Ford’s letter, Tinkle handwrote a 12-page letter detailing her first impressions of Nigeria, her work, and the needs of the community over her first year as a nurse missionary. Her very first acknowledgment is of how widespread tuberculosis was in the community. She wrote, “Every day almost I see a new case of tuberculosis” (Amanda Tinkle to Jessie R. Ford, February 27, 1940).

As part of her religious belief and her work a nurse missionary, Tinkle incorporated religious teaching with healing. She detailed one story in the same letter:

Last week a young woman came to the dispensary complaining of a cough which she said she had had for three years. After questioning her I came to the conclusion that she must have tuberculosis. She has a three months old baby, which is doing surprisingly well. She is not a Yoruba but has lived in Nigeria many years. After I had instructed her how to take care of herself and had given her some medicine because she had no money (I am paying for the medicine myself) I asked her if she were a Christian, and she was not. When I asked her if she knew Jesus she looked so puzzled and said that she had never even heard his
name. Well, I can’t describe to you the feeling I had to think that she had never
even heard the name of Jesus! However, she is not the first one to tell me the
same thing. But somehow she touched my heart particularly, because I knew that
she had not long to live, and was leaving the little baby. I hardly knew where to
begin to tell her about Jesus because I could think of no point of contact. I was
speechless for a time then began by telling her about his birth, life, death,
resurrection, etc. When I had finished she said that she believed what I had told
her. We had prayer, but she did not pray. I do not know whether she fully
understood or not, but I am afraid she did not. I am going to try and find her home
one day this week. I have people come to the dispensary almost every day who do
not know even the name of Jesus. It is the most wonderful privilege in the world
to have the opportunity to tell people about Jesus for the first time. (Amanda
Tinkle to Jessie R. Ford, February 27, 1940)

The dispensary in Shaki had a long list of needs, as Tinkle reported. She wrote
that she “found very little equipment in Shaki for medical work. The building was so
small that I had no place to keep a patient who was too sick to walk to and from the
dispensary for treatment. In fact, it was too small for even a treatment room” (Amanda
Tinkle to Jessie R. Ford, February 27, 1940). A check for 50 pounds was donated to the
ministry at Christmastime, and Tinkle made the decision to put it towards building a new
dispensary. She wrote:

    The new building has three rooms, one large room where we will hold services
with those who came and where they can wait, and two smaller rooms, one for
treatment room and the other for patients. I shall use the old building for a store
room and perhaps for patients also. Of course, I need many other things beside the
building, but the Lord can provide them too, and we felt the building should come
first. (Amanda Tinkle to Jessie R. Ford, February 27, 1940)

In this letter, Tinkle also acknowledged that she was originally sent to work in the
Baptist Hospital in Ogbomosho, but was then sent instead to the dispensary in Shaki. As
for her response to this change, she wrote:

    I was terribly disappointed when I arrived and found that I was not going to the
hospital as I had thought, but it was surely the Lord’s will that I come to Shaki
because I did not ask to be sent here. But I do know that I could not have been
needed any worse anywhere else in all the world, than in Shaki. These people are
so appreciative of what has been done for them, and for what is being done for them. (Amanda Tinkle to Jessie R. Ford, February 27, 1940)

Tinkle described the joy she found in working in the dispensary later that summer in a letter to Ms. Gene Newton, secretary to Dr. Maddry at the Foreign Mission Board. In addition to her happiness that the new building was complete, she wrote:

Yes, the dispensary gives a wonderful opportunity for healing both body and soul. Many people hear the gospel there who would never enter a church, most likely. We usually have about twelve or fifteen men and women besides the children at our daily chapel service. And the greatest majority, in fact, most of them are either Heathen or Mohammedan. I frequently have a man or woman tell me he or she has never heard the name of Jesus before coming to the dispensary. (Amanda Tinkle to Gene Newton, July 19, 1940)

The following year on December 2, 1941, Tinkle returned to her family in Arkansas for her scheduled furlough. Her mother, Mrs. Andrew Tinkle, wrote a letter to the Foreign Mission Board, letting them know as much. Tinkle’s brother was serving in the armed forces, and in the same letter, Mrs. Tinkle shared that they were not able to visit. She wrote, “her brother Clinton did not get to meet her he cannot tell us where he is now” (Mrs. Tinkle to Foreign Mission Board, December 2, 1941). A few months later, Tinkle shared that her family learned that Clinton’s ship had sank and he was missing. She wrote of his shared mission for evangelism: “He was a very consecrated Christian young man and I know that he is with the Father.... He wrote in every letter about winning some boy or man to Christ and how happy he was in doing it” (Amanda Tinkle to Gene Newton, March 30, 1942).

In 1942, with the support of the Foreign Mission Board, Tinkle enrolled in nursing courses at Peabody College. The specific courses she took are not listed in her correspondence, but the Foreign Mission Board wrote in full support of missionaries
using furlough to further their study. She wrote to Dr. Sadler at the beginning of the semester:

> It is rather difficult to settle down to the studying of psychology and the other subjects I am studying with Africa uppermost in my mind. However, I am very happy to have this opportunity to study which I am sure will make me a better prepared missionary when I do return to Nigeria. I am also working some in the College infirmary here which affords me an opportunity to learn much that will be of great help to me in my nursing in Africa. (Amanda Tinkle to Dr. Sadler, January 17, 1943)

Tinkle’s letter again to Dr. Sadler explored her reasoning for attending further nursing courses in the United States because of the changing degree requirements for nursing in the 1940s. Following Goldmark’s (1923) publication which emphasized educational standards for schools of nursing, nursing education slowly transitioned out of hospital-based settings and into colleges and universities. Nurses who graduated from hospital-based programs during this transition, like Amanda Tinkle, had to take extra courses if they desired a college degree in nursing in addition to their diploma.

In another letter, Tinkle provided more details on the type of education she was pursuing on her furlough:

> I am still enjoying studying here at Peabody and I feel that I am learning much that will be of great help to me in Africa in my work. Since I graduated from nurse’s training before the present standards for nursing schools became effective it becomes necessary for me to take a post-graduate course in a hospital before I can be granted a degree from Peabody College. The Dean of Nursing Education here advises that I take such course beginning April 1. I think that a post graduate course in a hospital will be very helpful because I do not think it is good to stay out of contact with hospital work for too long. (Amanda Tinkle to Dr. Sadler February 28, 1942)

No more details were given regarding a post-graduate course, although Tinkle did write on April 14, 1942, that she was still at Peabody College, so it is possible that she had enrolled. She also wrote of accepting speaking engagements and invitations for
summer camps through the summer of 1942. During the fall, she began writing of returning to Nigeria and seeking information about her departure dates. Her departure was delayed due to her illness—she was diagnosed with malaria—but she wrote on December 3, 1942, to Dr. Sadler that she was finally feeling well. Due to logistical barriers of travelling during war times, her departure was delayed again. The Foreign Mission Board wrote to Tinkle:

I hope...that everything will work out so that you can return to Africa in the near future.... There is so much red tape involved going anywhere these days that it is a wonder a person can get away at all. (Foreign Mission Board to Amanda Tinkle, June 14, 1943)

Tinkle’s departure was delayed a third time because she was unwilling to travel alone, a feeling for which she admitted needing forgiveness in a letter to Dr. Sadler: “I felt very much ashamed that I had not wanted to make the journey to Nigeria alone, and asked the Lord to forgive me” (Amanda Tinkle to Dr. Sadler, September 30, 1943).

Tinkle wrote of her frustration at staying in the United States for possibly another 2 months, citing loneliness and a sense of being needed in Nigeria. She did acknowledge the gift of visiting with family during this delay, although she still would rather have been in Nigeria.

Of course I would very much like to visit one of my brothers who is in the Army Air Corps, I have seen him only once about 24 hours since I have been home. But, I want to return to Shaki even more than I want to see him. That is as strongly as it is possible for me to express how very much I want to return to Shaki. (Amanda Tinkle to Dr. Sadler, September 30, 1943)

Finally, Tinkle set sail again for Nigeria on December 2, 1943. The journey, as described in a wire sent from Dr. Goerner to Tinkle, was recognized as lasting between 6 weeks and 2 months. There was no correspondence from her return to Nigeria and she was noted to have returned to the United States after a year and a half.
Tinkle returned to the United States in July 1945 due to ill health and received treatment at Baylor Hospital. She was diagnosed at that time with Chronic Aerobic Dysentery that included nerve pain complications. She wrote that she came home “because of constant, and, frequently severe pain in my cervical spine radiating down my left arm. I was gradually loosing [sic] the use of my left arm in addition to the severe pain” (Amanda Tinkle to Dr. Sadler, November 4, 1945).

During her hospital stay, Tinkle remained involved with the ministry in Nigeria, receiving news concerning the Catholic competition in the area. On November 13, 1945, Dr. Sadler updated her that “Both Mr. and Mrs. Powell have written about the situation in the Okeho District. Apparently our Roman Catholic friends are doing their best to dispossess us in that area.” She replied on November 16, 1945 to say:

Just a year ago now I spent some time in the Okeho district. (In fact, I spent one night out on the roadside in the rain trying to dig a Ford out of the mud.) A few weeks before I left Nigeria to come home, the leading pastor in that district came to Shaki and told me that the Catholics had moved in and disturbed some of our churches. (Amanda Tinkle to Dr. Sadler, November 16, 1945)

Tinkle underwent surgery for her nerve pain in the neck and left arm, although the specifics of the surgery were not detailed in the correspondence. She also detailed that her hospital stay was free of charge because she was a Southern Baptist missionary being treated in a Baylor Hospital, which is a Southern Baptist hospital. She wrote that:

I feel that I am truly indebted to the Southern Baptists in a way that I can never repay. The care I have had would amount to several thousands of dollars outside our own Baptist Hospitals. (Rather, the charges would have been several thousands of dollars outside.) I am happy to write that the two above mentioned hospitals take care of missionaries, and make no charges. And since I am a Registered Nurse doctors do not many any charges.... The only way I can show my gratitude is to do likewise; - minister to other who are sick and suffering. (Amanda Tinkle to Dr. Sadler, July 9, 1946)
After recovering during the summer of 1946, Tinkle felt ready and healthy to return to the work in Nigeria. Her family and friends, however, did not agree that she should return. She wrote to Dr. Sadler on July 15, 1946, that:

My family, and many of my friends, are very much opposed to my returning to Nigeria. My answer to them is that when God called me to Africa He asked me for my life and I gave it all, and if the Lord allows me to be well enough to go then I am surely going. Since He asked me for all of my life I believe that I shall be well and able to return to Africa, and give the rest of it there. (Amanda Tinkle to Dr. Sadler, July 15, 1946)

Tinkle prepared to return to Nigeria that fall and began her voyage in December of 1946. She sailed through Paris on her way to Nigeria at the end of 1946 and described her attitude of America in comparison to France, specifically concerning the food and post-war conditions. She detailed:

Paris is very cold and the food is not so good—coffee without cream or sugar, though I don’t used sugar. There is no meat, no milk, no eggs, and no sugar here. So U.S.A. is still the most wonderful country in the world—I am not complaining—just stating the facts. (Amanda Tinkle to Dr. Sadler, December 19, 1946)

Tinkle’s comments about the United States being the best country reflected the national sentiment after World War II. In the immediate years following World War II and for the decades that followed, Hollywood’s portrayal of World War II focused on an American hero, a sense of pride in the country, and patriotic themes (Fehlman, 2015). Her time spent in the United States following World War II undoubtedly exposed her to the media expressing these views, and her writing showed her acceptance of them.

Tinkle returned to the United States on October 19, 1949, following a car accident, of which details are not provided. She wrote to Ms. Issacs, secretary to Dr. Sadler on December 2, 1949, that she has been discharged from the hospital and “I shall be as well as before the accident that I shall have no permanent disability for which I am
deeply grateful. I could so easily have been an invalid, or even worse.” After her recovery, Tinkle returned to Nigeria in the spring of 1951 to Okuta, a new location for her, to relieve Mrs. Dunaway in the work there. In the same letter, she shared the joyous news that Shaki was getting a hospital, for which she had been petitioning since her work started there more than 10 years earlier. She wrote to Dr. Sadler:

I shall never forget the day in 1934 when Miss Ellen and I had a prayer meeting when we prayed for a hospital for Shaki. Little did I think then that our prayers would be answered so soon. When I took a patient from here to Shaki last Sunday there was no bed vacant for the patient. We did move room furniture and find a place for a mat on the floor.... I shall be happy if I have the privilege to work in the new hospital. (Amanda Tinkle to Dr. Sadler, May 21, 1951)

Tinkle enjoyed several furloughs in the following decade, returning to Arkansas from September 1954 to August 1956, and again from October 1957 until October 1959. She returned to Nigeria the year before the country officially gained independence from Britain on October 1, 1960. Her letters did not mention the politics of Nigerian independence or its impact on the Baptist ministry. She left Nigeria again in July 1961 because of her mother’s critical illness and stayed through 1962 for her father’s illness. Tinkle’s furlough was requested to be cut short because of the lack of missionary nurses in Nigeria, and so she returned to Nigeria in November 1962.

Dr. Goerner learned from a letter in January 1963 from Barbara Epperson that Tinkle had broken her leg; no details of this were available through the correspondence. He wrote to Tinkle to share his sympathies and prayers. In September of that same year, Tinkle also had a recurrence of thrombo-phlebitis and a broken leg which was treated at the Ogbomosho Baptist Hospital in Nigeria.

Tinkle returned to Arkansas in June of 1965 and shared her particularly eventful trip out of Nigeria with Dr. Goerner in a letter dated June 9, 1965. She recounted:
I had a very exciting experience travelling from our mission house in Lagos to the airport. The Dunaway family and Miss Gardner and I were travelling together. When we crossed the Carter Bridge we found the usual route to the airport blocked with traffic. We decided to travel through the Apapa. Just as we thought we were going to get through we found that route also closed. We found a telephone but it was out of order. We found a policeman, he told us that there was no possible way to the airport and that we had better return to Lagos. We went back to the Mission House and telephoned the Airline Office downtown Lagos. He told us to come to the office. We I arrived I was told to enter a car with three men. I bade the Dunaways and Miss Gardner a very quick goodbye. We drove back through Apapa to the Lagos Flying Club Airport where we were met by a three passenger plane. We rushed from the car to the little plane and flew over the international airport-about 15 minute flight. Despite all the delay we were only 50 minutes behind schedule leaving Lagos. As we took off from Lagos I imagined that I felt like a refugee feeling from the enemy.

The reason the roads were all blocked was that Lagos City transportation had ordered all up country passengers to be stopped at city limits and transferred to city transportation, but the people refused to do so. The police had deflated tires of buses and carriers and left them in the road so that no traffic could pass. As a result, there was a riot at least severe enough that they used tear gas. After leaving Lagos I had a very pleasant trip home. (Amanda Tinkle to Dr. Goerner, June 9, 1965)

Tinkle returned to Nigeria one final time in June 1970, but when her father became critically ill, she was granted retirement in January 1973 at the age of 66 after 35 years of service. In 1975, she was hospitalized at St. Vincent Markham University Hospital in Little Rock, Arkansas, as known from a letter Dr. Goerner wrote to Tinkle on December 15, 1975. He wished her a speedy recovery and said he had heard a “fairly encouraging report, and we are so glad you have come through the operation successfully.” Again, the details of her operation and hospitalization were not revealed in the letter.

Tinkle’s illness progressed and more details of her condition were revealed in a letter from Francis Dunaway on behalf of Amanda Tinkle to her friends. She wrote:

Amanda has been in the hospital for almost three weeks now. She went in for tests to determine the source and extent of the problem that causes severe pain in
her chest, a deep cough, and shortness of breath. They made all of the tests they had planned, leaving the bronchoscopy until last. All the doctors have told us is that she had a severe case of bronchitis that had gone into pneumonia. We all expected her to begin feeling much better in a a few days after the bronchoscopy, but instead of that she keeps having sudden severe pains in various places. The pains persist for hours, inspite of pain medication. Now she is having another series of tests, different from the one she had before. (Frances Dunaway to “Friends in Christ” on behalf of Amanda Tinkle, October 27, 1977)

The following April 1978, a typed note was written without an author or a salutation that read:

Talked with Eunice Smith 4/20/78 regarding Amanda Tinkle. Amanda had called Eunice this week and was really beside herself, on cloud nine, over her condition. The doctor could not believe how much better she was and that she had walked in. They are continuing to give her chemotherapy injections as an outpatient. The doctors think what he is giving her is helping her, but he did not think it would.

The final letter of the correspondence was a handwritten letter, written on “Thursday” from Eunice Smith to John [possibly Rev. Mills], saying:

I called Lil Wasson to hear from Tink. Lil said Tink went home to Benton Monday. They are getting along well. The sister, Marion, who doesn’t communicate very well is there. Lil couldn’t really tell how things are. Ken went over later and Tink broke down and told him the doctor couldn’t do much for her. (Eunice Smith to John, no date)

Amanda Tinkle passed away on January 12, 1979, at the age of 71. She was buried at Kentucky Cemetery in Kentucky, Arkansas, and her epitaph read: “THE LONGER I SERVE HIM THE SWEETER HE GROWS” (www.findagrave.com, 2018).

Appointed in 1938, Amanda Tinkle served as nurse missionary for the Southern Baptists in Nigeria for 35 years. Tinkle served as dispensary, pharmacist, nurse, and matron of the hospital in five different cities, which exemplified her willingness to relocate and serve where the need was greatest. In the course of her service, she received treatment for phlebitis, dysentery with nerve pain complications, malaria, and a broken
This chapter provided an investigation into her life and work, as evident through her correspondence. The next chapter addresses the third nurse missionary of this study, Hazel Moon, who was appointed in 1946 and retired in 1981.
Chapter IV

HAZEL FRANCES MOON

Hazel Frances Moon was born September 26, 1915, as a farmer’s daughter in the rural town of Appomattox, Virginia. Her mother, Mary Frances Moon, is listed on Moon’s missionary application as a homemaker who had five children, of which Hazel was the second. Mary Susie Moon was the eldest, born in 1912, and was followed 3 years later by Hazel. Three more children—David Joshua Moon born 1917, Rachel Teressa Moon born 1919, and Evelyn Lucile Moon born 1921—completed the Moon family. Moon noted on her application for foreign service that her father was not a member of any church, but that her mother was a member of Spout Spring Baptist Church in Appomattox, Virginia. She recalled her being raised in a home where only one parent was a Christian as “my home would have been much happier as a child if both my parents were Christians” (Hazel Moon, Missionary Application, 1946). She was baptized “around the age of twelve” (Hazel Moon, Missionary Application, 1946). She graduated from Appomattox High School in 1932 and spent the next 9 years working as a piece worker, instructor, and assistant foreman at the Carddock Terry Shoe Factory in Lynchburg, Virginia.

After working at the shoe factory, Moon enrolled in Ferrum Junior College in 1941, and after graduating in 1943, she enrolled in the Richmond Professional Institute to
earn her Bachelor of Science in Nursing. Moon graduated in 1946 at the age of 31 and applied for foreign service with the Foreign Mission Board that December. On her application, she noted that her brother was a mechanic, her two oldest sisters were homemakers like her mother, and the youngest was to be married at Christmastime. She had a first cousin, William Moon, who was a mission volunteer as a minister in the Methodist Church, and she reported on her application that “My mother and sisters are interested in missions in that they pray and contribute financially. My parents would rather that I be home but neither of them would stand in my way to prevent my going” (Hazel Moon, Foreign Mission Board Personal Information Bank, 1946, p. 1).

Moon wrote of her Christian studies, which focused on “the unfortunate children who had no knowledge of Christ and studying the lives of missionaries” (Hazel Moon, Missionary Application, 1946), as the influences that brought her to a decision for missionary service. She had been considering it “as long as I can remember” (Hazel Moon, Missionary Application, 1946) and believed this to be a lifework. She remembered her decision to be a missionary specifically first appearing while she was a sophomore in high school.

During my second year of high school I had written on my field record that I wanted to be a missionary but knowing I had no money for further study had done nothing about it. While I was doing factory, after much prayer, God made me see that may work. I was to be a nurse and go to Africa. For a year I tried to forget it but could not so with a little money I had, I went to college and worked paying the rest. After Junior College I went to nurse training and took my other two years college work along with my training. (Hazel Moon, Missionary Application, 1946)

The content of her Christian message was aligned with the foundations of the Christian faith and specifically the Southern Baptist Church. She wrote of God as a creator, as all-knowing, with a specific plan for every individual’s life. She described
Jesus as the Savior, the Son of God, who came to redeem the world from sin. Moon referenced prayer as communication with God that comes first in her life, that the Bible’s writings were inspired by God, and that the Church is a collection of Christians who aim to continue the work of Jesus Christ by being living examples of Christianity.

Moon identified as being tolerant and respectful of other religions, although she did recognize her sympathy for those who were “seeking the true God and have not found Him” (Hazel Moon, Missionary Application, 1946). She aimed to live as an example of Christianity and was willing to work with Christian nationals in the foreign field. She extended her answer with:

I would work with them [Christian nationals] but look forward to the time when I could see them take the lead and then work under their leadership. If they were already leaders I would be glad to work under their direction. (Hazel Moon, Missionary Application, 1946)

Regarding racial factors, Moon wrote, “There are no master races but good capable leaders in all races. Negroes, I think, will show as much progress as any other race when they have had advantages as the other races” (Hazel Moon, Missionary Application, 1946).

At the time of her application in December 1946, Moon identified Africa as her preferred field of service, but said she “would be willing to go anywhere and do anything” (Hazel Moon, Missionary Application, 1946). She was a registered nurse and noted there was reciprocity among all states, with the exception of California and New York, and she had worked as a school nurse in 1946 at the Women’s Missionary Union (WMU) Training School in Louisville, Kentucky, where she earned 35 dollars a month.

The earliest correspondence available for Moon was dated February 23, 1947, 2 months after her application to the Foreign Mission Board to Mrs. Dyer, then secretary
to Dr. Sadler. In this letter, Moon inquired about the logistics of the yellow fever vaccine and spoke of her plans to finish working as a school nurse before being ready to leave for Nigeria. Later that semester, on April 22, 1947, Hazel Moon wrote again to Mrs. Dyer, “The more I think of going and the closer the time comes the more anxious I am to get on out—seems ages since I was appointed and still I am here” (Hazel Moon to Mrs. Dyer, April 22, 1947). Dr. Sadler wrote to Hazel Moon on June 10, 1947, just two days before she was to fly to Nigeria, to wish her well and share a reflection on the number of missionaries in Nigeria. He wrote:

This is to bid you Godspeed as you prepare to launch out on your missionary career. It is hard for me to realize that almost 35 years have elapsed since I fared forth as a missionary. It was just about this time of year in 1914 that I was in the process of preparing to sail. The years have come and gone quickly.

It was just this morning that I received a letter from Mrs. S.G. Pinnock who was one of 12 of the Nigerian missionaries when I was appointed. Now we have 104 under appointment.

Despite the large increase in the personnel, the needs seem to be just as pressing as they were 25 or 30 years ago.

We are happy to have you as a member of this inner circle and we want to do all in our power to make your ministry effective. We pledge you our prayers and support. (Dr. Sadler to Hazel Moon, June 10, 1947)

Moon flew from New York on June 12, 1947, and arrived in Lagos, Nigeria, on June 16. Her first correspondence to Dr. Sadler, alerting him of her safe arrival, was mistakenly never sent, and the Foreign Mission Board heard nothing from Moon for 1 month following her departure. In a letter to Moon on July 21, 1947, Mrs. Dyer reminded her that missionaries should send a cable when they arrive on the field, but that she also recognized messages can get lost. The Foreign Mission Board had sent their own
cable inquiring about Moon’s arrival and learned she landed safely. Moon wrote to Dr. Sadler on July 21, 1947, sharing her regrets that the cable was not sent but that she was:

very happy here where I have always wanted to be. It is even more wonderful than any of my expectations. I love my work at the dispensary here in Iwo and the people are wonderful. I can hardly wait to learn Yoruba so I can talk with them myself, although I realize learning it will take much time. (Hazel Moon to Dr. Sadler, July 21, 1947)

Moon started her career as a nurse missionary working in a dispensary in Iwo, Nigeria, a small village south of Ogbomosho. Her initial impressions of the work included how she was received by the native workers, writing:

The native workers at the dispensary had a welcoming party for me—It was very impressive learning the Africans pray for me and my welfare while here working with them—and thanking God for sending missionaries to them—It was just a new view after all these years praying for them to know that they too are praying for us.... hope I shall be able to do much for the people spiritually as well as physically. (Hazel Moon to Dr. Sadler, July 12, 1947)

Later that year, Moon wrote again to Dr. Sadler with a specific request for his help in securing her hospital credits from nurse’s training. It appeared through her letter that she was not registered as a nurse in Nigeria nor did she have an injection license and needed these documents to obtain license and registration in Nigeria (Hazel Moon to Dr. Sadler, October 3, 1947). Mrs. Dyer replied that she would take care of it. There was no more correspondence on this issue, so it is possible that the need was met and Moon received the necessary license and registration to fulfill her role as dispensary nurse in Iwo.

Surprisingly, 3 years passed before Moon sent another letter to the Foreign Mission Board. Dr. Sadler had personally written to Moon in Appomattox inquiring about the medical report he had recently received. He wrote that just that morning, he learned she had undergone an operation and wished her a good recovery and she “will
soon be ready to start back to the land of your adoption” (Dr. Sadler to Hazel Moon, October 16, 1950). Moon sent her reply dated October 17, 1950, thanking him for his wishes and wrote that her operation was on September 12 at the Virginia Baptist Hospital, but offered no other information on the nature of the surgery or why she left Nigeria. She did mention her desire to return to Nigeria, saying, “I long for the time to come when I can go back home [Nigeria]. It has been nice being here and trying to tell about our wonderful land of Africa” (Hazel Moon to Dr. Sadler, October 17, 1950). In April of the following year (1951), Dr. Sadler and Moon begin exchanging correspondence discussing her possible departure for June 1951. 

Again, there is a year’s gap in Moon’s correspondence, so it is unclear when or how she returned to Nigeria, but by June 1952, she had sent a letter with no address or salutation other than “Dear Christian Friends.” It was noted to have been copied in the Birmingham WMU office, so possibly this letter was intended for the WMU. In it, Moon offered details relating to her work in the dispensary and their ministry activities. She thanked the reader for the generous gift of a projector and films, and specifically for a projector that worked on kerosene so it can be used in the homes. She reported to them that using the side of the mud Church (which is used as a school during the week) we showed pictures of the birth and early ministry of Christ, then the Crucifixion and Resurrection. Not a sound from the people until they realize that Christ was being crucified, then those who did not know Christ and Christians alike uttered words of dismay. (Hazel Moon to Dear Christian Friends, June 30, 1952)

Moon even described one positive public health outcome after showing a picture on smoking: “An old Mohamadean man...was like a child in his enthusiasm and decided he would never smoke again, it was a surprise to us that he smoked as we do not allow
either smoking or drinking of the compound” (Hazel Moon to Dear Christian Friends, June 30, 1952). Because smoking and drinking alcohol are traditionally prohibited in the Southern Baptist Church (Richards, 2012), it was appropriate that the Southern Baptist mission stations would adhere to the same standards.

Tuberculosis remained a public health concern for the nurse missionaries in Nigeria, and Hazel Moon shared the story of one patient, Lamidi.

He is the twenty-first child of his mother and father and the only one who has survived. When he was two years of age his mother said that she could not stand to see another child of hers die so she left town. He had had much trouble with infected ulcers and while I was home on furlough he came down with tuberculosis but God spared his life and now he is able to walk around in his room at the dispensary. I think I told you that few if any patients are healed here of tuberculosis because there is no place for them to go, then too they have never seen anyone healed. We know his recovery is a miracle and we are continually thanking God for it. His mother wrote to him about nine months ago and she wants to come see him when he is a grown man but she is afraid that if she looks at him before then he will die like all the rest. Lamidi is one of the finest Christians you ever saw, but she is not a Christian. Pray for him that he may able to win her for our Master. Lamidi is a real spiritual advisor for the dispensary and I hardly see how we ever did without him. (Hazel Moon to Dear Christian Friends, June 30, 1952)

By 1952, the Southern Baptist denomination had been sending foreign missionaries to Nigeria for over 100 years and Moon wrote in a letter to her “Dear Friends in Christ” about the mission’s expansion to Sierra Leone. As reported by the annual Nigerian Baptist Convention mentioned in her letter, two Nigerian couples had been appointed by the Convention. She described them: “Both of these couples are very fine Christians, who have been leaders in a number of churches for several years. (The qualifications for Foreign Missionaries is very high in our Convention)” (Hazel Moon to Dear Friends in Christ, no date, presumed 1952 in order of archive). The appointment of Nigerian missionaries to Sierra Leone exemplified the transition of control away from
Americans and allowing nationals to participate in high levels of leadership. The position of foreign missionary was one of the most highly celebrated and honored positions in the Southern Baptist denomination, who viewed their Church’s primary role as evangelical missions (Richards, 2012). The Southern Baptist denomination recognized a convention in Nigeria, known as the Nigerian Baptist Convention, and acknowledged their foreign missionaries in Sierra Leone showed their position in supporting an independent Nigerian Baptist Convention.

In 1952, Moon was relocated. She was transitioned from working as dispensary nurse in Iwo to working at the Baptist Mission Hospital in Ogbomosho. She wrote:

> Perhaps you have not heard of my new location, so for your benefit. I am now a pediatric nurse here in Ogbomosho. Most of the time we have nineteen babies and children under sixyears [sic] of age plus one or two in the premature well baby nursery. This is a new feature of our hospital, we take in small babies who weigh less than five pounds and help the mothers learn to care for them by taking a balanced diet and give supplementary feedings with a bottle when necessary. (Hazel Moon to Dear Friends in Christ, no date, presumed 1952 based on location in archive)

By November of that same year, Moon was writing Dr. Sadler to notify him of her arrival in Minnesota and that “I feel fine but our doctors felt that surgery was probably indicated so sent me here” (Hazel Moon to Dr. Sadler, November 23, 1952). Moon offered no details about her illness or symptoms to suggest surgery; indeed, the next letter concerning her was a Western Union cable from Dr. Sadler to Moon’s parents notifying them “HAZEL MOON AND PARTY ARRIVED LAGOS SAFELY SEND GREETINGS” (Dr. Sadler to Mr. and Mrs. Moon, 4/7/1953). Whether Moon underwent surgery or recovered on her own is not known in the correspondence, but either way, she was well enough to return to Nigeria by April 1953.
The following summer in 1954 found Moon stateside again, this time writing to Mrs. Dyer at the Foreign Mission Board from Appomattox. She wrote that she was available to do deputation work and informed her of her intentions to take on some hospital work “so I can brush up on technique as well as learn what is new in medical work since 1946” (Hazel Moon to Mrs. Dyer, August 27, 1954). She wrote to Dr. Sadler 4 days later asking him for advice concerning her plan to further her nursing knowledge:

As you know, a nurse in Iwo needs to know a little about many things and I believe by rotating services in hospital I shall be able to learn much that help in our work. I have been told that Bowman Grey Hospital in Winston Salem, N.C. is a good place to learn something of tropical diseases so have already contacted them about what I feel I need. (Hazel Moon to Dr. Sadler, August 28, 1954)

She went on to explain that she was aware of the Foreign Mission Board’s policy on not accepting a salary, but she planned to work between speaking engagements and working for schools of missions for room and board. Dr. Sadler replied to her that any financial arrangements you may make with Bowman Grey Hospital authorities will be satisfactory to me.... Let them pay you whatever they will and you use whatever they give you for whatever purpose your judgment may dictate. (Dr. Sadler to Hazel Moon, September 7, 1954)

It is clear from a letter in 1955 that Moon did participate in hospital work, although the details of her work were not given. She wrote to Dr. Sadler in March of 1955 that “I plan to discontinue my hospital work at the end of this month and just do my speaking engagements (Hazel Moon to Dr. Sadler, March 1955).

Moon was also honored in 1955 by the Appomattox Association in Virginia with a “Missionary Home.” The home was to be built on 3.29 acres, donated by a neighbor, using materials from her father’s farm and the labor of church volunteers. This home was a surprise gift to Moon and she wrote to Dr. Sadler in March of 1955 to share her happy news.
I must share my happiness with you folks and see if there is another ‘Missionary Home’ anywhere.... It is to be large enough for my present family and built so a part can be rented in later years so I will not need to live alone if that becomes necessary.... I am so glad because my parents can be comfortable in winter. My daddy is thrilled about it, pray with me that this Christian deed may bring him and my brother to Christ. (Hazel Moon to Dr. Sadler, March 1955)

The home was completed in the fall of 1958 and a dedication ceremony was planned for October 12, 1958, so that Moon could participate, having just returned from Nigeria on furlough. Again, no letters are archived from Hazel Moon between the years of 1955 and 1958, which may indicate either her lack of time working as a missionary or her poor habits of correspondence. The following image is of a document in Moon’s archived correspondence but provides no author or date. It is a layout of the home and includes the building cost, so perhaps it was used for donation requests or newspaper publication, but the true intention is not known.

![Hazel Moon House Plan](image)

*Figure 3. Sketch and depiction of Hazel Moon’s Missionary House (no author, no date)*
In the fall of 1959, it was apparent that Hazel Moon returned to Iwo, Nigeria, according to a letter written to her by Bill Cody, the Associate Secretary of Missionary Personnel. The need for missionary nurses had become so great that Cody was reaching out to Moon requesting a newsy letter about your work and allow me to select parts of your letter for reproducing and distributing to nurses here who are volunteers. Please share such practical things as experiences, work, needs and personal fulfillment in your task.... The suggestion is that we approach young women who are already volunteers but still unsure about exactly what they might do on the field, and present them the need for nurses, and ask them to consider nursing as a possible avenue of missionary service. (Bill Cody to Hazel Moon, October 19, 1959)

In 1962, Moon was transferred to work in a new country with the Baptist Medical Center in Nalerigu, Ghana. Nalerigu was a small village, as she described it in a letter to Miss Gray on March 4, 1962: “The friendliest, kindest, most sympathetic people you have ever seen” (Hazel Moon to Miss Gray, March 4, 1962). The details of why she was working in Ghana instead of Nigeria were not apparent through this letter and she went on to explain how she had completed the necessary paperwork and inquired about her upcoming furlough. She reminded Miss Gray that she returned to Africa “in 1959 August so I guess I shall be leaving here in August also” (Hazel Moon to Miss Gray, March 4, 1962). Moon was granted the furlough and, after spending 2 years in the United States, Moon returned to Nigeria by 1964.

Dr. Cornell Goerner, as Secretary of Foreign Missions to Africa, wrote to Moon in the summer of 1964 to present the dire situation in Ghana and ask again for her relocation. A fellow nurse missionary, Diana Lay, was going on furlough and Dr. Goerner did not think that the Nigeria mission would be crippled by Moon’s absence of a year to relieve her. Moon answered Dr. Goerner with a willing reply:
For sometime I have been praying about this need as Jean Fawell talked to me several weeks ago about Diana’s furlough. I am ready to do whatever God wants me to do and if this is His will for me for next year then I pray that it will all work out for His honor and glory.... I enjoyed my year in Ghana and look forward to seeing old friends both Yoruba and Minpruli. (Hazel Moon to Dr. Goerner, June 30, 1964)

Working once again in Nalerigu, Ghana, Moon wrote to Dr. Goerner about her transition and working in a different culture:

   It is a wonderful feeling to be able to feel at home in the various places to which God has called us. I know it is a special gift (shall we say) which He gives to us because before I accepted Jesus as my own I never liked to be away from my family overnight.... I went to work exactly nine hours after arriving here.... I sing a bit of Mampuri but speak none except a few greetings.... on Tuesday I will begin classes with the Language Teacher so by next Sunday I hope to be able to say, ‘Please be quiet.’ (Hazel Moon to Dr. Goerner, in reference to working in Sunday School with young children, August 11, 1964)

The next year, Moon wrote again to Dr. Goerner and provided even more details about the Baptist Medical Center in Nalerigu, Ghana. She described:

   Nalerigu is just as I remembered it— the well kept compound with so many trees of all kinds, especially mahogany. It always reminded me of a lovely park or the Garden of Eden late in the evening as the sun is setting. The work here has had a tremendous growth since 1962, seldom do either of the doctors have any free time. One big difference I notice is the untidy outpatient injection room which was so well kept when Eva Brewer was here—how I wish she was here now. I shall send a sample of some of the things which could be prevented if she or someone like her were here. Perhaps these three needles which were new just a short time ago will help some nurse make a decision to come over. (Hazel Moon to Dr. Goerner, January 5, 1965)

It was evident by Dr. Goerner’s reply that Moon had included three needles which were misshapen, presumably from improper use, and Dr. Goerner said he passed them to Miss Dawkins who “will know how to make the appeal [for nurses in Ghana] most effectively” (Dr. Goerner to Hazel Moon, January 18, 1965).

Later that year, Diana Lay returned to the mission in Ghana and Moon took the occasion to write to Dr. Goerner and provide an update on the staffing issues at the
Baptist Medical Center in Nalerigu, Ghana. She had concerns about the Ghanaian nurses and their lack of Baptist, or any form of Christian, training. She urged that Ghana be considered a priority need by the Foreign Mission Board. She detailed:

I would love to stay on until she [another nurse missionary Ms. Mae] comes in if it will be within the next few weeks as our nurse shortage is really acute. We have an inpatient count of 60-65 constantly, had 5 Ghanaian nurses and me but it is difficult to keep them here—They are not Baptist trained, too often are not even professing Christians (right now not one attends church regular). Anyway out of the five, one just disappeared then slipped back one night to collect his belongings, a second one was suspended for drinking, a third one was taking his off for the month so you can image how difficult it will be for Diana alone. (Hazel Moon to Dr. Goerner, October 24, 1965)

She added on the back of the letter that she had written of these matters without staff permission, but felt it necessary to share so Nalerigu can be viewed as a priority need. She closed by emphasizing the mission perspective, writing “The evangelical opportunities here are unlimited but the physical work is so great too—We do not have enough missionaries to even begin to care for either physical or spiritual needs” (Hazel Moon to Dr. Goerner, October 24, 1965).

It can be presumed that Moon’s request to stay in Nalerigu a few more weeks was granted because she did not return to Nigeria until November 1965. She wrote to Dr. Goerner in February 1966 apologizing that her cable updating the Foreign Mission Board on her location was not sent. She reported to him that she enjoyed the work at the Health Service in Ogbomosho, but hoped she could return after her upcoming furlough to working with leprosy patients. She wrote to a colleague “to help me have a few weeks at Carville if possible so I can learn something about the disease” (Hazel Moon to Dr. Goerner, February 17, 1966). Carville Hospital was established in 1921 by the United States Public Health Service as the nation’s first “leprosarium,” in Carville, Louisiana.
Moon did take her furlough that year, although there is no further documentation in her archives about how she spent that furlough or whether she spent time at Carville Hospital.

Moon was given a service pin to recognize her work in March 1967, and it was also during this time that she prepared to return to Nigeria. She sent a prayer request to Dr. Goerner regarding her family and her upcoming departure, writing, “Please be much in prayer for my Mother and Daddy during these days of our separation—as they get older it is more difficult to leave them” (Hazel Moon to Dr. Goerner, March 1, 1967).

The details of Moon’s next tour in Nigeria are not provided and there are no archived letters written to or from Moon. She next wrote in February 1970 from Appomattox, Virginia, to Mrs. Ford Bridges at the Office of Promotion of the Foreign Mission Board to notify her of her early furlough. She wrote:

I came home early because of the severe illness of my Daddy. The doctor said that there is nothing else to be done for him and that it is only a matter of time. My mother has had complete care of him before my arrival and daily he seems weaker. Someone must now sit with him day and night so I will not be able to accept any engagements at present. (Hazel Moon to Mrs. Bridges, February 9, 1970)

The Office of Press Relations of the Southern Baptist Church asked Moon to complete the Furlough Information Questionnaire: Mid-Career Missionary. This questionnaire inquired about descriptions of the mission field, work experiences, and major problems faced by the missionaries in the field. Moon submitted her form on February 10, 1970, and left six of the 17 questions blank without explanation. Perhaps, as evident by her earlier letter detailing her father’s severe illness, Moon was distracted or preoccupied. The questions she skipped, however, would have provided greater insight
into her work and it is unclear why she chose to answer some and not others. The questions she left blank are:

6. Describe a meaningful, personal experience related to your work:
7. What was the most outstanding event related to Baptist work in your current term?
8. What changes or trends, if any, have occurred during your current term that make Christian work easier in the area where you serve? ... that make it more difficult?
11. What are the most encouraging prospects for Christian work there?
12. Describe the progress Baptists in your country are making in indigenous growth:
17. Any other personal information that might be of interest in a biographical sketch about you - - names of missionary relatives, honors or special recognition you have received, comments on your work, etc.: (Southern Baptist Church, Furlough Information Questionnaire: Mid-Career Missionary, 1970)

The questions Moon did answer provided helpful information on her work and mission philosophy. She listed Ogbomosho, Nigeria, as her headquartered mission field and identified her chief responsibility as Administrator of Baptist Health Services. She continued that her charges also included:

Upkeep of hospital dormitories, church, and schools on compound, admitting new leprosy patients, collecting a fee of all Leprosy patients, supervising office staff and building workers. (Furlough Information Questionnaire, Hazel Moon, February 10, 1970)

Under other responsibilities, Moon expanded her role further to include “manager of elementary school for Leprosy patients, assisting in a new Leprosy program for Leprosy patients” (Hazel Moon, Furlough Information Questionnaire, February 10, 1970). She also provided a reflection on how her approach to mission has changed over time, specifically citing how her use of language has improved over time. She noted, “At the beginning of my service overseas I worked through an interpreter, after learning the language I now am able” (Hazel Moon, Furlough Information Questionnaire, February 10, 1970).
The major problems Moon listed facing the missionaries mainly related to the infrastructure of facilities. She identified “no water, electricity for 4 hours at night only, no telephone” (Hazel Moon, Furlough Information Questionnaire, February 10, 1970). Her relaxation activities reflected her appreciation for nature and out-of-door activities, perhaps because of her rural upbringing as a farmer’s daughter. She specifically named “gardening, hiking, and visiting in native markets and surrounding villages” (Hazel Moon, Furlough Information Questionnaire, February 10, 1970). She identified her passion of working with Leprosy patients, which had been a developing interest noted in her correspondence, as first seen in 1966 with her request to spend some of her furlough at the Carville Hospital in Louisiana. She noted that she expected her next term in Nigeria to work with the leprosy patients. She also reported that her plan for the current furlough was to care for her ill father.

A medical report was written to Moon by Dr. Fowler updating her of the results and his recommendations for her furlough. He provided a prescription for Aralen 0.25 gms and instructed her to “Please take four tablets, followed by two tablets in six hours, and then two tablets per day for the next to two days” (Dr. Fowler to Hazel Moon, July 15, 1970). This prescription was given in response to what he identified as leftover malaria symptoms, although her lab work and urinalysis were normal, with the exception of “a slight decrease in hematocrit which could indicate a mild anemia” (Dr. Fowler to Hazel Moon, July 15, 1970). For this, she was given a prescription of iron tablets to take once a day for a month.
Perhaps addressing the psychological stresses of mission work, Dr. Fowler also acknowledged that he heard Hazel Moon had a difficult time on her last trip in Nigeria. He wrote:

Word from the field indicates that this last term was not an easy one for you. I am sure this was true for everyone in Nigeria. It might be well, however, if you could arrange to get some counseling while you are home. We have some excellent facilities available here in Richmond and I am sure that we could work out a schedule for you. (Dr. Fowler to Hazel Moon, July 15, 1970)

This was the first indication of Moon’s mental status and seemed to suggest that she had had some psychological challenges, although the details were not yet clear.

Moon’s mental condition became clearer later that month through correspondence between Dr. Fowler and Dr. Edgar Burks in Nigeria. He reported to Dr. Burks that he had spoken with Moon, now 54 years old, on the morning of July 28, 1970, regarding counseling. He wrote:

She immediately wanted to know the reason and why this recommendation had come. I tried to explain to her that reports from the field indicated that there had been some personality conflicts and that the recommendation was that she get some help. (Dr. Fowler to Dr. Burks, July 27, 1970)

It appeared that Moon’s difficulties had been severe enough to warrant her colleagues bringing the issue directly to the Foreign Mission Board, but the letter also revealed that Moon had no awareness of these problems. Dr. Fowler continued:

She reacted by saying that she didn’t understand why because she had not worked with missionaries and certainly had no trouble with the nationals. Nevertheless she has agreed to have some counseling.... It may, of course, take several sessions but at least we are on the way. (Dr. Fowler to Dr. Burks, July 27, 1970)

Dr. Fowler closed the letter with a request for more details regarding the conflicts from either Dr. Burks or Dr. Dosher, who were both medical missionaries in Nigeria.
In reply to this request, Dr. Dosher sent correspondence to Dr. Goerner at the Foreign Mission Board, listing specific concerns and reinforced that Moon did not seek help voluntarily, but that “a number of her associates felt that she needed some help” (Dr. Dosher to Dr. Goerner, August 4, 1970). He listed:

1. Periodic bouts of loss of memory
2. Extreme hostility toward missionaries and nationals alike without ample reason
3. An exaggerated feeling of “call”. This is to say that she, at times, feels that she is the only one that has a definite call from God. She feels that others are imposing her spiritual realm.
4. Unrealistic statements. For example: “I had to fire my cook today because I found him making medicines against me.”
5. The absolute impossibility of living with another person. Those who have lived with her feel that they are under constant suspicion by her. However, she is completely unwilling to assume any responsibility for the house. She also mistrusts any employee whom she herself did not employ.
6. The constant turmoil of any institution in which she is associated. This usually grows out of the attitudes previously manifested; that is extreme hostility that is apparently unwarranted. She, however, seems to have complete trust in some people who are not necessarily worthy of this trust. That is, if she has a fixation on a certain person, any statement that that person may not have done his or her job exactly right is almost tantamount to the unpardonable sin. Therefore, there seems to be the attitude of extreme hostility on the one hand toward certain individuals and extreme devotion to a few. (Dr. Dosher to Dr. Goerner, August 4, 1970)

The letter concluded by acknowledging a presence of paranoia in Moon and he believed these accounts were made with the hope of helping her. Although he did not identify who made these reports, he did write:

The information that has come to me has not come from people who are generally critical of missionaries. These are usually people who will not volunteer any information unless questioned and rarely ever will make hypocritical statements. (Dr. Dosher to Dr. Goerner, August 4, 1970)

It can be suggested that Moon was not aware of the problems that those working with her were having. Those raising their concerns were possibly Nigerian nationals who worked with or for Moon, and not her fellow missionaries, because Dr. Dosher made a
point to say that they “are not generally critical of missionaries” (Dr. Dosher to Dr. Goerner, August 4, 1970). This contradiected Moon’s reply to Dr. Fowler when she commented that she certainly had no trouble with nationals.

Dr. Fowler acknowledged a letter sent by another missionary doctor, Dr. Karl Myers, on August 2, 1970, thanked him for the information, and said he would keep the contents confidential. This promise of confidentiality could be the reason this particular letter was not archived, and so the details Dr. Myers wrote about are unknown, besides the fact that they relate to Moon’s mental health. Dr. Fowler reassured Dr. Myers that he had arranged psychiatric consultation, but also shared his doubts. He wrote:

We do have psychiatric consultation set up for her though, as you mentioned I doubt whether we will really be able to change her personality too much. Perhaps if she could be aware of some of these difficulties it will be of help. (Dr. Fowler to Dr. Myers, August 10, 1970)

The details of Moon’s psychiatric consultation are not known through her archived correspondence, but she did return to Ogbomosho, Nigeria, and first wrote to the Foreign Mission Board on October 3, 1971. Her writing again suggested her sense of calling, as she opened the letter with: “Last night God called but it was much later I realized it was His voice I heard” (Hazel Moon to Eunice Smith, October 3, 1971). She recounted a story of how she “had a full house of twelve patients...but only two were real ill.... It was my free evening, but somehow I just decided to stroll down to the hospital to check on everything, really to socialize” (Hazel Moon to Eunice Smith, October 3, 1971). She described finding a patient with hepatitis in worse condition and vomiting blood, so she put him in a wheelchair to take him to a doctor. Acknowledging her faith and her trust in some of her colleagues, she wrote, “God had already paved the way by having
one of my favorite doctors (Dr. Ayayi) and nurse (Mr. Ofobabi) on duty” (Hazel Moon to Eunice Smith, October 3, 1971).

Moon’s recognition that her decision to check on the hospital had been a calling from God reinforced her known motivation for missionary work, as first stated in her application for foreign service. Her comment, however, on the social nature of her visit may suggest that Moon was now aware of her personality challenges and the difficulties others had with her. It is possible she may have been attempting to reverse that by increasing her socialization.

In 1973, Moon was visited by Eugene Grubbs, the details of whom are not known, and he wrote to her in gratitude for sharing her leprosy work with him. This suggests that Moon had returned to her passion for this specific patient population and Grubbs reinforced her exceptional calling to this work. He wrote:

I was deeply impressed by the program of work in terms of ministry to the patients and in terms of providing to them opportunities to meet some of their own physical needs through their farming and through their work. God has uniquely endowed you and given to you a special dedication in terms of the type of ministry and mission in which you engage. (Eugene Grubbs to Hazel Moon, March 6, 1973)

Moon planned her next leave at the beginning of 1974. She wrote to the Foreign Mission Board explaining that the timing of her furlough worked well because she was need of dental work, though she stressed that was not the reason for her request. She also described that “my brother apparently has congestive heart failure as my Daddy had and was hospitalized the last word I heard—Pray for him” (Hazel Moon to Eunice Smith, January 25, 1974). She explained further that her mother was lonesome and these reasons supported her request for furlough and “anyway who wants a four year term?” (Hazel Moon to Eunice Smith, January 25, 1974).
Moon returned to Nigeria just before her 60th birthday, writing again to Dr. Goerner September 4, 1975, of her work with leprosy patients. She wrote of the specific family challenges these patients faced, detailing:

Hansen’s Disease [leprosy] patient’s families are too eager to find a hiding place for the patient so that they can forget them. The stigma of the disease is our main problem. God is so good, with His guidance we were able to deal with each, to His satisfaction.... I know these three patients will do well because each family has returned to visit and bring food. The patient whose family shows love and concern for them gets well quicker. (Hazel Moon to Dr. Goerner, September 4, 1975)

Moon left the field again on March 7, 1977, and wrote to Reverend John Mills about her hesitation to return to Nigeria. The Foreign Mission Board set her return date as June 25, 1977, and she wrote:

I realize there are many new changes in America but since I...left Nigeria March 7, 1977 it seems that I should be entitled to four months furlough.... My return to Nigeria will be the most difficult for me as my mother, who has lived alone since 1970, will be 81 years old in June.... I am sorry to be difficult but my mother is very dear to me—Thanks for listening ear. (Hazel Moon to Rev. John Mills, April 12, 1977)

Moon concluded the letter by saying she would write to the Foreign Mission and request a later departure date.

Her request was answered with an explanation of technological error. Rev. John Mills apologized for the mix-up and wrote:

I am sure that [the] office picked the date from the computer and the information fed into was done at the time the report was returned with a budget request for your coming to the states. (Rev. John Mills to Hazel Moon, April 15, 1977)

Her request was granted and she returned to Nigeria on July 6, 1977. One year later in the spring of 1978, the Medical Officer, William C. Gaventa, sent a copy of Moon’s chest
x-ray to a surgeon at North Carolina Baptist Hospital in Winston-Salem for his opinion.

Dr. Gaventa wrote:

Miss Hazel Moon, as you may recall, was found to have a small opacity in the left lung about one year ago when you were caring for her. The decision was made to allow her to return to Nigeria and follow this with repeated x-rays. Our most recent x-ray in April, 1978 suggests some increase in prominence. However, the radiologist at U.C.M. feels this is partially if not entirely due to differences in x-ray technique. (Dr. Gaventa to Dr. Pennell, May 26, 1978)

The consultation of the surgeon is not available, but from Moon’s subsequent correspondence, it is evident that the opacity was indeed not related to technique. This is known from Moon’s next letter sent from Winston-Salem on June 29, 1978.

Hazel Moon updated John, presumably the Reverend John Mills, that “tomorrow I am scheduled for surgery...thanking God for a Christian surgeon, Tim Pennel [sic]. He says I should be able to return to Nigeria in 4-6 weeks” (Hazel Moon to John [Mills], June 29, 1978). The details of her surgery or her recovery are not known through the correspondence, but Dr. Fowler of the Foreign Mission Board wrote to Dr. Hewitt at North Carolina Baptist Hospital in Winston-Salem to express his gratitude in offering Moon a courtesy discharge. In the 1970s, courtesy discharges were offered to patients to allow them to leave the hospital with the expectation that the bill and formalities will be covered at a later date (Umpleby, 1976).

According to her service record, Moon left Nigeria on July 24, 1980, for the last time at the age of 64. She continued speaking to American churches about the work in Nigeria and the need for missionaries. In the fall of 1980, Moon wrote to Mills, now the Foreign Mission Board Director for West Africa, about a check she was given by a church member in Culpepper, Virginia, after her speaking engagement there. She listed
some of the needs in Nigeria that could be addressed through this donation. She recounted:

Around the Health Service where I worked in Ogbomosho there were people too handicapped to do much work as were too often hungry. One village of them had just built a mud church but for every service each member brings his own stool as there are no pews. (Hazel Moon to John Mills, October 15, 1980)

Moon was granted emeritus status at the Foreign Mission Board, in honor of her service, effective March 1, 1981. Mills sent a letter to her informing her of the Foreign Mission Board’s decision and expressing personal gratitude for her work. He wrote:

I do want to add my personal word of thanks for all that you are and all that you have done in Nigeria. Your selfless service to people with such tremendous needs is the very essence of missionary service and has done much more than many of us have been able to do in demonstrating the love of Christ. (John Mills to Hazel Moon, February 17, 1981)

In the summer of 1981, Moon’s surgeon from North Carolina Baptist Hospital, Dr. Timothy Pennell, submitted a three-page letter to nominate her for an Honorary Degree from Wake Forest University. This letter provides many previously unknown details about her life and work, specifically about her care of leprosy patients. He wrote:

With almost unbelievable dedication and energy, she moved into the arena of diagnosis, management and rehabilitation of patients with Hansen’s Disease [leprosy]. She expanded greatly in the concept of total health care to these patients in Nigeria. In this role she was responsible not only for, but personally provided the acute care, including medication, ulcer debridement and preparation for subsequent tendon transfers, grafting and all other forms of care as well. She created and literally made special shoes and devices for those with leprosy deformities. She established a means of support, vocational training and opportunities for family housing and units. She further pioneered and developed educational programs, including adult literacy classes. She developed and opened avenues and routes of trade for these patients. She established villages in which recovered and arrested patients could return to some semblance of normal life and activity. She personally was involved in establishing four such villages in Nigeria. There can be no doubt that the contributions that Miss Moon has made in the total care of patients in Hansen’s Disease is truly remarkable. (Dr. Pennell to Dr. Shaw, June 2, 1981)
The details of Moon’s work with these patients, or her role in establishing the villages and total care program, were not recorded in her personal correspondence with the Foreign Mission Board beyond a few mentions of her passion for this population. This nomination letter provided incredible detail of the specifics of her work and gives the reader an expanded awareness of Moon’s role in Nigeria.

Regarding her motivation and personal sacrifices, the nomination letter indicated:

In spite of almost incomprehensible hardships, she has never wavered from her call or responsibility. As mentioned, she had to educate herself in a day when scholarship and funding were virtually non-existent for women. She continued to be concerned and responsible for her parents, even while serving in Nigeria. Neither this responsibility nor her own health deterred her. She, incidentally, has undergone bilateral mastectomies and even lost part of her lung because of carcinoma. Following each of these, she returned to her call and work and responsibility in Nigeria. (Dr. Pennell to Dr. Shaw, June 2, 1981)

The surgeries Dr. Pennell mentioned could be the surgeries Moon was sent to North Carolina Baptist Hospital in 1978, although that detail is not clear in the correspondence. He described Moon as “one of the most humble persons that I have ever met” (Dr. Pennell to Dr. Shaw, June 2, 1981) and that “Dr. John Mills, Area Director for the Foreign Mission Board has stated that he knows of no one who has given more to and asked less of life than Hazel Moon” (Dr. Pennell to Dr. Shaw, June 2, 1981).

This nomination letter also provided details into how Moon was perceived in Nigeria. These details seem to contradict earlier reports that she had exhibited “Extreme hostility toward missionaries and nationals alike without ample reason” (Dr. Dosher to Dr. Goerner, August 4, 1970). Dr. Pennell reported that he had worked with Moon in Nigeria on several occasions and

I happened to be there on the occasion of one of her returns from a furlough in the United States. Upon return to her home in Africa, I saw an almost unending number of Nigerians come and lay prostrate with their face in the dirt for hours, as
is the custom to honor the return of a great person in that country. (Dr. Pennell to Dr. Shaw, June 2, 1981)

A newspaper article, archived by the Foreign Mission Board and dated June 10, 1982 with a handwritten “Religious Herald” titled “Doctor Moon,” detailed the award given to Moon. The Religious Herald was a Baptist publication based in Richmond, Virginia, that in 2014, after 185 years of publication, merged with the Associated Baptist Press (Dilday & Allen, 2013). The article informed the reader that Moon was awarded an honorary degree as Doctor of Humanities for her “imagination, courage and devotion” (Religious Herald article, June 10, 1982). The article quoted a section from the ceremony to state “she brought faith and dignity, and long hours of work in late night and early morning, to those from whom her love would not allow her to turn away” (Religious Herald article, June 10, 1982).

Moon’s health began to limit her participation in Southern Baptist meetings and events, and at the age of 72 in 1988, her physical condition had worsened beyond the help of surgery. She wrote to Mel Torstruck that she was not able to attend a celebration with the Emeriti at WMU:

I do not give up easily but for this one event I now realize that physically I am not able. I had looked forward to another lung cancer surgery in January and felt that I would be all right for the Celebration date to attend. This time surgery is not the answer, so last week I had my first five days of chemotherapy. I am doing fine but believe it is wiser to look forward to WMU Camps this summer. (Hopefully chemotherapy will be over by then). (Hazel Moon to Mel Torstruck, February 11, 1988)

It is not known if Moon was able to recover from the chemotherapy in time to attend the WMU summer camps, but by the beginning of the 1989 year, she had become house-bound. An interoffice memorandum from William Gaventa described the financial decision of her homecare. He wrote, “She is now house-bound and virtually bedfast at
home in Appomattox with a relatively short term survival expected. Her nephew... promise[d] not to return her to the hospital for terminal care as she desired to die at home” (William Gaventa, Interoffice Memorandum at Foreign Mission Board, January 6, 1989). He recommended in the memorandum that her nephew be allowed to submit for reimbursement of her home care and “that the expense of the ‘sitters’ (about $5.00 per hour) be considered for reimbursement” (William Gaventa, Interoffice Memorandum at Foreign Mission Board, January 6, 1989).

Indeed, Moon’s time at home was brief, and three days after the request for homecare reimbursement was made, she passed away at the age of 73. A memo written by Eric Miller on January 9, 1989, read, “She had succumbed to lung cancer which had spread throughout her body, said her nephew Danny Moon” (Eric Miller, memo, January 9, 1989). Her final day, her nephew noted as reported in the memo, “was joyful…. Accompanied by two violins, a guitar and a piano, family and friends gathered around Moon in her home and sang hymns for seven hours. Moon smiled and whispered the words as they sang” (Eric Miller, memo, January 9, 1989).

The memo concluded that before her death, Moon had requested that donations be made to the Foreign Mission Board instead of flowers. Her characteristic selflessness, first seen in her application for foreign missionary and recognized by so many of her colleagues and Wake Forest University, was displayed through the end of her life. “Though in pain, Moon ‘never complained,’” said her nephew. ‘She was an unselfish person and everything she did was for the glory of God’” (Eric Miller, memo, January 9, 1989).
Hazel Moon was appointed as a nurse missionary in 1946 and retired in 1981 after 35 years of service in Nigeria. She founded and managed a comprehensive treatment program for leprosy patients and was honored by the Appomattox Auxiliary with a missionary home. Wake Forest University also gave her an honorary doctorate for her work in Nigeria. The next chapter details the life and work of the final nurse missionary in this study, Helen Masters, who was appointed in 1950 and also retired in 1981.
Chapter V

HELEN RUTH MASTERS

Helen Masters was born November 1, 1922 in Miami, Florida. She was raised in a Christian home, writing on her application under the section titled “A Sketch of your Life” that her parents took her and her three sisters to a Methodist Church until the building was destroyed by a storm in 1926. After that, when Masters was 4 years old, her family began attending Allapattah Baptist Church in Miami, and at the age of 7 she recalled, “I felt Jesus speaking to my heart and I gave it to him” (Helen Masters, Missionary Application, February 7, 1950). Her father was a carpenter and her mother was a housewife. She was the oldest of four sisters and described her childhood as filled with church activities and spending time with her father. She detailed, “My father took part in all of the games at home. He even played tea party with us. He had a sand pile, helped us build a life-sized play house, made baseball hats and put up swings” (Helen Masters, Missionary Application, February 7, 1950).

In describing the religious and social exposure of her childhood, Masters noted in her application a mixture of Christian activities, but also recognized where it was absent.

My mother and father read the Bible to us tho [sic] it was not a formal family alter. We did not even have the blessing at the table, yet they taught us to read our Bible and take part in every part of the church.... My social life centered in GA [Girl’s Auxiliary] and 4-H get togethers [sic]. I went with my daddy to get groceries late each Saturday night and got acquainted with everyone in town (it
seemed to me). Sometimes I remember going to political rallies [sic]. (Helen Masters, FMB Application, February 7, 1950)

Masters’ missionary influence, according to her, came most strongly from missionaries visiting her church and sharing about their work and experiences. Her family shared this interest as she noted, “We all learned of missions through the Church activities. We have all been interested and active in the mission organization of our church” (Helen Masters, Missionary Application, February 7, 1950). These missionaries, as Masters remembered, visited frequently to speak about the mission work. “The missionaries who came and spoke at our church probably had a great influence on me and they came quite often, it seems” (Helen Masters, Missionary Application, February 7, 1950).

Masters attended Andrew High School in Miami, Florida from 1936 to 1940 and a year after graduating, she entered the Southern Baptist Hospital in New Orleans, Louisiana, as a nursing major. In the year between her high school graduation and her nursing training, she went to the Baptist Retreat Center in North Carolina, Ridgecrest. She also attended an Interdenominational Bible School in Tampa and worked during the summer of 1941 as a matron in an orphanage. She attended nursing school from 1941 to 1944 and described her time there as “four hard years because I did not have the opportunity to grow (exercise) as much spiritually as I grew emotionally. I have great help in Mrs. J.W. Williams as a teacher and B.S.U. [Baptist Student Union] secretary” (Helen Masters, Missionary Application, February 7, 1950).

At the age of 22, Masters attended Blue Mountain College in the fall of 1944 and then transferred after 2 years to Stetson University to major in religion. As a student at Blue Mountain College and Stetson University, Masters worked as a campus nurse
during the school year. She also worked as a nurse in the summer and as a home missionary. “Two college summers I worked with the Home Missions Bd. among Mexican people. The other two I worked in hospitals” (Helen Masters, Missionary Application, February 7, 1950). As a summer worker with the Home Mission Board, Masters lived in Texas and New Mexico earning 20 dollars a week. The summer of 1946, she worked as a “general duty nurse” (Helen Masters, Missionary Application, February 7, 1950, p. 5) at the City Hospital in Miami, Florida, and reported earning 90 dollars a month. During the summer of 1948, after completing her religious studies degree at Stetson University, Masters worked at the Southern Baptist Hospital in New Orleans again as a “general duty nurse” (Helen Masters, Missionary Application, February 7, 1950, p. 5) and earned 120 dollars a month.

After completing her degree in religious studies, Masters continued her education at New Orleans Baptist Seminary and, at the time of her application, was in her final semester of study and “at present I have no further plans except private study” (Helen Masters, Missionary Application, February 7, 1950, p. 2).

Masters did not detail what led her into the profession of nursing, but did note that she had been considering missionary service “for about 13 or 14 years” (Helen Masters, Missionary Application, February 7, 1950, p. 6) or since she was a freshman in high school. She considered missionary work to be a life work and her missionary purpose was plainly stated: “to win souls to Jesus. This may be done through any helpful contact with people (in love)” (Helen Masters, Missionary Application, February 7, 1950, p. 6).

Perhaps influenced by her summers working with the Home Mission Board among Mexican communities, Masters reported her preferred section of the world to
work in as “Latin America” because “I feel that is where the Lord has pointed” but that she “remains open to other appointments” (Helen Masters, Missionary Application, February 7, 1950, p. 1). Interestingly, she did not identify nursing work as the type of missionary work she was interested in, instead writing, “Rural evangelism and educational work” (Helen Masters, Missionary Application, February 7, 1950, p. 1). Masters certainly used her nursing degree working as a campus nurse and general duty nurse in the 6 years following her training, so it is not well understood why she would not wish to continue that specific work as a missionary. Her motivations for nursing were not discussed in her application, so it could be that nursing was an opportunity for an income and would pay for her religious and seminary education; perhaps Masters had no intention of continuing her nursing career as a missionary.

Master identified personal development through education on an individual level as one of the primary goals of missionary work, second to sharing the Gospel of Jesus Christ. She wrote:

As missions take education to other people it is either to help people find out about Christ and His way of life or to train young Christians that they may go out better prepared to lead others to Christ. Health and social services of missions aim to open hearts, home, and towns that may not have been reached otherwise, to the gospel of Christ and to teach them how they may live on a higher plain [sic] to help others find the Lord. (Helen Masters, Missionary Application, February 7, 1950)

She continued this thought in another answer to say, “To reform the world is not the primary aim of missionary but to change the men in the world as they come to know God as Father. However, as men are changed, society will change” (Helen Masters, Missionary Application, February 7, 1950).
The final section of the Foreign Missionary Board Application was a section titled THE CONTENT OF YOUR CHRISTIAN MESSAGE, which asked applicants to address their convictions of the Christian faith. Masters wrote two pages on God’s sovereignty and all-knowing nature, how He was her personal Savior and how the power of prayer in her life was a means of talking with God; she also noted the instructions of the Bible and the responsibility of the Church to share the Gospel. She ended this section by recognizing her duty in missionary work, writing:

Because of what Christ has done for us we owe Him everything. Too, since we have the solution to men’s needs we owe them the Word. We are obligated to keep seeking until we have given all men God’s message.... We will do our part in raising men and society to God. (Helen Masters, Missionary Application, February 7, 1950)

Another section of the Foreign Missionary Board Application addressed the applicant’s relationship and opinions on different races and cultures. Masters wrote:

I think I could work with any Christian, no matter what nationality, that is unless we were unable to pray about it. Even then I would do my best to do what I felt Christ would do. A real Christian national would be all right, for that is the way the world will go forward. As far as I know race has nothing to do with capacity. The teaching, habits, and environments of a people have much more to do with the capacity (seeming) of a person. It has been proven that when education has been taken in the name of Christ in love that people who were said to be a race of idiots learned and went forward. (Helen Masters, Missionary Application, February 7, 1950)

Masters was writing this for a position she had been considering for the past 13 or 14 years, so it is possible that her self-reported answers were not true to her nature. However, it did provide initial insight into her potential attitudes and beliefs regarding missionary work, race, and culture.

An undated document that appeared to have been written after her application summarized Masters’ education and brief history. She noted her age as 25½, placing it
before her application in 1950. It included a summary of comments from her outside references, including seminary friends, professors, and hospital administrators, but only the title of the person and not the name was included on the document. One reference from a seminary friend said:

I’m not sure how easily she could master the language, but she has a deep, sympathetic, love for people. The only thing I can think might be classed as a limitation is her lack of background in the “niceties” of life. By this I mean that her table manners are not the best and her taste in clothes is not always the most acceptable, but she is making an honest effort to correct both of these things. (No author, no date)

Another comment supporting the notion that Masters struggled with her physical presentation came from a former seminary roommate who wrote, “the only thing that keeps Helen from being completely fitted for Christian service is her personal appearance. She just does not spend the time it requires to look attractive.” Others added, “She is not physically attractive and except when in uniform is not especially neat and tidy”; “She is not particularly attractive.”

Each reference, in addition to the comments on Masters’ perceived difficulties with physical appearance, provided validation to her character. Phrases included: “serves willingly”; “interested in serving others and winning the lost to Christ”; “dependable, can work with others, and is emotionally mature”; “devoted, sincere life”; “proved herself to be not only a good nurse, but a good Christian!”; “keen sense of responsibility and a great desire to serve.” These comments can be understood as honest depictions of Masters’ character and personality due to their nature of both positive and negative comments. Her references did not shy away from being truthful about her barrier in her appearance, and so their positive comments can be understood as reliable as well. As with any reference
document, however, the potential for misrepresentation is present, but these do provide further clarification about the person of Helen Masters.

The document concluded by acknowledging Masters’ preference of working in Latin America but “has been advised to seek appointment in Nigeria.” According to her field record maintained by the Foreign Mission Board, Helen Ruth Masters was appointed June 8, 1950, at the age of 27 as a missionary to Nigeria. She arrived in Nigeria the following August 1950 to work in the Kersey Home for Motherless Children. It would appear through Masters’ first correspondence from Nigeria that her arrangements to travel were made suddenly, as she described in her first letter dated August 12, 1950:

> So many things have happened in the last weeks.... It only took 3 days to reach Lagos, Nigeria by plane.... Because no one had received word I was coming there was no one to meet me, however, the Lord sent a native pastor who would not leave until he saw me safety to our Academy. (Helen Masters to Dear Folks [newsletter], August 12, 1950)

In describing her first weeks in Nigeria, Masters detailed her first impressions of work and noted the landscape and people.

> Though much of the vegetation was like it is in Miami the people were much different. Even in Lagos, the most ‘modern city’ this country has, the people live so close together and in such conditions that it seems impossible...swarming with people in very bright colors with huge loads on their heads. (Helen Masters to Dear Folks [newsletter], August 12, 1950)

She also described in her letter how the Ogbomosho Center looked, her housing accommodations, and her work.

> The babies come in so small and undernourished that it is hard to keep them alive. In my first two weeks here 3 children died and 4 came in so you see the awful responsibility there is. I feel a deep need to learn the language for I will not be able to teach the children or even properly guide their welfare unless I do. We have a beautiful compound. It is laid out campus style and includes a day school, seminary, baby home and hospital. The buildings are white with black trimming. Right now there are flowers everywhere. We have electricity from 6:30 P.M. until 10:30 P.M.... In the house I live in, Rose Cottage, there are Dr. and Mrs. Williams
and their son, Mary Hester Powel and myself. (Helen Masters to Dear Folks [newsletter], August 12, 1950)

She continued in another letter the following year to describe the cultural practices in Ogbomosho, Nigeria. She found that, though their practices were different, their reasons were similar to those in the United States. She wrote on April 3, 1951:

In Ogbomosho nearly the entire face is lined with scars because of lines made when the child was a tiny infant. This is a matter of family and of pride there. Even those who have not been marked in recent years make similar marks with a ‘make up’ when they dress for special occasions. Yes, the men and women here love style and beauty the same as those at home. (Helen Masters to Dear Folks [newsletter], April 3, 1951)

In the same letter, she, for the first time, described the religious culture in Nigeria as she spoke of a recent church service in Igode.

The church was very crowded. We sat tightly packed on a bench without a back. Many of the people were leaning in at the windows to see all they could. The king of the town sat in the front of the church with his four wives. He has professed Christ but is not willing to leave ploogamy [sic]. As the choir sang its special he sang out the tener [sic] as if he had practiced with them. (Helen Masters to Dear Folks [newsletter], April 3, 1951)

Here, she was sharing the cultural practice of polygamy in a way that seemed to suggest this practice was not unusual for Nigeria, at least among the community elders, perhaps as a tribal practice that has continued on among their kings. She continued in the letter to acknowledge the progress of the Baptist mission while simultaneously describing areas that had yet to be reached.

The hill on which the mission house is built here is called ‘the hill of the devil.’... On the peak of it just behind the house, burnt offerings are still made by devil worshippers. We have come a long way in making Christ known but there is still much to be done. (Helen Masters to Dear Folks [newsletter], April 3, 1951)

It is not clear here what Masters was implying by “devil worshippers” and they could have been non-Christian tribal religions or individuals celebrating the Christian Satan.
In that same month, Masters provided information in a letter about her progress in learning the Yoruba language. As she noted in her first letter, she was very aware that she would need the language skills to be successful as a missionary in Nigeria. It appears that she had been taking language classes and, in April 1951, passed her final examination.

This week I took my final examination in a three month Yoruba school. I passed and am very glad. I have wanted to learn to use the language and have learned a few words at a time. I still can’t hold a sensible conversation but I shall keep trying until I can go into homes or talk to a group on the street about Christ.
(Helen Masters to Dear Folks [newsletter], April 9, 1951)

Even in her language studies Masters was focused on the evangelical mission and did not mention how her increased language made life in Nigeria easier or more comfortable, which it would presumably do. Masters wrote only of her hopes in sharing the Gospel with her new language skills.

Working in the Kersey Home for Motherless Children, Masters took on a maternal role to many of the children there. She referred to them often in her letters as “my children” or “my youngsters.” In one undated letter, placed in the archives among the 1951 letters, she described helping on girl on her wedding day.

I have one girl who is getting married in December. Her name is Sarah. She will be a pastor’s wife so she needs your prayers. She has no mother to help her get ready so the job is mine. The responsibility is much more than just getting clothes ready. Helping a girl to go into a new life is really a job of years and years. (Helen Masters, undated)

The following year, 1952, Masters was still working at the Home for the Motherless Children in Ogbomosho, Nigeria. Her work activities had expanded, though, and she described visiting the other ministries, specifically a leper colony.

Sunday I went to the leper colony here in Ogbomosho. We had a real nice worship service followed by the dismissal of four patients who will go back to their homes. They no longer will be unclean.... Many have come to know Jesus while they have been in the colony. (Helen Masters newsletter, July 20, 1952)
During the Christmas season of 1952, Masters and other missionaries visited an Islamic camp to share the story of Jesus with them. She described in her letter using a female interpreter to be sensitive to their culture.

The day before Christmas several of us went to the Mohamaden [sic] camp just outside of town. I took my flannel board inside one of the compounds and told the Christmas story to a group of wives (5 belong to one man) who are not allowed on the street until it is dark for fear another man would look upon her face beside the husband. No man is allowed inside so one of the female student nurses acted as my interpreter. (Helen Masters, January 12, 1953)

She did not express how their presentation was received, but it can be understood from her description that the wives, willingly or not, allowed the missionaries to enter and share.

Miss Kersey, founder of the Kersey Home for Motherless children, returned to Ogbomosho, Nigeria, in 1953 and Masters was assigned to work as nurse in a dispensary in Iwo, Nigeria, a town roughly 75 km south of Ogbomosho. Masters wrote:

Because of a greater need in another place I have been asked to work in a dispensary in Iwo. The missionary, Miss Kersey, who began the Home for Motherless Children had worked in it a long, long time ago has returned now. In Iwo there is also a teachers training college so I am not ‘alone.’ I certainly hate to leave my children and Ogbomosho, the place that I had come to feel as my home, but we prayed about it a good while before the decision was made. (Helen Masters to Dear Friends [newsletter], January 12, 1953)

Once again, Masters was claiming the children of the Motherless Home as her own and expressed how difficult it would be to leave them. She also added that though her reassignment was a challenge, she utilized the religious tool of prayer to find clarity in the decision. Although Masters stepped aside to allow Kersey to manage the Home for Motherless Children, there is no evidence in the correspondence detailing how well they knew each other or if there was any tension between them regarding this transition.
The Sunday before Masters left for her new position in Iwo, the women in the church gave her a special service. She described it as meaningful and how it made her feel at peace with the change.

The Sunday before I left Ogbomosho the women of my church gave me what call a ‘send off.’ It took about 10 minutes of the regular service at the time for announcements. I was called to the front, sat in a chair while a nice speech was made about me, then dressed in the Yoruba dress. That evening they had me wear it so my picture could be taken with the G.A. whom I had been meeting with. This is about as great a compliment as can be given an “outsider” and they meant it. It did things to me. I have felt like everything was right since then. Probably when I see you late this year or next year I will be wearing this outfit. Friends are friends in any part of the world and mean as much or maybe more to us who left our people. (Helen Masters, newsletter, January 12, 1953)

Her description of this special service provided some insight into how the Nigerians in Ogbomosho, at least the members of the Baptist Church, viewed her as a missionary. They acknowledged her as accepted by dressing her in their traditional clothing and singled her out to share a speech—the contents of which are not known—to the congregation. It is interesting to note Masters’ awareness of feeling different or, as she described it, as an “outsider.” However, that service helped her feel a sense of peace. It is not clear whether her feeling was related to being an outsider or to her relocation, but it seems clear that this ceremony was meaningful for her.

In March of 1953, Masters wrote again providing details into her work at the dispensary and how evangelism was incorporated into healing. She wrote:

In the dispensary we have several sick people. I know that you are praying that we will know what is best to do for each one. The workers all meet together at 7 A.M. to pray before they begin their day’s work. Then at 9 o’clock we have a service with all of the out-patients. Remember that most of them are Mohammadan [sic]. Many have never heard the Bible read or a prayer in the name of Jesus. We try to break the Bread of Life to them so that if they never hear again they will remember. Pray for this meeting. Then we begin clinic where we see each person who comes and find out his troubles and try to do something for him. Those who are too sick to be treated at home are put to bed. We are not
supposed to have more than 12 patients at a time. We also have deliveries. It is so much to fun to help bring more lives into the world. (Helen Masters, March 1953)

Masters was describing that prayer was central to their work as the first practice of the day before seeing patients. After their staff prayer, they held a service for those waiting to be seen before treating the patients. This letter was the first time Masters had written about midwifery service and shared that it was a source of joy for her.

After working in Nigeria for 2½ years, Masters returned to Miami at the age of 30 for her year-long furlough in June of 1953. She described in a letter later that year about how she had been spending her time stateside. She wrote of working as a camp nurse in Baptist summer camps and of numerous speaking engagements in churches. “I have gone to a different church each day and told them, the best I could all at one time, all about missions. (Do you know how hard a job that is?)” (Helen Masters to Dear Folks [newsletter], November 20, 1953). She continued to write about her concerns for maintaining her image as a missionary and how great she felt her responsibility was.

And too, going around to say the right thing and be the right person. You see, I have a reputation to hold up for a cause that is much bigger than I am. That way I didn’t have much chance to shine my halo between times. I have felt a great responsibility to give the gospel as well as mission stories.... It is a big job and a great privilege. (Helen Masters to Dear Folks [newsletter], November 20, 1953)

Here, Masters was seen as uncomfortable with the Southern Baptist view of her in the prestigious position of missionary. Missionaries were one of the highest celebrated church positions because they upheld the evangelical imperative of the faith, and while Masters agreed with its importance, she seemed to have a hard time with that image of herself.

According to her field record, Masters returned to Nigeria in May 1954 after a year furlough of rest and public speaking. She arrived in Eku, a town roughly 420 km
southeast of Ogbomosho, to work as a nurse in the Baptist Hospital there. She described the work there and it seemed similar to her work in Iwo, with a morning prayer services, but this hospital also provided surgical services with a doctor who prayed with patients before anesthesia.

The laborers of the hospital have chapel every morning at 7:00. Then the nurses have chapel at 8:00 as they go to work. One preacher leads the out patients in worship service every Monday, Wednesday, and Friday before clinic begins. The doctor operates on Tuesday, Thursday and Saturday and prays with each patient before anesthetic. He also talks with each patient he admits. The preacher goes around and speaks to each person about Jesus. Since this is a pagan area many have had no previous teaching.... Most all of the time I have been here at the hospital it has been running ever. We put up another bed yesterday to get everyone in. Yes, the work is great, but the physical work is only an entrance into the hearts for Christ. (Helen Masters, newsletter, 1954)

The staff of this hospital seemed to share the Christian faith, if not specifically Baptist, by the way they participated in morning prayer and chapel services. It was not clear in her letter whether this type of activity was required for staff or not, but it was a part of their daily routine. In Eku, the population did not seem to have a religion, as Masters identified them as pagan, unlike “Mohammadan” as she wrote about in Ogbomosho and Iwo. Her assessment of both the pagan and the “Mohammadan” Christian knowledge was similar, recognizing that neither group had heard of Jesus before.

The Baptist Hospital in Eku, Nigeria, provided Masters with an opportunity to use healthcare as a way of evangelizing through the missionaries and the staff. She wrote in August 1954:

The hospital here is a very effective way to reach people in the name of Christ. Most everyone has some physical complaint and we are glad we can do something about it. Many people will listen to the story of Jesus while they are here for treatment. Pray that we may be faithful in taking the message to them. The ones who work on the ward must be taught to care for the patients, but most of all it is my responsibility to train them as spiritual leaders. (Helen Masters, newsletter, August 2, 1954)
Masters clearly viewed her position as a missionary primarily as a teacher to support the hospital staff, not only in patient care, but also how to be effective in meeting the mission of evangelism. It is interesting to note that Masters recognized not all patients were willing to hear a Gospel presentation message when she wrote, “most people will listen to the story of Jesus” (Helen Masters, newsletter, August 2, 1954). She also shared her gladness in being able to alleviate their physical symptoms and her letter did not seem to imply that patients were turned away if they were only interested in medical care and not spiritual conversations.

Masters continued to describe the difficulties of ministering in Eku where the population was pagan. Some of the challenges were based in language and interpretation, while others came from a lack of understanding about the different gods and worship practices of each family. She wrote:

We minister to many language groups. Our interpreter speaks nine languages and he is speechless every once in a while. Most of these people are pagan each family having a different god for their very own. I do not understand most of it yet. I do know that they need Jesus. (Helen Masters, newsletter, August 18, 1955)

In another letter later that same year, Masters addressed how diverse Nigeria was, especially since she had lived and worked in three different cities at this point. She compared Nigeria to the United States in the types of people represented.

Some people think that Nigeria is all alike but as sure as the United States has different kind of people so does this country. So many different languages are represented. And the dress and landscapes are almost as varied. (Helen Masters to Ms. Gray, October 27, 1955)

The hospital in Eku, by Masters’ accounts, kept the staff very busy and Masters was the only missionary nurse. She wrote in February 1955:
The hospital is as busy as ever. Since the year began we have reached the mark of 400 out-patients already. We have had up to 50 patients in the hospital at a time. And it seems that I have delivered a baby most every day myself and I’m not the midwife here. (Helen Masters, newsletter, February 24, 1955)

Later that summer, Masters wrote to the Women’s Missionary Union in Alabama, again describing how she was the only missionary nurse and how, for a time, the work seemed to overwhelm her:

For a good while I was so snowed under I hardly came up for air. We had an extra number of patients; there were two doctors but still only me as missionary nurse and I couldn’t keep up with them. (Helen Masters to WMU in Alabama, July 12, 1955)

In a letter at the end of the summer of 1955, Masters wrote that if a patient accepted Christ after speaking with a chaplain, the chaplain would write to the pastor of the nearest Baptist Church to the patient for follow-up. It was not clear, however, from Masters’ letter what the outcome was of the patients who had a conversion experience once they left the hospital or if the Baptist Hospital provided additional support once the patient was discharged.

In October of 1955, Masters wrote to Dr. Sadler, Director of Missions to Africa, about her transfer to Ire. She compared the two areas and how difficult it would be to leave Eku.

I had not realized how different the two parts of the world are. Eku is beautiful in the way most people picture in their minds Africa would be—water ways over hung with vines and heavy vegetation, birds, monkeys and beautiful palm trees. The houses, language, dress and everything is different except the color of people’s skin.... It was not easy to leave Eku for I had deliberately put down my roots because I thought I would be remaining for a while. But I’m sure I will love it here [Ire] when I found out what is going on. (Helen Masters to Dr. Sadler, October, 1955)
Ire, Nigeria, is a town 70 km east of Ogbomosho that, at the time of Masters’ arrival in 1955, was overwhelmed with maternity needs at the Baptist Center. Masters wrote:

The babies come here regularly. Some folks in the mission call it the ‘baby factory.’ However everyday women come with their husbands wanting a baby I hear Miss Chavey tell them that’s not her work; it’s God’s. That babies aren’t sold here but if they would turn to God maybe he would intrust [sic] them. (Helen Masters, October 20, 1955)

It appeared to be a daily occurrence that Nigerians visited the Baptist Center looking to take home a child, and that the mission workers used their visits as another opportunity to share the Gospel message. At this time, Masters was still learning about the center and was not sure what her role would be, but knowing her joy in delivering babies in Ogbomosho, it was possible she had some excitement about the possibility of continuing that work in Ire.

The assessment of others in the mission to refer to the Ire Baptist Center as the “baby factory” proved accurate when Masters wrote after being there almost a year that 650 babies had been born so far. As a nurse missionary, Masters was responsible for reporting to the convention the budget and patient care numbers back to the Foreign Mission Board. Masters provided the annual report for the Ire Baptist Center on April 2, 1956, as noted below:

- Total individual out-patients – 8,647
- Total out-patient attendances – 42,101
- Total number of inpatients – 2,271
- Number of in-patient days spent in Hospital – 18,017
- Daily average bed occupancy – 48.5
- Number of deliveries – 605
- Total number of treatments – 78,277
- Approximate total expenditure – $16,691.10
But while the maternity service was seemingly thriving in Ire, Masters and the other missionaries had to compete with a strong presence of pagan and Islamic religions. She wrote in February 1956 after being in Ire only a few months that:

We can see the steeple of the Baptist Church standing out as if it were the most important thing of all. We can hear singing from several churches. However, we can also hear the moslem mala as he calls for prayers 5 times a day. And each time we look up behind our house at the summit of our hill we remember that paganism is still with us, for just a few hundred feet from our house is the shrine to the god who is supposed to give live babies. Daily women climb there to make their offering, then come to us also to beg for a child. We try to explain to them that only God himself can give them the things they desire so much so they must go to Him. (Helen Masters to Friend, April 2, 1956)

Despite these competing religions, and their apparently strong convictions through prayer and sacrifices, Masters and the other missionaries used their practices as an evangelical opportunity. Masters did note, however, that the steeple of the Baptist Church stood out in the community, a feature she viewed as demonstrating its utmost importance compared to the Islamic and pagan rituals, although their presence was felt as well.

To address the maternity needs of the community, Ire Baptist Center had a Midwifery Training School that in 1956 had some specific needs which Masters wrote about to the Foreign Mission Board. The Nigerian Government had begun requiring a midwife with an English education to lead training schools, and the Ire Baptist Center was out of compliance. Masters wrote:

But this is our only midwifery school and each station needs midwives. The law requires a midwife trained in England or an equivalent to that to be in charge. There is only one other on the field and she has obligations that seem to make her out of the picture. The mission opted to look for one in England since it is to well near impossible to get that training in the U.S. Our center is in crisis. I wanted you to be sure to understand how important it is to get a trained midwife. I will be carrying on the best I can until then but it will be not in the law so the sooner the
better help of the proper kind should come. (Helen Masters to Dr. Sadler, September 24, 1956)

Dr. Sadler replied to her request acknowledging the great strain the medical missionaries were under, but also informing her of the difficulty in securing more for the work. He wrote:

As you know, there is a tremendous shortage of nurses. The probability is we could use fifty if that number were available. We shall certainly do what we can to meet your needs, but frankly, I cannot be optimistic about the prospect of securing the several nurses we need within the next few months. It will be all the more difficult for us to secure the services of a person who has had training in midwifery. (Dr. Sadler to Helen Masters, October 4, 1956)

The issue continued to be addressed while Masters was stateside beginning November 1956 for another furlough. Dr. Sadler wrote to her inquiring about her interest in midwifery training so she could supervise the midwifery training school in Ire. In June 1957, Masters, at the age of 34, began studying first at Johns Hopkins Hospital and then at the Midwifery Association in New York City. She wrote of the expectations of the students and her hopes of learning all she could to be useful back in Nigeria. She said:

We work in clinics and delivery rooms in the hospital and are expected to learn them same material as the doctors do in obstetrics. Please pray that I may retain all I will need in my work later on. (Helen Masters, Dear Friends [newsletter], July 21, 1957)

Masters completed the program and sailed for Nigeria on February 7, 1958.

Her first letter after returning was dated April 15, 1958 and Masters wrote once again from Ire, a place she now referred to as home.

I have meant to write you for many days since I got back to Nigeria. How wonderful it is to get back home again. The furlough was certainly led of the Lord. Then the trip on the ship was almost a month. It was not only good to get my feet on solid ground again, but it is wonderful to be where the Lord has called, and to feel really needed. (Helen Masters to Dr. Goerner, April 15, 1958)
In that same letter, she also addressed her continued limitation with the language barrier, despite living and working in Nigeria for the past 8 years. “I have two prayer requests.... The second really should follow—that I may speak the language well enough to speak my heart—to bring them to understand the love of Jesus” (Helen Masters to Dr. Goerner, April 15, 1958). Ogbomosho, Iwo, Eku, and Ire were all Yoruba areas of Nigeria, but it was possible that the way of speaking or dialects may have varied in the different areas, presenting greater challenges to Masters learning the language.

She continued teaching at the midwifery school in Ire and spoke of the difficulties in lecture and clinical components. She wrote:

> We have a new class of girls who are having to learn from “scratch.” It sure does take time to teach in the classroom from books but it takes a lot more to go to the wards and teach the same thing in action. Then comes the most time consuming part—watching them as they do it right, until we are sure they go ahead by themselves. They have done very well considering that our books and lectures are in English. Do pray that we teach the girls well in this important profession of midwifery. (Helen Masters, newsletter, February 14, 1959)

It appeared that from her first introduction to midwifery work at the dispensary in Iwo to her present role as midwife instructor at the training school in Ire, Masters’ passion for midwifery had grown from a simple joy into an appreciation of its place in healthcare.

The Nigerian Baptist Convention, which was formally founded in 1914 with the support of the Southern Baptist Convention in the United States, at this time was functioning as an independent section and held its own annual Nigerian Baptist Conventions (Ajayi, 2011). Masters attended the convention and was able to meet those she had worked with but not been able to see for many years, including some children from the Motherless Home in Ogbomosho. She wrote:
I wish you could see our motherless babies as they grow up. I guess it is because they have no one else to love them that our hearts are so drawn to them. I saw several of the youngsters, now grown up, from the Kersey Children Home who were “mine” when I was working there. God is using them. (Helen Masters, newsletter, May 22, 1959)

Masters’ sense of maternal ownership had not lessened over time as she still referred to some as “mine” and she shared with pride that “God is using them,” though she did not specify in what capacity. Whether they had become pastors and missionaries themselves was not known.

In addition to working as an educator for the maternity training school, Masters continued to practice in the clinics held at Ire. She wrote of the difference health education can make and how her faith was the most important teaching she could provide.

The last few weeks in Baby clinic we have had so many “skeletons”, who are victims of measles. It is a terrible killer out here. This year we have had so many who lived by as many who died. Two days ago a mother with big twins took a child off her back to be weighed but he had stopped breathing. The other child had looked the same a few minutes before. She told us, ‘If you will bury this one I’ll stay and try to care the other one. Sitting right next to the skinny, almost hopeless baby there will be a fat baby who tries to take my pen and tell me what to do. What a difference, and most of the time it is a knowledge of care and food. Teaching plays a big part of this work. As these babies die, I realize more than ever the thing we need to teach most is that Christ loves children and mothers too. How else can we comfort a woman with empty arms? (Helen Masters, newsletter, April 18, 1960)

She also continued to draw comparisons between the religious cultures of the United States and Nigeria and viewed the Islamic presence in Nigeria as an opportunity to evangelize. She wrote:

Today ends a 40 day “fast” of Moslems. There has been praying at proper intervals throughout the day and night and lot of of [sic] drumming. This last week there have been classes under most every big tree (older men teaching young people what to believe.) The next two days are days of prayer, then fasting. What an opportunity for Christians to tell them about Jesus, the only way to God.
Most of this town have “sided up” with Christians or Moslems. This is true though they still have an idol in the house or up the hill or make “medicine” to take of all problems and enemies. Too many of them do not know that neither of these religions are as simple as choosing up sides in ball. May be no one has told them? Yet, it’s almost like that in the U.S. too. How many people in your town will admit they do not follow Christ, in theory or social code anyway? It is something to think about. Do they know that without Christ as Lord they are lost from God? No matter what colour their skin, size of house, motor or education? (Helen Masters, newsletter, April 18, 1960)

In 1960, Nigeria declared independence from Britain and, though their independence was formally scheduled for October 1, Masters was already seeing changes in Nigeria starting in April 1960. She wrote:

This year is going to be the year of Independence in Nigeria. Things have already begun to take on a new look. We have new money, new stamps, new buildings, new roads and bridges, new trains and lots of exciting things. Everyone is looking forward to October. But we hope you are praying, for it must also bring problems some bigger then we are willing to think about or plan for. Adjustments are not always easy even if they are good. I fell [sic] that one of these is the Christian Church. There are so few who are willing to put Christ above all else. In the past many of the leaders of the government were ‘Christian trained’ but there are conditions that go with position, and not everyone is Daniel. The Prime Minister publicly stated that the Billy Graham meetings were the last that the Christians should have. Next year we may be able to find out just how much we have been able to accomplish of lasting value here. It was truly for God then He will take care of it. (Helen Masters, newsletter, April 18, 1960)

It would appear in Masters’ writings that Nigeria was preparing to decrease the influence of foreign missionaries. She was aware of the politics in Nigeria and that in the coming year, major transitions would take place and what the Southern Baptist legacy would be in Nigeria would be apparent.

Masters left Nigeria on furlough at the age of 37 on September 2, 1960, just 1 month before the official independence of Nigeria. She wrote that she took the furlough at this time because her and another missionary, Audrey Dyer, came to Ire at the same time and they needed to stagger their furloughs. Though she was not present for the
independence celebration on October 1, 1960, Masters wrote of what she experienced in the time leading up to her furlough:

So many things have happened since I wrote to you last. Nigeria is joyously preparing for independence. Everywhere they are talking and planning. They have a new flag so are hanging it where it can be seen. We rejoice with them and earnestly pray that God may lead them in each step of their planning. Some have worried about fighting where I was. It was as quiet as could be. We hope it will stay that way. All of the leaders plan on that but we will not know until October 1. (Helen Masters, newsletter, September 23, 1960)

This letter noted that Masters, along with the other missionaries, were excited and celebrating the Nigerian independence and were hopeful for continued peace, but she did acknowledge violence was a possibility and they could not be sure of a safe transition until after October 1, 1960.

Masters also wrote that on the day she left Nigeria that the Nigerian headlines were focusing on recent race riots in her home state, Florida.

The headlines in the newspapers were of race riots in Florida. My friends made sure that I saw it. Sometimes we feel that what happened to us is not of any consequence but the world knows our every move so that there are no secrets. Let us pray that God will guide us so that our every word and deed may be to God’s glory. (Helen Masters, newsletter, September 23, 1960)

The meaning of this passage was not explicit, but Masters seemed to be writing about personal conduct and how every action was felt throughout the world. Though she was avoiding being clear about her stance on civil rights and riots in Florida, based on her statements in her application and her years working in Nigeria, Masters was likely in support of the African Americans and rebuked the actions of those aiming to suppress their rights.

Halfway through her furlough, Masters began making preparations to return to Nigeria in May 1961. As part of the furlough routine, Masters had a physical exam to
ensure her good health for returning to the mission field. Her physician, Dr. Dayton, completed a report that the Foreign Mission Board found insufficient. Dr. Fowler, a former medical missionary and by 1961 Medical Adviser of the Foreign Mission Board, requested additional testing to rule out metabolic disease due to her enlarged thyroid. Masters was made aware of this request in a letter from Dr. Goerner and reminded that “The Foreign Mission Board will be glad to pay for all of these clinical tests.” (Dr. Goerner to Helen Masters, January 1, 1961). The results of these tests are not known from her correspondence, but they can be assumed to have been satisfactory as Masters returned to Ire, Nigeria, in May 1961.

Two years after Nigeria established its independence, Masters began to notice the effects of the transition, namely in the cost of goods. She wrote:

Prices of everything went up yesterday. And salaries of many people went down. I’m sure you’ll get details later. I’m afraid it is going to make plenty difference in everything we do (with money) the rest of the year. The shops were taking annual inventory when the announcement was made & before they opened the doors the prices changed. Autos have increased by 75% petrol is 4/now. So - - - But maybe it will wake up our responsibilities. I pray so. (Helen Masters, newsletter, April 1, 1962)

She was writing, presumably, of the missionaries’ financial responsibility. Masters was praying that their budgetary awareness would be increased, possibly indicating that she was concerned about the financial stability of the mission in this new Nigerian economy.

The transitions in Nigeria were not limited to the public sector but were also felt within the Baptist mission. Masters wrote of the difficulties in letting their students step into leadership positions and she was praying for assistance in withdrawing to allow the transition to occur.
Things have changed so much in the last four years that our approach had to be re-adjusted to meet the needs now. Our Baptists want help and encouragement but as they have qualified people fill each post they want the opportunity to do the job on their own with our blessing. This is not always easy to do for we find ourse[l]f [sic] hesitant in stepping over and letting a former student go ahead, even though we know it is the best thing. Pray that God will truly raise up those men and women to fill the places of leadership that He wants there, and that he will give us the grace to lovingly step to the side and help them move forward. (Helen Masters, newsletter, August 16, 1963)

Nigeria continued to build on its independence by officially becoming a Republic on October 1, 1964 (Cooper, 2002).

October 1- Today Nigeria officially became a Republic. They feel this will give the people more responsibility as a nation and as individuals to work together as one people going forward in such a way not only to make Nigeria a better place but also that all of Africa may know freedom from all things which would hold nations or individuals back and keep them from knowing life in abundance.

(Helen Masters, newsletter, January 17, 1964)

Here Masters was writing again of her hopes for Nigerian freedom and autonomy.

As Nigeria continued to establish itself as an independent nation, Masters was feeling the effects of the racial tensions in the United States in her ministry as well. Perhaps as a country with a recent victory in independence from British oppression, Nigeria was similarly interested in the racial oppression in the United States. Masters wrote:

And it isn’t a side issue to mention that Nigeria is very concerned with what seems to be going on in the United States as on people seem to be holding down others. Every day there is some article of concern in the news paper. I challenge you that each person who calls himself by the name of Christ pray earnestly, search your own heart, then step out as you feel God wants you to. We are so prone to go the way we think our neighbor would want us to, but is that right?

(Helen Masters, newsletter, January 17, 1964)

She was challenging her readers, as Christians, to act in a Christian manner. Guided by Christian and Southern Baptist principles of equality in the Gospel, it can be assumed that
Helen Masters was promoting racial equality in the United States and particularly in the southern states.

In fact, in her FURLOUGH INFORMATION form dated February 21, 1964 for her upcoming furlough in May, Masters cited the United States’ racial conflict as the greatest obstacle to her ministry. She did not provide any examples or explain this statement further, so it is not clear how the racial conflict hindered her ministry, but her challenge was acknowledged.

The Baptist Welfare Center in Ire where Masters had been working continued to have a busy maternity service that was also viewed as a way to establish a Christian legacy in Nigeria. Women and children were viewed for missionaries at this time as a way to influence the future position of Christianity by starting with young children who will grow into Christian adults who will then raise Christian children (Roberts, 1996). This strategy is explained in Masters’ February, 1964 newsletter. She wrote:

> We begin with mothers. If we can teach the mothers even before the children are born then they will deliver strong babies that grow quickly and make everyone’s heart glad. If the mother eats right, cares for her baby right, and remembers that God has given her this wonderful gift as a trust, she will teach him so he will learn and continue to give joy even as an adult. (Helen Masters, newsletter, February 28, 1964)

Masters took another furlough from May 6, 1964, and returned to Nigeria almost a year later on April 17, 1965, at the age of 42. The shortage of medical personnel persisted in Nigeria, and specifically at the Baptist Welfare center in Ire, but Masters provided her unique perspective of the constant and overwhelming work. “And I love nursing – I don’t mind being on call always- for I feel needed and appreciated – and God keeps His promise of strength as the need arrises [sic].” (Helen Masters, newsletter, 5/14/1965). Though she was finding satisfaction in her nursing work and the strength to
continue from God, Nigerian policy had made changes to the training of midwives at the training school in Ire that would close, despite their wonderful pass rate.

Nigeria had begun requiring hospital-based training programs, and as the Baptist training center was community-based, it no longer complied with the standard. Masters wrote in a newsletter:

The results of the government examination arrived with 100% pass for our girls. So you know, everything looks beautiful today. The girls who are now legally midwives are beside themselves with joy.... I [unreadable word] have heard that the grade II School of Midwifery here (Baptist Welfare Centre in Ire) will be finishing up with the class that is already here. It should be up-graded so will be moved to one of our Hospitals.... We will continue as a Centre as before except that there will be no school of midwifery. (Helen Masters, newsletter, November 1, 1965)

Details were not provided on how she felt about the closure of the training school in which she had spent the past 8 years working. It may be that she agreed with the Nigerian policy of requiring hospital-based education or that she disagreed but did not want to provide her emotional response in a newsletter.

Masters’ focus on the importance of public health teaching continued, but she also described their vaccination and anti-malarial efforts.

A good part of our work here is teaching how the keep their babies healthy. Also we give as many vaccinations against diseases as we can. We give those against whooping cough and tetanus every day (except Sunday), on Saturday we give small pox and T.B. At 7 A.M. we begin with Iree children who come to get an anti-malarial tablet. It all began with one child several years ago. He brought others, now they have grown tall, but there are almost 200 now. They listen to the teaching about food, sickness, water, etc. They line up to pay 3 pence. Some of them don’t look big enough to walk but they come marching up to the ebo as if they own everything, take the medicine with a swallow of water, get two pieces of candy then get milk to drink or beans to eat. And many look stronger to me. I know each of them has become my friend. This week I wanted to put nose drops in everybody’s nose because they all had the sniffles but that would have jammed traffic - - and I’m not joking. (Helen Masters, newsletter, November 1, 1965)
The vaccination and mediation administration that grew from one child to 200 by Masters’ account provided an opportunity for the missionaries to offer health teaching and nutrition as well. The friendship Masters was referring to is not well understood in her writing. It is possible that the children were appreciative of this service and extended their friendship, but it is equally possible that by providing food and candy, the young children acted friendly with the missionaries. With the lack of further explanation in her writing, the nature of their friendship remained unclear, though Masters perceived it as genuine.

The priority of health teaching over medical care was reinforced again by Masters in her June, 1967, newsletter. She wrote:

So again it is emphasized, how much we are able to teach the mother each time she comes, about hygiene and child care can mean more than any medical care we might give her after real trouble has arrived. (Helen Masters, newsletter, June 4, 1967)

This fact was becoming clearer to Masters as she saw the fatal effect measles was having on their community, and with a lack of vaccination until its widespread use in 1980 (Moss, 2017), the missionaries did not have much else to offer besides health promotion and nutrition. She wrote of one mother:

The other day one mother came in with a good sized youngster on her back. The way she had it covered I could not see it but the grunting respiration told me he was bad off, so I made her take him down. He had measles out three days a temperature of 106. Though we tried to help him he had ceased breathing in 30 minutes. We do not yet have the vaccine so long promised. But we do see many more live now and I am convinced that the strength of the youngster before these infections ‘catch’ him has much more to do with whether or not he lives through the danger. (Helen Masters, newsletter, June 4, 1967).

In addition to the challenges in providing patient care with the lack of medical workers, Masters also noted the change in her position as a White person.
Things have changed. People do not automatically respect a white person- or even a person of high position. In fact, it may really be the opposite now. You have to really win your place now. Sometimes the struggle is discouraging. Except that we know we are working for God and not for our own glory anyway. Pray that we will offer our best in His name, share His word, and pray that God will give the increase. (we may never see it). (Helen Masters to Dr. Goerner, December 5, 1967)

The resistance Masters was feeling may be part of the greater African resistance to outside authority or influence. As a still newly established independent nation, Nigerians began to outwardly express their rejection of White, perceived as British, authority preferring to align their allegiance with their fellow Nigerians or Africans (Cooper, 2002).

The midwifery school was still running at the Baptist Center in Ire as a lower grade, Grade II, facility. However, in 1967, Masters revealed that Grade II midwifery training schools were no longer permitted, and all Grade I training schools must be hospital-based. She explained this in her September 1967 newsletter:

The students all went to Ibadan for their government examination and have said very little about it since, so I guess it was pretty hard. They are taking turns going on vacation now. That will keep the waiting from seeming so long. I hope it will not be too long before we can know that they all will be graduates, then we can plan our last graduation here. (The government is up-grading all training and we are not qualified to have Grade I here.) We do not know any more about the future of Baptist Midwifery Training yet. (Helen Masters, newsletter, September 29, 1967)

It would appear that this group of students would be the final graduates of the program, as Masters wrote about the final graduation ceremony in a December 1967 newsletter.

The little lamps flickered a bit as the 14 girls walked down the aisles singing “It’s Not an Easy Road”, while Mr. Congdon played it on the accordion. The chapel was packed but everybody was quiet. They walked to the front in three rows and sat down. The king of Ire was sitting to the side at the front already. What a happy day November 25 was for everyone. Families had gathered from far and near to celebrate with the new Midwives.... Hazel Moon challenged the girls
in practical every day living and good midwifery. (Helen Masters, newsletter, December 1967)

The Baptist influence in the training and graduation ceremony for these students was evident in the hymn “It’s Not an Easy Road” sung by the students, and the challenge from another nurse missionary, Hazel Moon, on practical living, presumably a Christian lifestyle. The nursing tradition of carrying lamps in honor of Florence Nightingale was also seen in their ceremony, and it was noted that the King of Ire was present to celebrate the students’ accomplishments.

In February 1968, Masters returned to Miami at the age of 45 for another furlough and spent that time as she usually did by working in camps and visiting churches to speak about mission work. During her furlough, she wrote about Nigeria’s civil conflict that was threatening the missionaries position there. She wrote in a newsletter from Miami, “Nigeria is still in civil conflict. Will you pray earnestly that God will move to make His love known even in trouble and distress?” (Helen Masters, newsletter, April 16, 1968). She wrote again of their restriction in the Northern region to Dr. Goerner, describing:

But as you know, officially, there is no freedom in the Northern region. Ire is only 15 miles from that line but we have as yet, had no restrictions of any kind yet. Oh, we have so much to pray about. I sure do hate to let Ire go. We have unlimited opportunities there.... The people in and around Ire are plenty. They have not been reached. However, they had had more opportunities there most areas. They do have trained people in every field. I know God can call Nigerians as easily as he can Americans. (Helen Masters to Dr. Goerner, August 19, 1968)

In 1968, the Baptist Welfare Center in Ire where Masters had been working transitioned into utilizing only Nigerian staff. Dr. Goerner wrote to Masters in September of that year to describe the feelings of the Southern Baptist Church on this change:
All of us regret the fact that Ire will no longer have missionary staff, but this seems to be the best decision in view of all the circumstances. I do hope that the Nigerians will be able to carry on the maternity center effectively. (Dr. Goerner to Helen Masters, September 6, 1968)

The specific circumstances he was referencing were not described in any other documents, so it is not clear how this decision was reached. Dr. Goerner did make it clear in his writing that there was concern about the Nigerians’ capability and his preference would be to keep missionary staff in Ire.

A Nigerian couple, the Akandes, took over the Child Welfare and Maternity Center in Ire as part of its transition. Masters wrote about it the following year in her December 1969 newsletter.

I helped take inventory [in Ire], label supplies, and store everything in convenient places until the time when the entire Child Welfare and Maternity Center would be handed over to the Nigerian Baptist Convention. The Akandes, a Nigerian couple, are now in charge of the center. The transition was not easy on anyone because emotions were tied in as well as work, friends, and professions. (Helen Masters, newsletter, December 1969)

She did not discuss her impression of the Akandes or any concerns she had about their abilities, but instead only acknowledged how difficult it was for her to step away since that center had been both her personal and professional home for more than a decade.

The Nigerian Baptist Convention was now prepared to assume full responsibility of this center, and Masters, along with the other foreign missionaries, was relocated throughout Nigeria. Masters wrote of this experience as a new calling of God, saying “when God calls, it is time to leave country, family, friends, or former position to answer that call and follow his lead” (Helen Masters, newsletter, December 1969).

Okuta, Nigeria, is a town about 240 km northwest of Ogbomosho where another Baptist Mission Center was located. Masters arrived in Okuta on October 3, 1968, “to be
just a missionary nurse-midwife again” (Helen Masters, newsletter, November 12, 1968).

She wrote that Okuta was different from Ire not only in the size of the town but also in the population. “It is a much smaller village than Ire and the people are quite different for they are Batonu” (Helen Masters, newsletter, November 3, 1968).

Okuta provided similar health services as the center did in Ire, but without any space for inpatient admissions. Masters described the center in a September 1969 newsletter:

In our Association we have five schools and three Churches. Most of the Teachers are Yoruba but they teach in English. In Okuta we have a Child Welfare and Maternity Centre but there are no inpatient beds at all. At present there is only one grade 2 midwife, an Ire graduate. I have been visiting from village to village (see enclosed map) [see Figure 4] to give the Good News of Christ’s love and take care of the physical needs too, if possible. (I am a nurse midwife.) (Helen Masters, September 12, 1969)

![Map](image)

*Figure 4. Map copied from Helen Masters’ newsletter, written September 12, 1969, depicting the Batonu Association’s area roads, paths, churches, and villages*
The new language barrier Masters was presented with in Okuta proved to be concerning for her, as she wrote in her first letters from Okuta asking for prayer in this area. She wrote in February of her determination to learn Batonu, writing: “And another thing, I need to learn Batonu. How can I really tell people of Jesus Christ when I cannot talk to them? This may not be easy but I will do it” (Helen Masters, newsletter, February 26, 1969). To help her in her work as nurse-midwife and missionary, she enlisted the help of a translator not only for interpretation, but also for aiding in the customs of which she was not yet familiar. “I cannot speak Batonu so have to depend on Adamu to be my mouth I do not know a whole lot of their customs yet” (Helen Masters, newsletter, September 12, 1969). The following year Masters was still struggling with the language barrier and the diverse languages in Okuta, writing:

Since I have been at the Center the clinics have been so much smaller it seems. Maybe they figure they cannot communicate well. However, I have learned a lot. But often I am frustrated because I cannot find what someone came for, or cannot explain to them what to do. You had better be praying for me. I know that God can communicate through my mouth and through my heart. I want Him to have that chance. Yesterday one man came in who was almost as light complected [sic] as I am. He had a bad back ache and wanted some relief. I asked him why he was in these parts and he said he was a teacher of Moslem beliefs. I spoke to Bata in Yoruba; he spoke to young man in Catonu; he spoke to an older man in Hausa and he in turn spoke to the Arabic looking man in the white turban and blue flowing robe in another language. After they had gone I asked what he was. Bata said that he was a nomadic Fulani from the far north. All Fulani are different. It is easy to recognize them. But this one was a stranger. (Helen Masters, newsletter, March 1970)

It is interesting to note that Masters’ goal as a successful missionary relied on her learning the Batonu language instead of focusing on English lessons for the Okuta community. Her continued awareness of herself as an outsider did not result, at least as evident in her correspondence, in an attempt to westernize a community with English.
Rather, Masters was trying to embrace and adopt the Batonu culture by learning their language, or at the very least, by using a translator.

She also noticed that this group of people had not had the same attention as the Yoruba she was working among in Ire; she wrote, “I am only 208 miles from Ire, but the people with whom I work are of a different tribe, speak a different language (Batonu) and have been comparatively neglected in the development of Nigeria” (Helen Masters, newsletter, September 12, 1969). In the same letter, she described the housing of the Batonu and Fulani:

They grow much of the same crops as the Ire area but eat it prepared differently. In fact we have less malnutrition here than in Yoruba land. The Fulani people are almost as numerous as the Batonu but live in much smaller villages, each having their own heard of cows. The tiny round huts are made of grass but you would be surprised at how cozy and “convenient” they are.... The Batonu houses are rectangular in shape. Though they build of grass for two years, they may use clay later. In the larger villages metal roofs are very popular of course, last longer (if the walls stand straight.) (Helen Masters, newsletter, September 12, 1969)

Exactly how this area had been neglected is not clear through Masters’ writing. She could be implying, based on her description of the construction of their homes, how their living conditions had not been improved by the government and that the town still relied mainly on natural resources, such as grass and clay to build their homes. The construction of homes, however, may have been a cultural practice that the Batonu and Fulani had chosen to keep, despite the availability of other methods.

The Fulani, despite their differences from the Southern Baptist missionaries, seemed to embrace their work, according to Masters’ September 1969 newsletter. She wrote, “They [the Fulani] always seem glad to see us when we come to salute them....
They [the Fulani] love to hear the stories from the Bible and these are well done.” (Helen Masters, newsletter, September 12, 1969). It is not clear how the Fulani received the Gospel presentations, except for a welcome, as Masters did not provide any details on conversions or baptisms among the Fulani as a result of their work.

After she had worked for 2 months in Okuta a fellow Nigerian midwife was transferred to another town, leaving Masters to stay in Okuta. Her description of this in her January 1970 newsletter provided a competing opinion to the one she expressed in her December 1969 newsletter. In December 1969, she viewed her relocation from Ire to Okuta as a calling and viewed it as a form of obedience. One month later, however, she wrote, perhaps more honestly:

    Things sure do look as if they will be different this year. The only Nigerian midwife here has been transferred so I guess I’ll be ‘stuck’ in Okuta. This is not my choosing but I know Romans 8:28 still holds.” (Helen Masters, newsletter, January 15, 1970)

Romans 8:28 is a verse in the Bible that reads, “And we know that in all things God works for the good of those who love him, who have been called according to his purpose.” Masters was perhaps using this verse to comfort her in this transition, believing that it would be used for good, as the scripture says. This detail could signify that Masters was not able to see easily the good in her work in Okuta, and was instead relying on scripture for help.

In addition to nursing care in Okuta, Masters continued to find ways to evangelize to patients. She described one story of a patient with who she was able to use the Bible for English lessons.

    For two weeks now Mallum has been coming to dress his toe. He stumped it several months ago & it got infected & has given him trouble ever since. He never seems in a hurry to go. He does not join the others when we have worship service
but listens & often asks questions from the other room. In discussions he told me
he had only learned to read Hausa—Arabic-style, so wanted to learn to read our
kind of writing too. I asked if he would read something if I brought it. When I
gave him the gospel of John he seemed thrilled through he has to work hard &
slowly read it. Each day he has told me some of what he has read. (Helen Masters,
March 12, 1970)

It is interesting to note that the patient, Mallum, sought help with reading English
from the nurse missionary, and that the English lessons were not a compulsory part of the
medical treatment. Masters took this opportunity to use the Bible as a way to teach
English. It appears that Mallum was learning to read because he was able to repeat what
the book of John said to Masters, but Mallum did not have a choice of which text he
could learn from and was limited to using Christian text.

Okuta also provided challenges for Masters to communicate about when the
doctor arrived. The Baptist mission has a hospital in Shaki from which a doctor would
write Okuta ahead of his visit so the nurses could gather patients for him. Masters wrote
that in July, the mail was delayed and she was not able to arrange patients for him. She
tried her best using their drum system since both Batonu and Yoruba were tonal
languages, though they were not the same.

Then this afternoon Dr. Fatunla came from our hospital in Shaki. I did not
have too many patients for him to see because it was 11:00 before I knew he was
coming (with the mail). We immediately sent the local “news cast.” The drums
gave the message to the Batonu in Okuta (I found out after he was going that the
Yoruba did not get the message. They use drums too but that’s a different tonal
language). (Helen Masters, newsletter, July 23, 1970)

Though it was difficult to coordinate with the medical staff visiting from Shaki,
Masters reported that the clinic was busy and provided a weekly recap in a November
1970 newsletter.

Monday was a real clinic. Then as I got home several dying youngsters
arrived. One Fulani four years old had had so much native medicine she did not
care to keep breathing. But four days later she looks pretty good (spitting the medicine I give her all directions.) Another with diarrhoea [sic] bad. He still looks terrible (and refuses to open his mouth for food).... Tuesday about the time we finished our morning prayers they came with a woman in labor. We went on with clinic while she worked.... In the middle of the afternoon we had a big, shouting boy. Wednesday is market day so it is always lively. We specialize in children. Even many of the mothers bring their wares with them and continue to buy and sell. (I was able to get some Fulani cheese.)... Just as I thought I was going to sleep Adamu called me. Another woman in labor. By midnight we had a big, black girl. (This mother had some real problems which oft times kill; so you know how glad I was when all went well and she went home safely.)... Thursday is prenatal clinic and was no less busy. Of course others come too. And in between “my youngsters” come to read, cut grass, or get a uniform mended. (Helen Masters, newsletter, November 6, 1970)

Masters mentioned in a newsletter earlier in 1970 that the patients at her clinic had seemed to decrease, possibly due to the language barriers, but by her accounts in November, the clinic seemed active. No data were provided in her correspondence on the number of visit throughout the year, but it appeared that the Okuta clinic had no shortage of visits.

Masters, now a 47-year-old nurse midwife in Okuta, would get called to visit laboring women in their homes down primitive roads. She described one experience in delivering triplets and how the community reacted, how she emphasized cleanliness, and how she incorporated evangelism.

I put on a uniform, grabbed my black bag, and we struck out through the woods. There were puddles, potholes, grass hanging together in places, and at times I had to guess where to go. However, I had been this same way last Sunday so I could almost go by “feel.” Last week a man died in this same little village so the houses were full of visitors. Everyone seemed to be up. But they said she had gone down 2 villages further to have some privacy. Winding in and out of those mud houses with a car at night is a trick. I almost ran over the idol. Finally we found her. One had been born—a tiny girl (cold, but alive). I think some people think I do magic. I always begin by scrubbing everything. I carry soap and a washcloth myself because sand, etc. is everywhere. I examined her—then talked to her. A tiny boy came shouting,—then another! No one would believe it. But it was all finished, and we did not even have to take her to the hospital. By the time we got everyone bathed, everybody in that area had arrived the see mass of
“humanity”. None of them had ever seen triplets before. After all questions had been answered, we had a praise and prayer service with 32 people in that little room, by the light of an open lamp. They know our God can do things the other gods cannot do. (Helen Masters, newsletter, October 22, 1970)

The community was surprised by the delivery of triplets since none had witnessed them before, but Masters also had the impression that the town viewed her as possessing a magical quality. This may be that because of her medical knowledge, she was able to provide healing to previously fatal conditions or possibly stemming from tribal beliefs which emphasized magic in their faith. Before Masters began her work, she made a point to detail that she scrubbed everything because of the sand and concluded her visit by answering questions and having a prayer and praise service. It is possible that a prayer and praise service was not routine for every delivery but perhaps was conducted for this woman since she had such a large number of visitors.

Despite the challenges of working in Okuta, Masters did celebrate the peace that was restored in Nigeria in 1970. The Nigerian Civil War, which had begun 3 years earlier, ended at the beginning of 1970, and Masters wrote of her hopes for Nigeria. “P.S. Since I wrote this the war has finished. Praise the Lord! Now we must be busy feeding the hungry and making Nigeria truly one” (Helen Masters, January 15, 1970). Dr. Goerner replied to Masters in a letter describing the Southern Baptist’s response and his own hopes:

All of us are rejoicing that the fighting is over and peace and plenty should soon be restored throughout all the nation. I do hope that there will be a new spirit, and that perhaps we will be better able to get missionaries into the country. (Cornell Goerner to Helen Masters, January 19, 1970)
In the fall of 1971, Masters returned to the United States for another furlough, leaving the Okuta clinic without a nurse midwife. She wrote that there was hope one would be found before she left, but no one responded. She wrote in a newsletter:

Dr. Fatunla thought many would respond to the challenge of Okuta but when no one did each nurse at the Shaki hospital was going to take a turn. Bona, the pastor’s wife, who has been helping me at the clinic, will have the weight of responsibility because she lives right there and is Batonu. (Helen Masters, newsletter, October 25, 1971)

Masters’ furlough ended in September 1972 at the age of 49 and she returned to her work at the clinic in Okuta. In an August 1972 newsletter, she wrote about her flight and how glad she would be to be home again. “I fly from N.Y. Sept. 5 & arrive in Lagos Sept. 6. My, the world is small, isn’t it? And I’ll be glad to get back ‘home’ & to my work again.” (Helen Masters, newsletter, August 28, 1972). It may be interpreted that the work awaiting Masters when she returned as nurse and midwife in Okuta overwhelmed her because the first letter in her correspondence archive after returning was dated October 1, 1972. In this letter she wrote again of her struggle with the Batonu language and asked her readers for prayer in that area.

The work in Okuta provided Masters with an opportunity to provide medical care that would not present otherwise, according to her reports. She wrote that it brought her joy to be able to help:

The work in Batonu land is going well, tho [sic] not dramatic. I have enjoyed this work very much because have so little medical aid beside what I have to offer. Sometimes I am called on to do more than a nurse usually should but often because of distance, money and language they refuse to go to the hospital. (Helen Masters to Dr. Goerner, October 10, 1974)

The hospital was viewed in Okuta as a place either they could not reach because it was too far from their home or too expensive to go to for treatment. Masters did remain
aware, however, of the barrier the language was placing on her ability to care for her patients, and that perhaps they did not understand what the hospital could provide and so refused to go.

In February 1975, Masters wrote of an ordination service for James Buni Temoko, and noted that he was the first Batonu to receive the honor.

Sunday morning we all went to Kenu for the ordination of James Buni Temoko, of Hattie’s boys, the first Batonu for this honor. It was such a beautiful service. Many of his friends (many are not yet Christian) from Gawamara, Nungureme, Karo, Yakiru and all over, came too. Of course there was not room inside for them but that did not keep them from hearing the gospel. In fact the chief kept answering the one speaking (that is their custom, but a mighty good sign that he was listening). (Helen Masters to Dr. Goerner, February 3, 1975)

The chief of the Batonu tribe in Okuta was in attendance, and despite Masters’ writing that she struggled with the language, she did make a cultural insight into the chief’s responses, which indicated she was learning their customs and traditions.

Masters left Nigeria in March 1975 for another furlough that she requested due to the ailing health of her parents. She wrote to Dr. Goerner about her plans for a short furlough of 4 months, saying:

Both my parents are house fast now and my mother keeps talking of my need to be there. I feel I need to have a real visit with them this time. I am glad the S.B. [Southern Baptist] convention will be in Miami this year for that is one week I have my cake and eat it too.... Sometimes I wish I could be twins because I’d like to do twice as much. (Helen Masters to Dr. Goerner, January 30, 1975)

Here Masters, for the first time in her correspondence, was describing a competing sense of obligation she felt for her ministry and for her family. In sharing her wish to be two versions of herself, she was making clear her desire to be both in Nigeria as a nurse and at home with her family as a daughter.
As part of her routine furlough physical, Masters was found to require an operation to remove her gallbladder by Dr. Fowler, the physician for the Foreign Mission Board. She noted in a letter to Dr. Goerner that she believed her symptoms were caused by a change in her diet, as part of what she frequently referred to as the “V.I.P.” treatment for visiting missionaries.

I had not realized I had any serious physical problems. But it was a month after arriving in the States before my physical—enough for a “drastic change” in diet. (V.I.P. meals for these “real live missionaries”). This brought on enough symptoms that the doctor thought it urgent. (Helen Masters to Dr. Goerner, May 21, 1975)

Despite her recent operation, Masters wrote that she was still planning to return to Nigeria in July and would spend the weeks leading up to her departure working at summer camps.

While Masters was giving herself and her time for the mission in Nigeria, she was also giving of her finances to support other Southern Baptist ministries in Africa. In 1975, the Southern Baptist convention was beginning a mission to Madagascar that Masters contributed substantially too. Earl Martin wrote to thank her, saying, “A letter just received from Dr. Saunders informs us that you have made a very liberal gift of $5,000 to the new ministry in Madagascar. It somewhat overwhelms us!” (Earl Martin to Helen Masters, September 10, 1975).

The Okuta Clinic continued to provide healthcare services and Masters returned to her work there as nurse missionary. A report written by her in a February 1976 newsletter provided data on their patient volumes and treatments from 1975.

<table>
<thead>
<tr>
<th>Individual Patients</th>
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<tbody>
<tr>
<td>Babies</td>
</tr>
<tr>
<td>Adults</td>
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<tr>
<td>Prenatals</td>
</tr>
</tbody>
</table>
Patients seen
Adults 4325
Prenatals 1798
Babies 5604
Treatments 4322
Deliveries 88
(Helen Masters, newsletter, February 14, 1976)

Without other data to compare these figures, it is difficult to say how 1975 was different than other years at the clinic or why Masters chose to include this particular year in her newsletter. It does provide a source of reference, however, into the patient volume seen at the Okuta clinic.

At the age of 53, Masters now viewed herself as grandmother to the children in Nigeria, as opposed to the mother with which she earlier identified. She still helped care for children who were orphaned or otherwise unwanted, but now wrote of the exhaustion that came with caring for a child at her age.

We’ve had two outcast babies in the last few months. One I was mama to for 2 weeks. He was a big (1 ½ year.) bouncing, shouting boy called David (Pastor Akano gave him that name.) He sure was a load on the hip.... But now he has another mother and is very happy. I miss him but realize that grandmothers get tired after a while. (Helen Masters, newsletter, July 15, 1976)

It is not clear what Masters was describing when she wrote “outcast babies”; perhaps she was implying children from homes with leprosy, a condition that often caused patients to be viewed as outcasts from society. These children could have also been unwanted by their fathers because their mothers had died and they had no way of being cared for. This is the only instance in Masters’ writing that this phrase was used, so its meaning is difficult to determine.

The work in Nigeria continued to be transitioned over so that Nigerians had more responsibility and leadership, a trend Masters had been noticing over the past decade.
Some of the changes did not seem for good yet God in His own way will take even the political problems and chaos to glorify His name. The Nigerian mission family has shrunk these last 10 years yet at the same time the Nigerians have stepped in to take the lead, not as we would do it, but God himself will teach them His way for here and now. (Helen Masters to Davis and Family, July 15, 1976)

She wrote honestly of her reservations about these changes, recognizing that they did not seem good but necessary, given the political climate. She recognized that Nigerians had stepped up to take leadership, but their ways were different and ultimately it was God’s responsibility to teach them.

The enjoyment that Masters discussed earlier in providing what little healthcare she could in Okuta was challenged when a Fulani woman came to her for help delivering her baby.

Yesterday they brought a Fulani woman in a taxi who could not finish up her delivery. I tried all night. No ‘luck’. Some things I just can’t do so I sent her on to the hospital. During the week we’ve had 5 babies beside clinics. I’ve written letters for 5 emergencies who needed to go on to the hospital. Sometimes it’s hard to convince people I can’t work all miracles. If I help one why can’t I help all. (Helen Masters, newsletter, November 22, 1976)

She was aware of her limitations and seemed comfortable in admitting them, but at the same time, Masters found it challenging to explain them to the patients and asked her readers for prayers that God would use both her successes and failures for His glory.

Masters’ parents became more severely ill early in 1978 and she planned a furlough so she could visit them. She wrote in March to Reverend John Mills at the Foreign Mission Board:

My trip was good all the way.... Both my parents are in the hospital now. Neither can help themselves. Pray that I will know God’s way to help them now.... Notice the address, I am staying with my sister.... I hope you can correct my permanent address in that we have sold my parents’ home. Neither will be able to live there again. They have rallied some since I returned to the States. They can eat food. Both are in wheelchairs and sometimes recognize people, tho
[sic] often with no conception of time. Both are with one sister.... My visa is okay. I hope to return July 1. (Helen Masters to John Mills, March 8, 1978)

Once again Masters took a short furlough from Nigeria to be with her parents, though she felt they had improved and could be cared for by her other two sisters. She planned to return to Nigeria, but did not discuss the challenge of competing obligations to family and mission, which had possibly been lessened with the help of her sisters.

While on her short furlough to visit with her family, Masters underwent another routine physical and was diagnosed with a liver condition. Since her symptoms were not severe, Masters returned to Nigeria in July 1978, only to be called back at the end of the year at the age of 56. She described her condition and treatment in a March 1979 newsletter.

Last year [1978] when I got my regular physical exam as we always do on leave, the doctors found I had a liver problem. It didn’t work right, so they did all sorts of interesting tests to see what was going on, but finally agreed that the damage had been done but that it was not going on at present. So I went back to Nigeria, after a wonderful 4 months with my family and sharing what God is doing in Nigeria. Mother and Dad were with my sister Ruby, in her home. Well, when I got back to Nigeria, the doctors there decided they wanted to check the tests too, and asked me to come back again in six weeks to compare them. In November I had to get a new U.S.A. passport and a Nigerian residence permit. At Ogbomosho the doctors said I still had problems—that it was active and could be treated, if they were sure all about it. Together, with the Foreign Mission Board, they decided now was the time I was NOT clinically sick so I felt bad about it. But it is true that a problem treated will certainly resolve much better then [sic] one ignored.... Everyone was praying and everything worked out just right so I got a plane ticket for January 11.... Well, I arrived in Winston-Salem in a real ice storm. But everyone was expecting me. It was wonderful to feel welcome. The doctors treated me like a V.I.P. I slept two weeks (even after the fever was gone) except when they were sticking me, x-raying me...or something. They checked on everything! They ruled out most of what they had thought it was and came up with chronic active hepatitis. Anyway, I am on medication and seem to be responding. I am still lazy but am anxious to get back to my own work. January 24 my mother died and I was able to go to the funeral in Miami and be with my family and friends. I had not expected to be in the country when this happened, so you see, it was one of His extras. (Helen Masters, newsletter, March 14, 1979)
Again Masters referred to her treatment as a missionary in America as “V.I.P.,” although she did not specify in what way.

Masters revealed in this letter that she was aware her mother was dying and had returned to Nigeria expecting not to be present for her passing. Perhaps Masters viewed her obligation to the mission work as a priority over being with her mother in the final moments of her life. It is also possible, based on her parents’ support of missionaries, that they viewed her mission work as of greater importance, and so Masters did not feel obligated to stay home.

The motivation for this sacrifice that Masters believed she was making by returning to Nigeria cannot be understood, but it is apparent that she was aware she would be giving up her presence with her mother for her work in Nigeria. She made a point to share this fact so that she could attribute her illness and hospitalization as a gift from God that allowed her to be with her mother.

Masters returned to Nigeria in April 1979, but soon experienced more health conditions that limited her ability to work. She wrote in August 1979:

I had such a good time when I first came back. I do love the clinic work. ... And the ‘Gov’ has kept me supplied with vaccines to a good extent so I was busy trying to see they were given.... I guess I got too tired. I got two ulcers on my left leg that refused to heal then I got phlebitis. I had my feet up a week. I’d been on antibiotics a while. I walked with leg supports but elevated my legs when I came in.... I am back part time now. I wear ace bandages anytime I’m up but I get tired too quick. (Helen Masters to Foreign Mission Board, August 14, 1979)

Her hepatitis was followed by Dr. Gaventa, the Medical Director at the Baptist Medical Center in Ogbomosho, and he made some recommendations for her upcoming furlough. He wrote to Revered John Mills at the Foreign Mission Board:

So far as I can make out, Helen’s status with her chronic active hepatitis is essentially unchanged. You know that this was diagnosed about two years ago,
and she has been on immunosuppressive therapy since. In March, 1979, we ID a second liver biopsy. It continued to show chronic active hepatitis with progression to cirrhosis --- but comparison with the previous biopsy by the pathologist at Winston-Salem indicated the possibility of some resolution.... I have certain recommendations about Helen

I. Medical
A. That her liver disease be re-evaluated at Winston Salem, and a decision made about whether to continue immunosuppression and at what dosage

III. Administrative
As indicated above, I have some hesitation about Helen’s return to Nigeria because she is not able to function as she would like and because there definitely are greater risks of infections here than in USA. On the other hand, there seems to be no magic cure for her illness in USA either. She herself seems of a divided mind as to what she should do, and has discussed some alternatives if she should not come back. (Dr. Gaventa to John Mills, January 3, 1980)

It is not clear whether Masters was made aware of these recommendations, although Dr. Gaventa did note that she seemed conflicted about her decision, so her awareness of her condition and options was possible. It would appear that Masters continued working as best as she could throughout the year, writing in her letters that she felt good as long as she rested when she needed. In November, 1980, however, she wrote from Ogbomosho where she was being treated for her legs and shared her decision to return to Winston-Salem for more testing.

I’ll get the tests at Baptist Hospital Winston-Salem before I make any more plans. I’ll be in the U.S. 4 months, God willing. I am writing this from Ogbomosho where I have been for more than 2 weeks now because my leg spoiled again. (Helen Masters to John Mills, November 15, 1980)

Masters returned to the United States for a furlough to complete testing on her liver and, in February 1981, Dr. Fowler provided a report to Reverend John Mills.

She continues with this difficulty and now apparently has shown some evidence of cirrhosis. I certainly do not feel that it would be wise for her to return to her field, at least not any time in the immediate future. I would suggest that after her regular furlough we seriously consider putting her on medical retirement, since I feel that her situation is chronic and will not improve and will probably deteriorate. (Dr. Fowler to John Mills, February 26, 1981)
Masters, now 58 years old, presented a different report of her condition to John Mills, writing in her letters of her good health and hope to return to Nigeria, but she doubted if she could be useful.

I feel good. Really, every place I have been since I’ve been in Miami, I do believe, everyone I’ve shaken hands with or even talked to on the phone to have more problems then [sic] I do. God is good. I feel good. No pain; enjoying eating, and greeting family and friends; no real troubles except itching and laziness (and everyone says “ditto”).... Half of my leave has passed. I hope I can go back to Nigeria. Dr. Gaventa [medical doctor at Baptist Medical Center in Ogbomosho] thinks I can still be useful tho [sic] it might be in a new setting. (There is a midwife at Okuta now and the Shaki Baptist Midwifery School is functioning- I’m not really qualified—certificate wise—I was a catalyst in that situation). (Helen Masters to John [Mills], March 4, 1981)

She was officially made aware of the recommendation for medical retirement by John Mills in a letter stating:

Dr. Fowler has just sent a memo based on the findings of your examinations when you were in Winston-Salem, recommending that you not plan to return to Nigeria, but that you be placed on medical retirement at the end of your furlough that is effective June 1, 1981. (John Mills to Helen Masters, March 9, 1981)

His letter continued by acknowledging Masters would not be surprised to learn this, given her health, and he expressed his appreciation for her work.

I would express, not only for myself personally, but for the Foreign Mission Medical Board and your missionary colleagues, our deep appreciation for these years of service which you have rendered in Nigeria. When I think of the many, many people whose lives have been blessed through your ministry, I cannot but rejoice and give thanks for what the Lord has done through you. (John Mills to Helen Masters, March 9, 1981)

Masters shared this in her April 1981 newsletter in which she described her sadness in not returning to Nigeria, but also her excitement over this new phase of her life.

I had an appointment with Dr. Fowler and Rev. John Mills. They told me I would not be going back to Nigeria but taking medical retirement June 1. Yes, I had known there was a possibility, but still... that’s home. I didn’t tell anyone
goodby [sic]. I left everything unfinished. I can’t say on paper (or mouth either) how I feel --- yet I know this is the answer to my prayer and yours—and God has something special for me to do now. I must find it. The new chapter should be as exciting as any before. (Helen Masters, newsletter, April 27, 1981)

Once again, Masters was referring to Nigeria as home and at the time of this letter could not fully describe her feelings, but she felt God had called her to something else for which she now must search.

Her fatigue continued through the summer of 1981. She wrote in a letter to Betty Kay Abel, Administrative Assistant to West Africa, that

All I want to do when I get back to the house is sleep. So letters have gone by the way with several others things. Really, tho [sic], I guess it’s because I just don’t know what to put on paper. This has been especially true since John told me I’d not be going back to Nigeria at all. Especially in trying to tell the folk over there.... Pray I’ll know what to say to let them know I care yet feel now that staying on this side is God’s new directive.... I guess after that [getting a retirement letter], tho [sic], I won’t exactly be “under” John Mills any more. It seems strange even to talk about such—unreal. (Helen Masters to Betty Kay [Abel], May 15, 1981)

In addition to her fatigue, likely due to her chronic hepatitis, Masters also experienced continued sadness in not returning to Nigeria.

I’ve heard from folks over there now and just hearing does relieve homesickness a little. I thot [sic] I was doing pretty good but I’m like the little ones at camp—sometimes it hits me. (Helen Masters to Betty Kay [Abel], August 30, 1981)

As a retired missionary, Masters stayed busy working as a Missionary in Residence for the Florida Baptist Convention. She continued to visit churches and speak about missionary work, but still missed Nigeria. She wrote of receiving letters from Nigeria and how the work was continuing there, but also how it reminded her of home. In the summer of 1982, she wrote, “I hear from Nigeria. It is so good to know that God’s work is still going on even when I’m not there. Those whom I trained are scattered all
over Nigeria sharing God’s love with others” (Helen Masters to Dear Friend [newsletter], July 1982).

Masters specifically addressed what she left in Nigeria in a January 1983 newsletter: “Yes, I get letters regularly telling me how God is working [in Nigeria] (even without me).... I do miss Nigeria. I guess my heart will not completely leave there” (Helen Masters to Dear Friend [newsletter], January 1983). This missing element, a piece of her heart that was left in Nigeria, was felt by Masters possibly as a continued connection with the work and the people, but also was experienced as an incompleteness as she lived and worked in America.

In the summer of 1983, Masters provided another medical update about changes in her medications and her symptoms, and expressed her gratitude.

You know, in February I went to Baptist Hospital in Winston-Salem, N.C. for a physical check. My liver was doing fine—all seemed good. So I was taken off the drugs I’d been on for 4 years. And guess what, I fell apart. Withdrawal, I figured. There wasn’t any complaint that I did not “enjoy” for a while.... My hemoglobin had hit bottom. Why? Blood in stools, swelling, indigestion, so tests began. More fun! But no cause was found except a big spleen. So back on those medications. And sure enough, straight way, I felt better, attitude as well as body.... But, oh, I have so much to be thankful for! (Helen Masters, newsletter, June 23, 1983)

Resuming the medications helped to resolve Masters’ symptoms, according to her newsletter in June 1983, and over the next year Masters wrote two more letters detailing her travel in Florida and how strong she felt. In her final letter, dated March 1984, she described driving 600 miles from Pensacola to Key West and how “the Lord has blessed me with so much more strength than I thot [sic]I could have” (Helen Masters, newsletter, March 1984). But despite her sense of strength, her condition deteriorated, as Dr. Fowler had predicted. Masters passed August 18, 1984, at the age of 61.
Though she never married or had children of her own, Masters experienced a mother’s legacy as a nurse missionary in Nigeria. When the news reached Nigeria, a minister’s wife, Mrs. Rhoda Folorunso Fasipe, wrote to the Foreign Mission Board describing the influence Masters had on her life and of her family’s sadness to hear of her passing. She wrote:

I want to thank the Lord who gave Miss Helen Ayoka [Yoruba for ‘one who causes joy’ (meaning-of-names.com, 2018)] Masters the chance to serve in His vineyard.... She had been a channel of blessing in my life. I got to know Miss Masters when she first came to Nigeria in the year 1950 after my mother Miss Ruth May Kersey had gone back home before her death. I used to be RHODA FOLORUNISO KERSEY because I was brought up in Kersey Baby home at Ogbmoso [sic] here in Nigeria. When Iya (Mother) Kersey was going home it appeared my hope in getting a relation who would love and care for me, was getting lost, but just soon after Mama Kersey’s departure, I meet Miss Helen Masters and we became friends. We loved each other very well. She was the one who met my husband’s family in preparation of my wedding and the part she played on my wedding day December 27, 1951 will never be forgotten in my life. She was a sweet granny to my children and she played a great role in their education, in fact her death had been a great blow to even the youngest members of my family.... I learnt [sic] a lot from Mama Masters. She could endure anything She does not discriminate at all. (Rhoda Folorunso Fasipe to Foreign Mission Board, October 1, 1984)

Helen Masters was appointed in 1950 and retired in 1981 after 31 years of service as a nurse missionary in Nigeria. She began her work at the Home for Motherless Children, which was founded by the first nurse missionary of this study, Ruth Kersey. She continued her education to become a nurse midwife and educator. The next chapter provides a discussion of Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters in relation to altruism, race, gender, and religion.
Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters were nurse missionaries in the Southern Baptist Church who worked in Nigeria. Ruth Kersey was the earliest nurse missionary, appointed in 1920 and retired in 1955. Amanda Tinkle was appointed in 1946 and retired in 1971. Hazel Moon was appointed in 1946 and Helen Masters in 1950, and both nurse missionaries retired in 1981. These women founded the Home for Motherless Children, a comprehensive leprosy treatment program, and ran dispensaries and hospitals throughout Nigeria. They received college degrees and some furthered their education by attending postgraduate courses in public health and midwifery to provide health and evangelism to Nigeria.

This study of Kersey, Tinkle, Moon, and Masters as nurse missionaries in Nigeria was offered as an exploration into altruism. Specifically, their correspondence highlighted their motivations, sacrifices, and benefits to Nigeria, all of which are required elements of altruism (Clavien & Chapusiat, 2013; Haigh, 2009; Seefcyzek & Peacock, 2011; Steinberg, 2010). This chapter provides an analysis of altruism as evident in the data, as well as a discussion of the interconnected context variables of race, religion, and gender.
Altruism

A comprehensive definition of altruism, combining the perspectives of psychology, biology, and ethics, was used for this study. The interdisciplinary understanding of altruism is an action that is motivated by a giver to benefit a receiver (Scefcyzek & Peacock, 2011; Steinberg, 2010). This action must include a sacrifice, or at the minimum, a threat of sacrifice of the giver (Clavien & Chapusiat, 2013; Scefcyzek & Peacock, 2011). The motivations, sacrifices, and benefits seen in the data are addressed individually in this section.

Motivations

Altruism must be motivated by a giver’s willingness to perform the act (Scefcyzek & Peacock, 2011; Steinberg, 2010). In the lives of these four nurse missionaries, their motivations were most clearly addressed in their applications for service. Each woman identified in her application her interest in working as a nurse missionary to come from a calling from God. These callings from God can be understood as a combination of evangelical and nursing purposes. Kersey wrote about both in her application, stating “Because Christ commands us to go into all of the world and preach the gospel to every creature—and I believe that was meant for me. He also said heal the sick” (Ruth Kersey, Application for Foreign Service, 1920).

Masters viewed her service as a response out of obligation to God. She wrote in her application and in her February 1954 newsletter of this obligation, saying, “Because what Christ has done for us we owe Him everything. We are obligated to keep seeking until we have given all men God’s message” (FMB Application, February 7, 1950) and “I
am obligated to all men everywhere to give them the message of God’s love. Because God has done so much for me. I must tell others where ever they are” (Helen Masters to FMB, February 14, 1954). Each of the missionaries identified her motivations as a calling from God, while some felt a specific calling on their life, and others, as seen with Masters, viewed this calling to be universal for all Christians. Their religious calling shaped their motivations for missionary service, a work they viewed to benefit those who had not heard the Gospel message.

Though each woman identified a religious calling to her work as a nurse missionary, not all originally viewed their calling to be in Nigeria. Masters had felt God called her to work in Latin America; Hazel Moon did not specify Africa, instead writing that she was willing to go wherever she was needed. Both Kersey and Moon felt a specific calling from God to work in Africa. Although some of the nurse missionaries viewed Africa as their calling, each of them came to describe a calling to her work in Nigeria. Masters wrote in her December 1969 newsletter that “It was not only wonderful to get my feet on solid ground again, but it is wonderful to be where the Lord has called, and to feel really needed.” Motivated by their religious calling to share the Gospel and provide nursing care for the sick, all four nurse missionaries made the decision to be nurse missionaries.

**Sacrifices**

For an action to be understood as altruistic, it requires a sacrifice or a potential sacrifice of the giver. The sacrifices of the nurse missionaries were seen in their loss of family time, comfort, safety, and, in some cases, health. A loss of family time was threaded throughout each of the nurse missionaries’ correspondence and writings of
longing for time with their family and missing family events while in Nigeria. Tinkle wrote in her 1943 letter that she was missing a visit with her brother who was in the armed services because she was scheduled to return to Nigeria. Although she did not identify this as a sacrifice, instead noting her happiness in returning to Nigeria, the loss of time visiting her brother during World War II was present. Masters wrote that she was prepared to miss the burial of her mother as she was planning to be in Nigeria, but due to her own illness, she was able to be in Miami for her mother’s funeral. Although Masters did not have sacrifice this family event for her work, she was prepared to do so and the threat of its reality complies with the definition of altruism.

All four women in the study were born into families of the modest working middle class. Although no details were provided about the living conditions of their homes, it can be presumed that they were familiar with modern comforts such as electricity and running water. The loss of these comforts to which they had become accustomed were noted throughout their correspondence as well.

Electricity was only available for a few hours in the evening, water shortages were frequent, and the women’s work often required a sacrifice of their sleep. The missionaries addressed how busy they were in their letters, writing of their lack of sleep and being called out of sleep to provide nursing care. Masters, as a nurse midwife, would often be woken to help a woman deliver a baby in the middle of the night, and Kersey wrote of the demands of the Home for Motherless Children. “I am on duty most of the day and on call at night whenever there are sick babies and this is often” (Ruth Kersey to Miss Edna Darkins at FMB, October 31, 1949). The lack of sleep and comfort
experienced by these four women provided another example of their sacrifices as nurse missionaries.

The concern for the safety of these nurse missionaries working in Nigeria was also found in their correspondence and applications for service. While addressing their safety, the nurse missionaries often viewed the safety of those they served as equal to their own. Moon wrote in her application that she would not accept military aid that was not also offered to the Africans:

I think they [missionaries] should stay with the people whom they have been; that is in Africa accept whatever the people had in the form of protection. If the people are going to be in danger and the missionary had protection, to me that would be unchristian. (Hazel Moon application, December 31, 1946)

Amanda Tinkle experienced travelling through a riot as she was leaving for furlough, depicting a scene with road blocks, police, and tear gas. Masters was working in Nigeria through their independence and Civil War, but did not describe feeling unsafe in any of her writings; rather, in a letter, she celebrated her joy that the fighting had ended and peace had returned. It cannot be known what Masters experienced regarding her safety during those years, but a threat to her safety during that time was suggested in her happiness that peace had returned.

Benefits

Altruism, as its final element, requires an action to have a benefit for the receiver. The benefits of the work of these nurse missionaries, as seen in their data, included their nursing care and public health education. A broader discussion occurs when addressing the outcomes of missionary work, particularly in westernizing Africa (Carey, 2008; Vaughan, 1991). Indeed, these nurse missionaries utilized their western medicine to
change cultural practices, particularly with nutrition, in an effort to improve the health of their patients. This researcher recognizes this discussion; however, the focus of this study is centered around altruism, which does not address the pernicious consequences of an action but merely its benefits.

Each of the nurse missionaries provided a unique service to the Nigerians through the Baptist mission, beginning with Kersey and the Home for Motherless Children. Kersey founded the home to provide nutrition and care for children whose mothers had died after delivery and for whom the fathers could not care. The Kersey Home for Motherless Children continues to care for children today (Ajayi, 2011). Tinkle, though her service was interrupted by frequent illness, worked as a dispensary, nurse, and nurse matron providing nursing care to patients in areas of Nigeria which, at the time, had no other access to healthcare service.

Moon was among the pioneers for the care and management of leprosy patients in Nigeria. She created total care programs for her patients, offering medication management and wound debridement, and even designed and constructed specialty shoes to support those with deformities. Four villages were established with her leadership that allowed patients to recover and then return to their homes and families. A church in Ogbomosho that many of her patients attended was named in her honor, according to her obituary (Eric Miller, memo, 1989).

Masters continued the work of Kersey at the Home for Motherless Children, providing nutrition and care for orphaned children. She also received additional training to become a midwife to help women deliver their babies in Nigeria. She did recognize that the work was overwhelming, and she was not able to provide all she wanted to, but
she felt she was making a difference. As she wrote, “There are lots of things that cannot by any means be finished in one visit, or even one every two weeks. But that is that much more than they had before” (Helen Masters, newsletter, no date).

In addition to the nursing care given by the nurse missionaries, public health education was also provided to their communities in Nigeria, specifically on sanitation and nutrition, to promote wellness. Masters wrote about how teaching was a major part of her role as a nurse missionary and how education was used to improve the health of the community.

Sitting right next to the skinny, almost hopeless baby there will be a fat baby who tries to take my pen and tell me what to do. What a difference, and most of the time it is a knowledge of care and food. Teaching plays a big part of this work. (Helen Masters, April 1960)

The nurse missionaries were limited in their available resources, but found that teaching wellness and prevention could make a meaningful impact on their community’s health.

In addition to their community-based care and education, the nurse missionaries worked in Baptist Medical Centers, providing thousands of treatments and health services. According to her newsletter, Helen Masters reported 18,017 in-patient days for a total of 2,271 in-patients at the Ire Baptist Center in 1955 (Helen Masters, newsletter, April 2, 1956). The average length of stay for this medical center was 48.5 days, possibly indicating the severity of illnesses of the patients being treated at the Ire Baptist Center.

**Race**

Race played an important part in the lives and work of these four Southern Baptist nurse missionaries. Their religion was developed out of a racial tension over Baptist ministers owning slaves in the 1860s (Richards, 2012). The Southern Baptist Convention
was born from the belief that slave ownership should not disqualify an individual from being a minister, and in 1845, they separated from the General Baptists (Richards, 2012). This historical foundation of the Southern Baptist Church provides a context for the work of this church.

All four nurse missionaries in this study were White women raised in the southern United States at a time when Jim Crow laws were prominent. In the 1890s, these laws were passed to enforce segregation for African Americans, namely in public services such as education, transportation, parks, and libraries (Smithsonian, 2018). This law theorized a “separate but equal” policy, but the reality was that the African American services were often inferior to those offered to White people. This public policy of viewing African Americans as unequal was prevalent in Virginia, Florida, and Arkansas, the home states of the nurse missionaries of this study. While the data did not directly address Jim Crow laws or their upbringing in a racially segregated South, their influence on the women’s thinking remains inevitable.

Understanding the context in which these women were raised, both in the Southern Baptist Church and the racially segregated South, can prepare readers to find similar thoughts throughout their correspondence. The data, however, suggested the opposite. As believers in the equality Gospel of Jesus Christ, these women frequently identified how one race cannot be superior to another and that Jesus loves everyone equally. For example, in Moon’s application for foreign service, she wrote, “There are no master races but good capable leaders in all races; Negroes, I think, will show as much progress as any other race when they have had advantages as other races” (Hazel Moon, Application, December 31, 1946). Here, Moon was exemplifying her belief in the
equality of all races. By addressing the lack of opportunities of African Americans, Moon might have been referring to what she witnessed growing up in the segregated South. Her statement suggested her support of equality for African Americans, both in ability and potential, if provided the same advantages. This belief seems to contradict the environment in which these nurse missionaries were raised, yet it is seen throughout the correspondence of the nurse missionaries.

Masters was working in Nigeria during the Civil Rights movement in the United States. She challenged her readers to pray and act as Christ’s example, and not how their neighbors might expect them to. She wrote in 1964:

And it isn’t a side issue to mention that Nigeria is very concerned with what seems to be going on in the United States as on people seem to be holding down others. Every day there is some article of concern in the news paper. I challenge you that each person who calls himself by the name of Christ pray earnestly, search your own heart, then step out as you feel God wants you to. We are so prone to go the way we think our neighbor would want us to, but is that right?” (Helen Masters, January 17, 1964)

Though she did not directly address how her readers should respond to the Civil Rights movement, she did indirectly show her support by identifying the oppression of others and suggesting that acting how their neighbors expect them to may not be right.

Kersey and Tinkle did not directly address race in their applications or correspondence. Potentially, their time in history did not address race as openly as did Moon or Masters, who worked through the Civil Rights movement in the United States as well as through the Nigerian Independence, but this is only one possible interpretation.
Gender

Gender is an additional contextual variable that played an important role in understanding the work of these nurse missionaries. They were women raised and educated in the patriarchal societies of the Southern Baptist Church and the southern United States and were trained as nurses. Additionally, working as women in Nigeria is another important consideration to address, as their gender supported their efforts, although at times it was a hindrance.

During the early 1900s, the southern United States celebrated the image of a working husband and a homemaker (Housekeeping Monthly, 1955). In all of their applications, the mothers and sisters of the nurse missionaries were listed as “house wife” or “home maker,” or else no occupation was identified at all. These women had career ambitions to work outside the home, and specifically as nurse missionaries, instead of following the tradition of their mothers and sisters to be marry and stay home. Despite their upbringing in a traditional Southern home, these nurse missionaries aimed for and achieved a very different, more independent, life for themselves.

The Southern Baptist Church, during the time of these nurse missionaries, did not recognize women in high leadership positions (Richards, 2012). The highest possible position for a woman at that time was as a foreign missionary, which had only become popular among single women in the 1890s (Robert, 1996). Before 1890, a woman who wanted to serve most likely had to be married to a missionary, and then would be known as a “missionary wife” (Robert, 1996). The fact that these women worked as single missionaries with the Southern Baptist Church suggested their desire for leadership and autonomy, and supported their decision to reach the highest position available to them.
Nursing has a tradition of being a subservient profession to physicians, particularly during the time of the nurse missionaries in this study (Harpst-Rodgers, Falsetti, & Penrose, 2014). The nursing role was viewed as one that followed doctor’s orders and did not have independent authority for patient care. This was the culture of the nursing schools these women attended, such as the Stuart Circle Hospital School of Nursing where Moon received her training. These hospital-based training programs prepared nurses to work in acute care settings with patients under direct physician supervision (Harpst-Rodgers, Falsetti, & Penrose, 2014). The reality of their work in Nigeria was very different, however. As nurse missionaries, these women independently ran clinics where a doctor may visit only once or twice a week. Their autonomy as women, and as nurses, was highlighted in their role as nurse missionaries, although their education and training had not prepared them to be self-directing providers.

As women, these nurse missionaries had unparalleled access to the homes of Nigerians to work with the women there. Nigeria was also a patriarchal society where men were viewed as the authority and leader of the household and women were to remain at home and be protected. Therefore, male missionaries were not welcome into their homes to speak with the women. As women, these nurse missionaries had an advantage that then became a mission strategy. The Southern Baptists, like many other Christian missionary groups at the time, viewed women and children as the future of their mission and sought to evangelize to mothers specifically, who would then raise a new generation of believers (Robert, 1996). This aim was exemplified in a February 1964 newsletter from Helen Masters:
We begin with mothers. If we can teach the mothers even before the children are born then they will deliver strong babies that grow quickly and make everyone’s heart glad. If the mother eats right, cares for her baby right, and remembers that God has given her this wonderful gift as a trust, she will teach him so he will learn and continue to give joy even as an adult.

Here, she was addressing not only her evangelical strategy of focusing on mothers, but also her nursing strategy of teaching the mothers healthy nutrition so the children would also be well. This type of teaching could only be offered by other women, and as female nurse missionaries, their gender allowed them this unique opportunity.

**Religion**

The religion of the nurse missionaries, coupled with the religious culture of Nigeria, is another important area to address in the discussion of the lives and work of these nurse missionaries. All four nurse missionaries in this study were raised in and employed by the Southern Baptist Church, which is a Protestant denomination of Christianity. Although it shared the same foundational beliefs about God, Jesus and the Bible, the Southern Baptist Church placed a unique focus on the importance of evangelism—that is, the sharing of the Gospel for conversion to the faith.

The nurse missionaries of this study shared in that focus. Each of them cited in her application a mission of bringing Jesus to those who had not heard of Him. Kersey and Moon identified specific missions related to healing others as part of their mission, while Masters and Tinkle only identified their calling to share the Gospel. It is not known whether Masters and Tinkle also felt a specific calling for nursing, or whether they chose that profession to help them as missionaries. Each of the missionaries was greatly
influenced by her religion, specifically her membership in the Southern Baptist Church to be missionaries for the specific purpose of evangelism.

The religions in Nigeria, at the time of these nurse missionaries, were just as diverse as Nigeria itself. Islam, referred to by the nurse missionaries in their writings as “Mohamadan,” was prevalent in the northern regions of Nigeria, while Yoruba and other tribal religions were present in the eastern and western regions. The nurse missionaries were constantly challenged by these other religions in their work both as nurses and missionaries. Masters wrote of living in Iwo, Nigeria, where most of the towns were Islamic. She wrote of hearing their calls for prayer five times a day, while also acknowledging others in the community that she referred to as “pagan” in her April 1956 newsletter. She wrote that she tried to explain to them their need for God but did not address how it was received.

Masters even wrote of the overwhelming number of religions and her limited understanding of them. “Most of these people are pagan each family having a different god for their very own. I do not understand most of it yet. I do know that they need Jesus” (Helen Masters, August 18, 1955). Despite being aware of her lack of knowledge of other religions, she, like the other nurse missionaries, remained resolved in their need of Jesus.

When their work became challenging or the nurse missionaries were tired and overwhelmed, they used their faith for help. In a letter from Moon to Dr. Goerner where she was petitioning for more workers, she wrote, “Please pray that people back home will listen and hear God’s call for nurses and doctors for Nalerigu [Ghana]. Both doctors are much overworked. I know his is God’s work and surely He will provide” (February 17,
Masters wrote similarly in her May 1965 newsletter, “And I love nursing—I don’t mind being on call always—for I feel needed and appreciated—and God keeps His promise of strength as the need arrises [sic]” (Helen Masters, May 14, 1965). The prayers of these nurse missionaries for their work supported that their religion influenced their work as both nurses and missionaries in Nigeria.

**Discussion**

Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters were unique women who lived exceptional lives as nurse missionaries in Nigeria. They never married or had children, which was against the cultural norm for women in their time. They lived and worked in Nigeria, a place perhaps many of their friends and relatives would never have dreamed of visiting, let alone living. They were highly educated nurses, earning a college-level education, and for some like Helen Masters, additional education for specialty training.

Despite their altruism and contributions to Nigeria, their correspondence archives do not show any evidence of their awareness of altruism. It is likely that these women did not view themselves as altruists; in fact, the very word “altruism” is not found in their writing. The nurse missionaries of this study referred to their work as an answer to a calling or an imperative from a Christian obligation. Their humility in their letters, especially when mentioning sacrifices of comfort and family, further supports that these women had little, if no, awareness of their altruism.

The Nigerians, as seen through the correspondence, held the nurse missionaries in high respect and admiration. Their correspondence supports a deep sense of respect from
the Nigerians who knew and benefited from these nurse missionaries. They were reported in one letter as lying in the dirt for hours when Moon returned from furlough, which was a sign of respect and honor. Letters to the Foreign Mission Board from those who knew Ruth Kersey and Helen Masters remembered them as maternal figures.

However, as Nigeria was gaining independence, the regard of nurse missionaries, especially White ones, was not given as immediately. Masters recognized that her respect was no longer automatically given during the Nigerian Independence because of her race. There is no evidence in the correspondence archives that the Nigerians viewed the nurse missionaries as altruistic. The range of perceptions spanned from profound admiration from those who knew them to a questioning of authority for White people during the 1960s.

The interconnected variables of who were these nurse missionaries are important to broaden the understanding of these women’s life and work. The elements of their altruism, specifically their motivations, sacrifices, and benefits, have been addressed, as have the additional variables of race, gender, and religion. Historical research requires a close examination of the data within the larger context of history and this has been provided. The final Epilogue offers nursing implications, research recommendations, and a conclusion.
EPILOGUE

This study began as an exploration of altruism in the lives and work of four Southern Baptist nurse missionaries. Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters all provided examples of altruism in their work in Nigeria. They were all motivated by a religious calling to share the Gospel, a mission they believed would improve the eternal lives of others. They sacrificed their safety, time with their families, and comfort and health to fulfill this mission. The benefits to Nigeria are seen through their description of patient improvements, hospital and clinic records, and the legacy of the Kersey Home for Motherless Children. It was not the intention of this study to address the global altruism of missionary work, but this study did find it in the four women researched.

Altruism is a traditional value for nursing, in addition to being an educational and practice standard, and this study provided a broadened understanding of that value in the lives of the nurse missionaries. The findings of this study can help prepare nurses as they continue to grow into international fields and advance in leadership. This study is small in comparison to the full history of these women, but the examples of the altruism seen in the lives of Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters help clarify nursing’s identity by connecting its past with its future.

The discussion of the lives and work of Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters illuminates their important role in nursing history, in addition
to the broader context of altruism, race, gender, and religion. This epilogue is a final exploration into implications for nursing and future research.

**Implications for Nursing**

The purpose of history is to investigate the past to provide support for the present and future (Gaddis, 2002). This study has implications for nursing as it continues to develop altruism, leadership, global health, and its own identity. Each topic is addressed in this section.

**Altruism**

Nursing has a tradition of altruism, often seen when nurses place the needs of their patients over their own. In addition to its history, altruism has become a benchmark for nursing education and practice. It is listed as one of the values by the American Association of Colleges of Nursing (AACN, 2008) in its *Essentials of Baccalaureate Education*. This document provides the criteria which are the basis for designing and evaluating nursing programs, including how professional values are emphasized in the curriculum. Altruism is also identified in the American Nurses Association’s (ANA) *Code of Ethics* (2015) as a professional value that nurses must embody. It is identified in these documents as a “concern for the welfare and wellbeing of others” (AACN, 2008, p. 27) and as a “selfless concern for the wellbeing or benefit of others” (ANA, 2015, p. 41). Both of these definitions align with the one used in this study in that they acknowledge an emphasis of the other. However, their definitions differ from the one offered in this study by not including a motivation of sacrifice for the benefit of others (Clavien & Chapusiat, 2013; Haigh, 2009; Scefcyzek & Peacock, 2011; Steinberg, 2010).
Altruism, as supported in the literature and exemplified in this study, requires action and benefits, and involves much more than an internal concern.

This study offered an exploration of altruism using an interdisciplinary definition in the work and lives of four Southern Baptist nurse missionaries. The findings supported a re-examination of the understanding of altruism in nursing education and practice. It is appropriate that altruism be emphasized in the profession; however, this study supported its broader understanding to include motivations, sacrifices, and benefits.

**Global Health**

Today’s healthcare industry provides many comparisons to the one described in this study. The nurse missionaries presented here were practicing in a time when there was an emphasis on global health, particularly after the discovery of antibiotics and vaccinations in the western world (Wall, 2015). These innovations were shared throughout the world by western practitioners travelling across the world to share their resources and knowledge. Global health has once again become an emphasis of the healthcare industry.

The awareness and responsibility of global health have been promoted by both the Institute of Medicine (IOM, 2009) and the United Nations (2015). The World Health Organization (WHO, 2018) has proposed Sustainable Development Goals to “ensure healthy lives and promoting the well-being for all.” The success of these goals relies on global accountability and international partnerships (WHO, 2018). The lessons of the nurse missionaries, particularly in relation to their difficulties practicing in a foreign nation with an unfamiliar culture, will help prepare modern nurses as healthcare continues to reach beyond national borders.
In relation to the expansion of healthcare into the global arena, the educational practice known as “international service learning” has increased in popularity, especially for nursing programs. International service learning is an approach that extends the partnerships of universities into the global environment and provides opportunities for students to serve foreign communities while meeting educational objectives (Flecky, 2011; Gillis & MacLellan, 2010). International service learning trips have similar conditions to the ones examined in this study, and the findings can help to strengthen the curriculum to include altruism.

**Leadership**

The nurse missionaries embodied leadership. Often working as the only nurse missionary in the medical center or clinic, the women of this study were responsible not only for total patient care, including diagnosis and treatment, but also for managing the administrative functions. Their correspondence showed their detailed record keeping, including patient volumes (both in-patient and outpatient), number of treatments, and average lengths of stays. Two of them also founded and developed their own patient programs, the Kersey Home for Motherless Children by Ruth Kersey and the Leprosy Management Program by Hazel Moon. Helen Masters returned to the United States to further her education as a nurse midwife to meet the needs of her community in Nigeria, stepping up to the challenge when no one else was available. These women exemplified leadership in nursing practice by recognizing their patients’ needs, then developing and managing the success of their programs. The fact that the Kersey Home for Motherless Children is still in operation today is a testament to Kersey’s leadership legacy. Nursing today has been challenged to expand its leadership presence in politics and research,
among other areas (IOM, 2009). These nurse missionaries assessed a need and implemented a plan, in essence using the classic nursing process.

These four nursing missionaries led when women typically did not hold leadership positions or travel to other parts of the world to work. They developed their skills of working with local communities and sharing in decisions about healthcare, all the while bringing their own religious and health-related values into the mix. Their examples can provide support for the nurses of today to follow their path and meet the calling of nursing.

Identity

Historical research, in addition to all the lessons learned from examining the data and the contextual variables, helps to clarify one’s identity (Gaddis, 2002; Lewenson & Herrman, 2008). By exploring this new area of nursing’s history, this study has provided an account of nursing’s past accomplishments that helps support nursing’s identity as a leader in patient care and an integral part of the healthcare industry. While these nurses were at times working as the only nurse missionaries in an area, collaboration among translators, doctors, and community members was vital to their success. Nursing has been challenging its history as a subservient profession, and this study supports its presence as an autonomous healthcare discipline.

Recommendations for Future Research

Future research is needed in the exploration of nurse missionaries and altruism. This study was limited to the accounts of four Southern Baptist nurse missionaries working in Nigeria during the mid-20th century. The findings therefore cannot be
broadened beyond these parameters. Recommendations for further research include examining a diverse nurse missionary population from different faiths who worked in different areas of Africa and the world. Expanding the exploration of nurse missionaries and altruism into different religions, regions, and timeframes will further contribute to this body of knowledge and strengthen this research. Research that explores the community experience is also recommended to address the perceptions of those who were the recipients of missionary work.

Additionally, missionary nursing continues to offer opportunities for both long-term and short-term commitments. Schools of nursing are expanding their curricula to encourage students to participate in non-religious service trips to third-world countries (Flecky, 2011). Further research is recommended to explore their experiences in relation to altruism. Religious nursing also remains a career path with parish nursing (Johnson & Johnson, 2018). Further research is needed to explore how their faith interfaces with their modern practice, specifically in relation to altruism.

Summary

This study illuminated the meaning of altruism in the lives and work of four Southern Baptist nurse missionaries. The findings of this study, particularly on how race, gender, and religion impacted their work, support nursing’s identity and its growth as leaders in global healthcare. Ultimately, this study aimed to explicate the meaning of altruism through the nurse missionaries. The extraordinary lives of Ruth Kersey, Amanda Tinkle, Hazel Moon, and Helen Masters demonstrated not only their personal experiences but also nursing’s legacy: a life of altruism in action.
REFERENCES


Robb, I. S. (1901). *Nursing ethics: For hospital and private use*. Cleveland, OH: Savage.


Appendix A

Timeline of Missionaries and Historical Events

Southern Baptist Church founded 1845

Nigerian Baptist Convention founded 1914

1907 Baptist Medical Center opened
Ogbomosho, Nigeria

1914-1918 WWI

Kersey appointed 1920

1926 Home for Motherless Children founded

Tinkle appointed 1938

1939-1945 WWII

Moon appointed 1946

1950 Masters appointed

Kersey retired 1955

1960 Nigerian Independence

Nigerian Civil War 1967-1970

1973 Tinkle retired

Moon and Masters retire 1981