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Review Article

Saving Souls, Healing Bodies: Missionaries and Healthcare Delivery Among Black Communities in the Former Transvaal Province of South Africa during The Twentieth Century

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Abstract

The advent of western medicine in imperial/colonial Africa was cast by its mix of advocates as "mission and mandate". Missionary groups, who comprised a very active stakeholder in colonial social welfare, regarded themselves as being involved in a double mandate of saving souls and healing bodies. Across the length and breadth of colonial Africa, missionaries made their mark as providers of frontline healthcare services in under-served African communities. However, in South Africa the turn towards apartheid stifled missionary activity in the provision of healthcare services. But as this study seeks to show, in the case of the rural Transvaal, when the apartheid state took over the running of medical missions, a variety of missionary groups had - for all their ambiguity - already entrenched themselves as potential pioneers of primary healthcare in some localities. And there were legion.

Keywords: Medical missions, South Africa, Transvaal, native health, primary healthcare

Introduction

Missionary medicine was a pioneer of health services in many parts of rural colonial Africa. As *Michael Worboys* (1991, 2007) [21] has noted, colonial medicine advanced and presented itself as a "broader enterprise than I[mperial] T[ropical] M[edicine]" as it included "missionary activity, modernization, and protection of the health and welfare of indigenous peoples". In other words, it was "mission and mandate" (*Worboys* 1991, 207) [21]. In Africa, missionary explorers such as the Scottish-trained doctor, David Livingstone, and medical pioneers such as Albert Schweitzer and Albert Cook are some of the key names that often feature in discussions about the role of medical missions in Africa. Albert Schweitzer believed that "Medical mission was penitential, a means of 'righting the injustice and cruelties that in the course of centuries Africans have suffered at the hands of Europeans. Other mission doctors often imagined illness as a manifestation of spiritual corruption, regarding Africans as inherently diseased and sinful". On his part, the colonial Ugandan healthcare pioneer, Albert Cook, believed that the medical mission was there to attend to the physical sufferings of the Africans, caused by the diseases, which could be solved through a hybrid spiritual and medical approach (*Doyle* 2015, Ch.9) [1-3].

The dual missionary mandate of "healing bodies" and "saving" souls (*Hardiman* 2006) [6] was developed in the colonial frontier as a pragmatic approach to the missionary evangelical enterprise. This study outlines the activities of various missionary groups in

pioneering 'native health' services in the rural Transvaal during the twentieth century. Across the length and breadth of colonial Africa, missionaries made their mark as providers of frontline healthcare services in under-served African communities. However, in South Africa the turn towards apartheid stifled missionary activity in the provision of healthcare services. But as this study seeks to show, in the case of the rural Transvaal, when the apartheid state took over the running of medical missions, a variety of missionary groups (there were legion) had - for all their ambiguity - already started entrenching themselves as providers on community-based healthcare services in some localities.

Because of their public image as crusaders of religious modernity and anti-indigenous advocates, missionaries have largely received negative reviews in critical post-colonial literature as they are regarded as part of the broader colonial enterprise. Indeed, quite often missionaries found themselves at loggerheads with indigenous medical systems, which has been a refuge for many blacks even long before colonisation or the arrival of the missionaries on African soil. However, the negative image of medical missions in the literature is being revamped as scholars underscore their critical importance in challenging and forcing the colonial state to adopt certain policy initiatives that would eventually benefit African communities. In Tanganyika, for example, medical missions pioneered "maternal and child healthcare" (*Jennings* 20006, 227) [7-9]. In colonial Uganda, medical missions contributed immensely in the development of a system of primary health care" (*Doyle* 2015, Ch.9) [3]. In South Africa, missionary medical enterprises do not feature quite prominently in the historiography due to the fact that their work was overshadowed when the segregationist apartheid state took over the provision of medical and educational services in its consolidation of a separate development policy. However, what they had done before deserves attention.

The Advent of Missionaries in South African Society - An Overview

In South African context the role of the missionary societies in the provision of health services could be traced in the late 18th century when the London Missionary Society became the first to be established after Britain annexed the Cape in 1795. Subsequently, other European missionary societies followed suit. This was part of the broader European self-given mandate civilise the 'uncivilized' and redeem the 'heathens' from wallowing in sin and darkness. The redemptive narrative was the mainstay of the evangelical activities of European origin, including the British, Dutch, Germans, American, Swedish, and Roman Catholic denominations.

As colonialism started to transform African societies, need became even greater. In the rural Transvaal, the so-called 'reserves' became prime targets of missionary activity. The involvement of these missionary in health service provision filled the health gap left by the state, whose commitment as lethargic. Missionary institutions saw it fit to establish community medical centres for the provision of medical support to the communities. *Keegan Kautzky's* (2008) [11] work has highlighted the significance of *Elim* and Gelukspan hospitals in the Transvaal which became 'seedbed' of the community-based health and development initiatives that enjoyed the active involvement of rural communities. (*Kautzky K.A and Tollman S.M,* 2008) [11] The Care Groups in Elim was one of the most highly effective community health initiatives, which played a major role in the treatment and prevention of eye diseases such trachoma. The different missionary groups and their activities in the Transvaal are discussed below.

Dutch Missionaries and Healthcare in the Transvaal

Dutch missionary involvement in the health of the black people in the Transvaal can be traced back to 1908 when the Nederduidz Gerformeerde Kerk was established at Bochum. Although their main objective was to convert black people to Christianity, health came to be considered by the Dutch missionaries as crucial arena of missionary enterprise. This interest emerged as a result of the prevailing state of poverty and ill-health among the Bahananwa communities under Malebogo, who were marginalised by the Transvaal government when their land was taken and given to the white farmers. As the disease of poverty like tuberculosis was increasing, the 'NG Kerk' saw the need to erect a clinic within the church to overcome the problem. The clinic eventually developed into a hospital which is now called *Hellen Franz*. The success of the Dutch Missionaries at Bochum paved way for additional community health centres throughout the Transvaal. The opening of George Steggman Hospital at Saulspoort near Rustenburg in 1938 and a clinic at Gelukspan were other developments that extended the tentacles of Dutch medical missionary enterprise (*Gelfand* 1984) [4].

Reverend Abram Rousseau under the auspices of Dutch Reform missionaries, pioneered and contributed to medical missionary work in Sekhukhuneland from 1926 to 1940. His gravely illness, when he was serving in the Anglo-Boer War of 1989-1902, motivated him to accept an offer to serve in the evangelist and healing mission after he prayed and was healed (*Jordan* 2013, 184) [10]. Rousseau's work was a broad social responsibility as he managed to build schools and hospitals in the entire Sekhukhuneland area. One of the Dutch missionary hospitals established as a result of his inspiration was Maandagshoek, followed by several other missionary hospitals and congregations from 1946 to 1956 (*Jordaan* 2013,192) [10]. According to *G.J. Jordaan's* description of the 'integral mission' of the Dutch missionary work, "The different "mainline" churches responded to the needs that they saw, such as sickness and illiteracy, with the resources they had, such as modern health care and education" [10] (*Jordaan* 2013, 192).

In 1940 Dr. S. I. Le Roux started a mission station at Groothoek near Zebediela Estate which became one of the most important hospitals in the area (*Gelfand* 1984,28) [4]. The missionary health services were extended to the southern portion of Sibasa District of Vendaland where a large population of the Venda and Shangaan speaking people were residing. Tshilidzini Mission Hospital was established in 1956. Other mission stations established by the 'Nederduidze Gerformeerde Kerk' in the Transvaal included the

Ratanang Mission Hospital near the old Bourke's Luck Gold Mine, Haakdoorndraai about 400 miles from Potgietersrus (Mokopane), a 50-bed tuberculosis treatment centre at Mogalakwena Mission Hospital completed in 1960, Knobel Mission Hospital near Pietersburg District in 1961, Mandagshoek near Burgersfort in Sekhukhuneland and Metse-A-Bophelo near Trichardsdal in the Tzaneen District (*Gelfand* 1984) [4].

The Dutch missionary hospital at Tsimanyana, situated about 25km north-east of Groblersdal in Sekhukhuneland had a critical impact in the provision of Primary Health Care in the surrounding rural communities. These were communities afflicted by the twin evils of disease and poverty. In an Pam Mamogobo's related her experience of poverty that prevailed in the area during the1960s and 1970s, partly as a result of high unemployment levels and unequal access to resources (*Mamogobo* 2016) [16] As a purely rural and mountainous area, most of the members of these communities were forced to work on the white farms in Groblersdal and Roetan, where they were earning 'below bread level' salaries. Migrants from neighboring countries also added pressure over scarce resources and opportunities.

The medical missionary activities were felt even beyond the boundaries of the Transvaal. Other Dutch Missionary institutions included Thusong Hospital on the farm *Shiela* in 1968, Elizabeth Ross Mission Hospital in the north-eastern Free State; Nompumelelo Hospital near Ciskei Homeland in 1962; and other hospitals in Zululand. The 'NG Kerk' was of course in competition with other missionary societies who were also keen to establish similar health institutions in order to fulfill their twin aim of saving souls and healing bodies.

The Swiss Missionaries and Healthcare in the Transvaal

The roots of Swiss missionary activity in Southern Africa can be traced back to the 19th century when its major evangelist work featured in some localities in the region, with the prominent earliest one being the Valdezia settlement on the vicinity of the Soutpansburg mountain range, near Louis Trichardt. Since its inception in the 19th century, Swiss missionary work pre-occupied itself with a variety of issues including ethnographic work, knowledge production, and health (*Harries* 2007) [5]. Henri-Alexandre Junod and his son are some of the key names; while Elim is a key Swiss missionary endeavour in the history of rural South Africa. Like other missionary denominations, the Swiss considered healthcare to be a useful component of Christian values.

Elim Mission Hospital is the most popular Swiss Missionary establishment in the Transvaal. It originated in the 1890s as part of the activities of the Mission Romande, which sponsored the founder of the hospital, Dr Georges Liengme (*Mabika; Staehelin* 2008) [14,19,20,22]. According to Hines Mabika, "The Swiss took advantage of the local authorities' negligence, and implemented their own model of medicalization of African societies, understood as the way of improving health standards" (*Mabika* 2015,135) [14,15]. The Elim Mission Hospital was pioneering in running a model of rural eye care service, serving a large community afflicted by trachoma. Since this eye disease was classified as one of the diseases of poverty, the initiative of the hospital to provide preventative and promotive health activities was to a large extent directed towards community needs, most particularly the ordinary poverty-stricken rural population. Elim became the centre of a community health care initiative called the Elim Care Groups. Valdezia clinic predated Elim Mission Hospital. The Swiss spread their tentacles to a number of localities in the Transvaal especially where the Tsonga people were found. They set-up stations in areas such as Shiluvane (near Tzaneen) and Masana (in Bushbuckridge).

Like other institutions of missionary origin, Masana started as a church aiming at spreading Christianity to the natives in the surrounding district. However, existing health challenges paved way for the establishment of a clinic in 1934, with the help of resident missionary Reverend *A. A. Jaques*, assisted by *Miss A. Berry* (*Gelfand* 1984) [4]. The establishment of the Masana Hospital (now known as Mapulaneng Hospital) added impetus to the contribution of Swiss missionary activities on health matters. The hospital was established in 1937 as a result of the increasing demand for health care services by surrounding communities. Swiss missions continued to offer health services until Apartheid and homeland assumed responsibilities from the missions.

The Berlin Missionaries and Healthcare in the Transvaal

The Berlin Missionary Society of the Lutheran Church from Germany was one of the European missionary societies that directed their focus on the southern African region from the 19th century onwards. Just like other missionary establishments, its primary aim was the conversion of Africans to Christianity as Africans were generally perceived as being heathens and uncivilised. In order to facilitate its work properly, a variety of dioceses were established to serve the Africans through Christian education. The health services were considered at a later stage when it was realised that poor health, poverty, diseases were becoming a menacing threat to the African communities.

P. N. Mehlape, a long serving member of the Lutheran Church and a historian, revealed that there were seven dioceses which emerged from the Berlin Missionary Society. These dioceses included the Scandinavian Lutheran missionaries who worked among the Zulu communities in the South-Eastern diocese in Zululand; the Moravian Lutheran Missionaries who worked among the Tswana speaking people under Western diocese; the Northern Diocese for the Bapedi and the Venda in the Northern Transvaal; the Cape-Orange Diocese for the Coloureds in the Cape; the Botswana diocese for the Tswana people in the West; the Eastern diocese for the Swazi's and the Central diocese for Johannesburg and surrounding areas (*Mehlape* 2007) [8,17,18].

One of the most important Berlin Mission Stations was Masealama, situated about 50kms from Polokwane. This missionary

centre was established during the early 1920s. The missionaries in this area saw the need to extend their services from religion and education to community health development; hence a health centre was established (Figure 1).

Figure 1: Lutheran Missionary Health centre buildings at Masealama, Mankweng Area.

Note*: Photo credits: Photo taken by author.

Other health health centres were established throughout the entire rural areas of the Northern Transvaal. These health centres were subsequently closed during the 1990s due to financial constraints as most of the overseas donors withdrew their funding. Masealama Health Centre was also forced to close down during the early 2000s when the German donors and other funders withdrew their donations (Mehlape 2017) [8,18].

The Methodist Missionaries and Healthcare

The Methodist Christian Church, as one of the protestant churches had its origin from Scotland, founded by Reverend John Wesley during the 18th century. John Wesley was supported by his brother, Charles Wesley and the lay people in the preaching ministry in churches, homes and open spaces (*Leleki* 2003) [12,13]. Methodism was introduced in South Africa in the early 19th century and eventually planted in Warmbath before spreading to other areas in the Transvaal, such as Soutpansberg, Waterberg, and Sekhukhuneland (*htts://Methodist.org.za*). The Methodist missionary interest in healing matters in Southern Africa was motivated by the poverty and racial inequalities and resultant diseases among the blacks. This was an opportunity for them to evangelize through making meaningful change in people's lives. *Dr. Robert Douglas* Aitken spearheaded the health activities of the Methodist Church in South Africa and the Northern Transvaal communities. His arrival at Gooldville, in Sibasa area, in the Vendaland in January 1933 marked the beginning of his missionary work, which was also based on spreading Christianity with education and health care as part of the church's mission. His studies as a scientist, botanist, and medical doctor, paved way for his work serving the needs of various black communities in and around Sibasa.

In order to achieve his goals of providing healthcare services to the blacks, he converted some of the buildings left by a doctor who had stayed there for many years, to create a consulting room and dispensary. Further developments were made, including the renovation of dilapidated mission house and its extension into what became known as the Donald Frazer Hospital (*Gelfand* 1984, 225) [4]. The role of Methodist Church in the Northern Transvaal since 1930s had far-reaching implications in the development of community health care services of the rural blacks, at least in their area of focus. The number of clinics, hospital beds, nurses and nurses' homes, doctors funding and infrastructure expanded between the 1950s and 1960s.

Catholic Missionaries and Rural Health

The Roman Catholic Missionary work, like other European churches had its objective of civilising and converting the so-called 'uncivilised world' into Christianity. However, education and healthcare also fast became major priorities as reflected in many many colonies in Africa. In South Africa, the Roman Catholic Church managed to accumulate many followers in all four provinces since the Union Government came into being in 1910. In the Transvaal, the church's mission expanded rapidly in rural communities. This expansion was evident among the Venda, Tsonga, Pedi, Ndebele, Tswana and the Swazi speaking populations, most of who were residing in segregated areas where poverty was rife and state neglect quite prominent. The establishment of Catholic clinics and schools within the church's lands allocated by the government was significant.

By the 1930s in the Transvaal, many Catholic missions with schools and health centres were already in existence (*Gelfand*

1984) [4]. Although the main catholic centres were located in the urban areas, their missionary work had spread to the surrounding rural villages where their social services were desperately needed due to high levels of poverty and disease. The St. Vincent Hospital in Warmbath was one of the main Catholic hospitals that conveyed medical needs to surrounding Tswana, Pedi and other ethnic and racial groups who migrated to this area in search for jobs. The name St. Vincent was considered because of sisters of charity, who performed auxiliary duties as nurses and midwives. The institution had a long history of serving medical assistance to South African Defense Force who were injured during the Second World War. The provision of nurses as well as the training of additional nurses to run the hospital stimulated the development of community health in the area and elsewhere in the Northern Transvaal (*Gelfand* 1984, 231) [4].

Apart from St. Vincent Hospital in Warmbath (presently Bela-bela), other mission stations adopted similar models, but most popular in the form of clinics and schools. At Subiaco, located about 45km east of Pietersburg, was a primary school and a clinic which were crucial in the provision of services to the surrounding villages of Ga-Molepo and Ga-Mothapo. The takeover of missionary social services in 1973 however, led to the closure of the clinic during the 1980s, while the school remained. Other places included Motse Maria near Pietersburg, Glen Cowie in Sekhukhuneland, and many other Catholic health centres in the Transvaal.

The Contribution of Anglican Missionaries

The Anglican Missionaries also had remarkable influence in the development of community health services in the Transvaal. Although their contributions were minimal as compared to other missionary organisations, Jane Furse Memorial Hospital, located east of Groblersdal in Sekhukhuneland emerged as the most important health institution that performed pivotal role in the provision of health services throughout Sekhukhuneland over many years since its establishment. The growth of this hospital was associated with the growing population in the rest of Sekhukhuneland, during the 20th century, which subsequently influenced the need for additional clinics in the area. Pam Mamogobo has argued that although racial discrimination was still a stumbling block in the improvement of health services in the area, the efforts of these missionary doctors and other staff members played an immense contribution in the development and growth of black communities in Sekhukhuneland (Figure 2).

Figure 2: The older buildings of Jane Furse Memorial Hospital.

Note*: Source: *www.outdoorphoto.community.com*, Jane Furse Hospital Boiler // Outdoor Photo Gallery, Accessed on 22 August 2016.

The State Takeover of Missionary Health Institutions

Although the above discussed missionary enterprises had done a great deal of groundwork in the area of health service provision, these efforts were frustrated by the state's intervention in health matters from the 1970s onwards. From that period, the apartheid state started the process of taking over missionary health institutions like clinics and hospitals. The takeover of missionary hospitals and other health centres occurred in 1973 when missionary institutions were transferred to the homelands and placed under the jurisdiction of the Department of Bantu Administration and Development. Since the homelands were financially dependent on the Central Government, it became a clear the apartheid state would be in total charge. Although requests for building more hospitals in the homelands were made, the shortage of funds, doctors and nurses remained crucial challenges. Some of the hospitals formerly run by missionaries closed down due to lack of enough resources.

Conclusion

This study has shown that the Transvaal province was a very popular destination of missionary establishments that competed with each other in proving health services to the needy blacks. These faith-based organizations of European origin were instrumental in the building of clinics and hospitals. With financial support from Western countries, and streamlined services, missionaries were able to sustain their programmes effectively. Their successes were also made possible by their ability to train nurses and other members of the communities as health workers responsible for the prevention of diseases. These missionary efforts were ultimately hampered when their institutions were taken over by the apartheid government in 1973 and placed under homelands. By the time this happened however, missionaries had set themselves a reputation as being providers of frontline community healthcare.

References

1. AB Box, Davies GM (1983) ThabaeaThuso: An Account of the Jane Furse Memorial Hospital.
2. Booth WRC (1982) Paediatric problems in a rural area of South Africa: A Study in Southern Lebowa. South African Medical Journal 61(24): 911-913.
3. Doyle S (2015) Missionary Medicine and Primary Health care in Uganda: Implications for Universal Health care in Africa. The Journey of Universal Health Coverage pp. 73-81.
4. Gelfand M (1984) Christian Doctor and Nurse: The History of Medical Mission in South Africa from 1799-1976. Aitken Family Sandton.
5. P Harries (2007) Butterflies and Barbarians: Swiss Missionaries and Systems of Knowledge in South Africa. Oxford James Currey.
6. Hardiman D (2006) Healing Bodies, Saving Souls: Medical Missions in Asia and Africa.
7. (2018) *htts://Methodist.org.za*.
8. PN Mehlape, Lutheran Church, Mankweng Township, Sovenga (2007).
9. Jennings M (2008) Healing of Bodies, Salvation of Souls: Missionary Medicine in Colonial Tanganyika, 1870s-1939. Journal of Religion in Africa 38(1): 27-56.
10. Jordaan GJ (2013) The Contribution of the Pioneer Missionary, Reverend AJ Rousseau – 1925 to 1940 to the Dutch Reformed Church (DRC) Mission in Sekhukhuneland. Dutch Reformed Theological Journal 54(3&4).
11. Kautzky KA, Tollman SM (2008) A Perspective on Primary Health Care in South Africa: Primary Health Care: In Context. South African Health Review (1).
12. Leleki MW (2003) The Methodist Church and Society in Transvaal (1948-1976).
13. Letsoalo M (2016) Interview Masealama Play Centre, Mankweng Area.
14. Mabika H (2015) History of Community Health in Africa. The Swiss Medical Missionaries Endeavour in South Africa. Gesnerus 72(1): 135-158.
15. Mahlatji C (2015) Interview at Subiaco Catholic Mission Centre. Ga-Molepo.
16. Mamogobo P (2016) Interview in Polokwane.
17. Bantu (1967) A Fine example of international co-operation.
18. Mehlape PN (2007) Lutheran Church Mankweng Township Sovenga.
19. Staehelin S (2008) Elim Hospital 1899-1906. A Swiss Mission Hospital in the Transvaal. Master Thesis University of Basel Faculty of Humanities and Social Sciences.
20. (1947) Wits Historical Papers AD1715 File 9.7.1 The Donald Frazer Hospital Church of Scotland.
21. Worboys M (2000) The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940. Osiris 2(15): 207-218.
22. (2016) Jane Furse Hospital Boiler Outdoor Photo Gallery.