

A pioneer medical missionary talks about her life's work

Dr. Teddy's MISSION

Bob Smietana

In 1937, after graduating from Women's Medical College in Philadelphia, Theodora "Teddy" Johnson applied to serve in Tibet with China Inland Mission. The youngest of ten children, she had wanted to be a missionary since the age of seven.

During the application process, China Inland Mission doctors found a heart murmur. Concerned for her health, they rejected Johnson's application.

Perhaps the doctors were overcautious. Fifty-five years later, Dr. Teddy's heart is doing just fine, though her legs don't work as well as they once did. Johnson, eighty-nine, now walks with two canes. Still, she is strong enough to walk up the twenty-five steps that lead to her home just a half mile or so off of Bootjack Hill in Ridgway, Pennsylvania. She retired to Ridgway after serving for forty years as Covenant medical missionary in Congo.

While growing up in Ridgway, her family would often host visiting missionaries. Talking to those missionaries, Johnson says, made her want to be a missionary doctor. "The thing that caught my attention," she says, "were the pictures the missionaries showed of the sick children."

After graduating from high school, Johnson attended Moody Bible Institute in Chicago. Since she was only seventeen, her older sister had to agree to serve as her guardian. Johnson later studied chemistry at Wheaton College, and then went to medical school. She says her colleagues in medical school didn't understand her interest in missions.

"They said, 'Why go there? You'll never have the things you're supposed



to have,' " Johnson says. "They could not understand why someone could go to a foreign place with little money."

After completing her training at the Institute of Tropical Diseases in Antwerp, Belgium, Johnson arrived in Congo in 1939. Because of World War II, she didn't return to the U.S. until 1945. She first served in Karawa Mission Hospital, then later at the Gbado mission station. In 1949, she did a medical survey in the Bosobolo region, which led to a new medical mission center at Bokada in 1952.

When Johnson arrived in what was then Belgium Congo, she replaced Wallace Thornbloom, one of the first missionary doctors. Things were difficult in the early days—supplies were short because of the war. "We didn't have too much in the way of equipment or medicines," she says. "Sometimes when we fixed our trucks up, we'd use bandages instead of cords."

There were language barriers as well. Although Johnson spoke French, the official language of Congo, she didn't speak any of the native languages. She also worked at first without an assistant.

"I learned 'mpasi whapi,' which means 'Where is the pain?'" she says, "and a few questions like 'Is your body hot?' or 'Did you vomit?' That gave me an idea of the pain they had."

Early in her time in Congo, Johnson, who never married, says the fact that she was a single woman doctor was "hard for some people." But because she often worked on her own, she says being single became an asset.

"I was quite fulfilled with what I was doing," she says. "I was helping people, and I had the presence of the Lord. And if I had been married and had children in my house, I wouldn't have been able to take sick African children to my house. I was on a small station, alone, and I could set my own rules. I could do more things and set rules that wouldn't have worked at other stations."

Often, Johnson would treat premature babies with the help of a simple incubator that used hot water bottles. She also held a well-baby clinic every Thursday. To encourage parents to bring their children in she would give out bars of soap, which were in very short supply. She also gave her patients a card so that she and other Covenant doctors could track a patient's history. By some estimates, Dr. Teddy treated more than 40,000 patients in her time in Africa.

Much of her work focused on treating women and children. She says that that was the most satisfying part of her work. "[I liked] helping people that may not have been helped if I hadn't been there," she says, "and seeing these tiny babies get well and seeing women who were having trouble with deliveries take care of their children." She also went to



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local schools to examine the children, many of whom had intestinal parasites or malaria.

Johnson returned to the U.S. on several occasions, earning a master's degree in public health administration in 1968. While on furlough, she traveled the country, speaking in churches and showing slides of her work. She also worked to find supplies and medicine. Often when she spoke, she'd tell people about difficult decisions she had to make, because of a lack of medicine.

On one occasion, a woman came in, who had ulceration in her cheek. "I cleaned it out," Johnson says, "but I did not think she would live. I had only enough penicillin to help one person, but this person needed much more treatment than that. I prayed about it and

[felt] the Lord said, 'Don't give [the penicillin].' The next day she died and I had a hard time understanding the Lord."

Later that same day, a little girl came in with the same sort of infection in her cheek. The last dose of penicillin saved the girl's life. At least one church, after hearing that story, started sending extra penicillin to Congo.

Conditions at the Bokada station were primitive. For much of the time, there was no running water or no electricity. But Johnson had company. Gerda Wahrgren, a nurse from Sweden, came to work at the station after working with lepers at Karawa. The two also traveled to villages in a mobile clinic, donated by Covenant Women in 1968. The clinic was built on the back of truck.

Eileen Thorpe, who was in Congo at

the same time as Johnson, says the two made a good team. "Gerda was probably the ideal nurse to work with Teddy," she says. "They were as much at home in the villages as in the mission station."

Then in 1976, Wahrgren was diagnosed with cancer. The two traveled to the U.S., where Wahrgren was treated at Swedish Covenant Hospital in Chicago.

"She had pancreatic cancer which had spread all over her body," Johnson says. "We were close friends. I was like a member of her family and she was like a member of my family."

After Wahrgren's death, Johnson considered retiring but decided against it.

Bob Smietana is associate editor of The Covenant Companion.

A New Generation, the Same Mission

Before going back to Congo, she visited Wahrgren's family in Sweden. On the way there, the train she was traveling on had an accident, and Johnson broke her arm. To make matters worse, the ambulance carrying Johnson to the hospital blew out a tire and crashed as well. Her injuries allowed Johnson to take some time off—and to heal emotionally and physically. She then returned to Congo for two years. She retired in 1978 at the age of sixty-seven.

In 1995, Johnson was asked to speak at the graduation ceremony at Ridgway Area High School, where she shared some of the lessons she learned in Africa. The first was that “failure doesn't have to be permanent.” She told students about her repeated attempts to build a kiln for bricks—which failed because she couldn't find enough wood to keep it hot. “So we had to start all over,” she says, “and eventually we [succeeded].”

She also told them that she learned “how to accomplish something without having everything you need.” When she got to Bokada, many people in the area suffered from yaws, a tropical infection. “We had only twelve needles to vaccinate 200 people,” she says, “so we had to wash the needles over and over and sterilize them. It took forever, but we accomplished the task. Here, everything is provided, so if you don't have something you say that you can't do it.”

Johnson continues to use those lessons. Though she has a hard time getting around, she is still involved in public health issues. She works with a regional coalition on cancer awareness. Much of her time is spent on the phone, calling and arranging meetings. “I can't get out as much,” she says, “but I can still call.” She also took Spanish courses at the local high school so she could talk with some Spanish-speaking neighbors.

Johnson says that she misses many of the relationships that she had in Congo. For people there, she says, “presence is more important than words. Here, words are more important than presence. [The Africans] would come and sit with you if someone had died. Some people here can't sit for more than ten seconds without saying something. Your presence means you care. Your presence says you've taken the time to come, you have given yourself to them.” □

Until this May, Janeth Manzo had never been out of her native Ecuador. Since then she's traveled to California, then to Madrid, Spain, and on to Equatorial Guinea.

“This is just like seeing a movie,” she says, “except I'm in it.”

Manzo, an obstetrician from Quito, is in Equatorial Guinea for two years as a short-term missionary. She is the first medical missionary sent out by CIPE, an association of Latin American Covenant churches—Equatorial Guinea is the only Spanish-speaking country in Africa.

Before leaving for Equatorial Guinea, Manzo worked for nine years with FACE, the development wing of the Covenant Church of Ecuador, along with running her own private practice. With FACE, Manzo did medical outreach in rural communities.

Working with the Covenant Church in Ecuador brought her into contact with a number of missionaries. Manzo says she would often meet new missionaries when they arrived, and helped them get adjusted in their new surroundings. That experience helped prepare her for her own transition to a new culture.

“I knew that there would need to be cultural adaptation,” Manzo says. “I had seen it in other missionaries. It was easier to just stay and work in Ecuador. It wasn't that I wasn't prepared. The Lord had been preparing me for years. But theory is one thing, and living and practicing in the reality of the situation is another.”

When asked to describe an average day, Manzo says, “There are no average days in Equatorial Guinea. Each day brings its own surprises.”

Among the surprises is following Spanish customs for eating. Breakfast consists of a glass of milk and cookies. Lunch is at 1 p.m., followed by a sandwich for supper at 8 p.m. “I have never liked bread,” she says, “but here I've been able to eat it and be thankful.” Since it is the dry season, there is no running water at Manzo's house—she has to carry water upstairs to the second floor. There is also no electricity for most of the day, and medical equipment and supplies are limited.

“If Ecuador is the Third World,” she says, “then Equatorial Guinea is the Fifth World.”

Living in difficult circumstances is nothing new to Manzo. She grew up in one of the poorer neighborhoods of Guayaquil. Her family lived in a bamboo house, up on stilts, over the water. As Janeth began working, she was able to help improve their home—now her mom lives in a cement-block house on dry land. As she thought about leaving Ecuador, she worried about who would help her mother. Since her six brothers and sisters are married, Manzo helps support her mother. Before Manzo left, her mother started a small business selling school supplies, which has helped provide for her needs.

Since arriving on June 8, Manzo has opened a small office in a church for medical appointments one afternoon a week. Over the past few months, Manzo has seen the need for quality medical care in Equatorial Guinea. In one case, she treated a young pregnant woman whose uterus was infected. “Her new-born baby died of tetanus,” Manzo says. “This is hard to see when adequate medical attention could have saved the baby.”

Besides her office appointments, Manzo has been working on public health issues like AIDS awareness with a colleague from Latin America, as well as a group of seventy-five Cuban doctors. She has gotten to know a number of people with AIDS, many who were not aware of the consequences of their illness. At the first AIDS seminar that she gave, there were representatives from all of the churches in Bata, where she lives. Now she has many more patients who are pregnant women with AIDS.

“It's sad to see cases like this,” she says, “but we are working together with the Cuban doctors, and we will do everything possible [to help them].”

Despite the difficulties, Manzo believes that her ministry will make a difference. “I know that God will not allow me to take more than I can bear,” she says. “Where there is no way, God will make a way.” □



Nancy Reed contributed to this story. She is the coordinator of Hispanic church relations for the Department of World Mission.