



“Connecting Healthcare Needs with Healthcare Resources Worldwide”

**Fact Finding Mission
Baptist Medical Center of Ogbomosa, Nigeria
October 23 – 30, 2004**

Introduction and Purpose

A medical team representing the HealthCare Outreach Network (HON) comprised of Ben and Loren McKibbens and Dr. Fred and Lavada Loper joined an academic team of six representatives from Texas Baptist Seminaries, Universities and the Baptist General Convention of Texas to visit and evaluate opportunities for partnerships and sharing of resources. The seminary property adjoins the medical center compound and these two functionally connected institutions proved to be ideal for the purposes intended. The medical team also wanted to be able to report first hand; we have seen, reviewed, investigated and confirmed the circumstances in which the medical center functions, therefore, enabling us to say unequivocally what the needs are and the severity of their plight.

Affiliations and Relationships

For close to 100 years, Southern Baptist missionaries and people of goodwill have led, built, taught, worked, and developed an absolutely marvelous legacy of converting spiritual commitment to practical applications. Two physicians and one nurse, all American missionaries, are buried there -wishing to stay where their hearts resided.

According to the hospital and seminary leadership, over the past several years, the Southern Baptist Convention’s redirection of support to church planting efforts in more unevangelized parts of the world required the medical center and seminary to develop their own sources of income. Patient charges, tuition, and perhaps the Nigerian Baptist Convention were the primary sources possibly available. All financial support of the Baptist Medical Center from the SBC’s International Mission Board ended in 2000.

Leaders of the medical center and seminary are very diligent in seeking and enhancing relationships. We visited the Nigerian Baptist Convention’s director, and the King of Ogbomosa - a Muslim whose Queen and favorite wife is a Baptist. These men and other institutional and denominational leaders all seem very respectful and supportive of the medical center. We also met with the pastor of a very large Baptist church in the area

and an impressive trustee recently retired from the accounting firm of PriceWaterhouseCoopers. So, our institutions and their directors seem to be well respected by denominational and political leaders. Physicians and students also displayed appreciation, respect and positive attitudes.

Facilities, Programs and Staff

Approximately 30 buildings comprise the medical center compound. Connecting wards for inpatients, outpatient space, offices, cafeterias, and maintenance facilities are the majority. In addition, there is a chapel, nursing classrooms, dorms and cottages for the professional staff, missionaries, and guests. Most of the buildings are quite old and need substantial repair. The faithfulness of so many is refreshing as they work in these facilities.

The campus is on twenty + acres, walled and secured 24 hours a day. Irregular electrical power service from the city requires the use of generators. The larger generator usually functions from 7 p.m. – 10 p.m., and the smaller one from 10 p.m. – 6 a.m., if surgery or other emergencies require it. Power is lost several times a day and occasionally is out all night. The hospital is very careful to coordinate the use of generators as fuel oil is very expensive. We were without certain equipment, lighting and fans during these outages.

There is one facility that we must describe more specifically, the leprosarium or leper colony. Several miles outside the city are five “encampments” housing those diagnosed with Hansen’s disease (leprosy) from throughout Nigeria. These patients are disowned by their families even after this horrible disease is arrested. The medical center provides a nurse daily into this bush country to deliver medications and to assist in a limited way with food. A driver is sent to the clusters once a week so that a selected representative still ambulatory from each, is able to go to the village and purchase rations for the week. Those 400+ patients try to survive on 5 cents per day by the government, plus what the medical center can provide. Our visit to three of these encampments will probably be seared in our memories forever. These facilities and circumstances are tragic, and would be even more so if the hospital was not available.

Events, Circumstances and Needs

The rainy season ends in the latter part of October and resumes in March. The months in between are very dry and good adequate water is always an issue. Ground water purity is unreliable year round. “Boreholes” or wells can’t get deep enough for consistency, therefore, cisterns are adjacent to every building with gutters and pipes to direct and store rainwater. This, along with power fluctuations and outdated equipment create circumstances that sometimes seem overwhelming to us. However, those operating this 250 bed facility with approximately 50% occupancy, continue with many needs. Specific equipment lists are being prioritized. Other needs relate to education. Since the phasing out of funding, the medical missionaries have returned to the states. Visiting and fulltime medical specialties particularly needed include general internists, orthopedists, general

dentists, dental surgeons, community and public health physicians. However, all surgical specialties are desired. There also exist training needs for nurse anesthetists, x-ray techs, optometrist, physical therapists, and assistants in setting up an ICU. Maintenance experts could be very helpful, particularly in the lab area. The hospital has been without a dentist of any kind for two years.

Community education is critical. One notable example is the lack of breast screenings and mammograms. The reasons given were: Muslim modesty restrictions, ignorance, and lack of equipment.

Obviously, economics play a major role. Without the financial support of past generations, the hospital faces an 80% indigent patient load with no governmental or Nigerian Baptist Convention programs to assist. Cash flow issues and some tightening of collection techniques were discussed at length. However, acquiring and retaining quality staff, obtaining and maintaining technology, and upgrading facilities are already reaching crisis proportions. Economic stability must occur to survive.

Summary and Conclusion

This past century, the faithful have provided hope in a very under developed country. Our Baptist name and medical center are respected, as we served all people, Muslims included. Policy decisions must be made regarding more non-emergency indigent patients and other fiscal issues. HON can play a significant role in the survival of this entity. Many of our hospitals throughout the United States are facing financial issues as well, however, their leaders, I'm sure, are willing to participate in various ways – which will be significant in Ogbomoso. This fact finding experience leaves an indelible impact on our minds and hearts. Now, we can put faces and names to people and places we have heard of for years. It creates a burden and demands attention. This is why HON exists.

Ben M. McKibbens, Executive Director
Healthcare Outreach Network