9

Changes in nursing and mission in post-colonial Nigeria

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Introduction

In 1914, Britain created the country of Nigeria by joining northern and southern protectorates together. In a colonisation process that lasted more than forty years, the British employed treaties, battles, threats of deportation and collaboration with compliant local rulers as they established a policy of 'indirect rule'. Yet racial discrimination and other forms of alienation led to anti-colonial protests and nationalist resistance movements. After the Second World War, constitutional changes increased Nigerian self-governance, and in 1960 the country obtained independence, albeit an unstable one.[1]

Political tensions and ethnic and religious differences led to the civil war that began in 1967 when the southeastern area attempted to secede to form the Republic of Biafra. During the Nigerian civil war, Catholic mission hospitals became sites for a shift in the understanding of nursing and medical practices as missionaries worked to care for survivors of violence. After the war, a dominant role for Nigerians began in Catholic healthcare missions. They provided care, sustenance, help for orphans and protection of those suffering from the violence. Several authors have described the politics and humanitarianism of organisations that flew nightly shipments of food and medicines to a starving population in the southeast region during the war.[2] As these accounts are told, the relief work was essentially a European and American enterprise. Yet examination of healthcare activities at the local level reveals both Irish Catholic missionaries and Nigerians themselves working collaboratively to care for the ill and injured.

The purpose of this chapter is to examine the changes in nursing practice and personnel in Catholic mission hospitals that resulted from the Nigerian civil war from 1967 to 1970. Until then, Catholic sisters, or nuns, who served as mission nurses, physicians and midwives had been overwhelmingly white. When expatriates were expelled during the war, however, Nigerian sisters took over the leadership of Catholic healthcare institutions.[3] This chapter focuses on the Medical Missionaries of Mary (MMM), the Missionary Sisters of Our Lady of the Holy Rosary (Holy Rosary Sisters) and the Immaculate Heart of Mary (IHM), Mother of Christ Sisters. The first two began as Irish congregations, or orders, whereas the latter is a religious congregation of Nigerian women. The focus on missionaries' viewpoints provides insight into a neglected aspect of the post-colonial era in sub-Saharan Africa, the decolonisation and independence periods and what happened to healthcare during violence and massive displacement of people.

Through their religious congregations, Catholic sisters worked with many groups of women and men as they established hospitals and schools of nursing in Nigeria. Sisters combined religious commitment and medical science to relieve physical and spiritual suffering; indeed, they were bound by strong ties of gender, professionalism and religion. Nuns were strongly affected by the Catholic Church's emphasis on women's authority in the home and family; and when sisters ran hospitals and clinics, many focused on maternal care and children. They also recruited women for their religious congregations and engaged women as students in schools of nursing.[4] Yet they also challenged gendered conventions by working as physicians and surgeons and educating some African women in these roles, and establishing large general hospitals with specialties in medicine, surgery, obstetrics, gynaecology and paediatrics.[5]

Background of medical mission work in Nigeria

Protestant missions dominated in Nigeria until 1886, when the French Spiritans, or Holy Ghost Fathers, established a stronghold in the country. However, as the British expanded their colonial management they wanted English-speakers because business associates spoke English.[6] Thus in 1905 Irish mission work in Nigeria grew

when Irish-born Bishop Joseph Shanahan took over leadership of the Holy Ghost mission in Calabar (the eastern region).[7] Soon, Irish missionaries dominated in the area. Because colonial powers' religion was Christianity, this granted the Irish missions a distinct advantage, and they benefited from British colonialism.[8] Catholic mission personnel co-operated with colonial leaders who wanted the Catholics to run hospitals and schools, while Catholic missionaries wanted access to Nigerians for conversion purposes. In many areas, this continued after independence.

Yet as Thomas Csordas argues, in the post-colonial world, the Catholic Church was operating under new conditions, which included a 'rejection of the missionary work associated with colonialism'.[9] While changes in sub-Saharan Africa after independence bore a distinct colonial legacy of education and Western medical facilities, there is a broader narrative to consider that includes how critical moments in specific times and places produced specific practices.[10]

Diana Solano and Anne Marie Rafferty detail the establishment of the Colonial Nursing Association that began in 1896 to recruit British nurses for work across the British Empire.[11] Both colonial nurses and missionaries established nursing education projects in Nigeria, each based on the European model that centred on hospital training. Nigerian students worked under the guidance of white European nurses. The British erected the first government hospital in Calabar in the southeast, and by 1914, twenty-six medical facilities and one leprosy asylum were in existence.[12] It must be noted here that throughout the colonial era and for some time during decolonisation and independence, agents of biomedicine, including missionaries, marginalised indigenous medical practitioners.

The 1930s were a key time for nursing and medical expansion in Nigeria. Andrew G. Onokerhoraye notes that the inter-war years witnessed an expansion of hospitals such that by 1930, seventy-one were in existence and twenty-three were mission-owned, the latter reflecting both Protestant and Catholic expansion. At this time, the British colonial government supported missions that could develop rural programmes at Church expense while the government concentrated in urban areas. And as Protestant services grew, Catholic Church leaders were deeply concerned to continue their own influence.[13] A registration system began with the Ordinance of 1930 that

established the Nursing and Midwives Board of Nigeria, with midwives taking an examination set by that organisation in line with the contemporary British system of nurse training and regulation.

The 1930s were significant for another reason. Compared to Protestants, Catholic sisters came late to Africa because Catholic canon law forbade them from working in operating or delivery rooms. Thus, although they could become nurses and physicians, they could not be surgeons, midwives or obstetricians. This was probably related to a modesty requirement from the nuns' vow of chastity. Yet many of the needs of Africans concerned women, and much lobbying by lay women physicians, religious sisters and Irish, American and Australian bishops occurred. They not only saw the need for women surgeons and midwives to meet the needs of other women, but sisters also were needed to teach birth control and counter the work of Protestants in this arena. Anna Dengel, a sister physician who had worked in India and who actively petitioned the Vatican, was especially concerned about caring for Muslim women who lived in seclusion through the practice of purdah. Thus, the Church finally lifted the ban in 1936.[14] The edict made it possible for Marie Martin, an Irish nurse and midwife, to establish the MMM in Nigeria in 1937, with the motherhouse in Drogheda, Ireland. Bishop Charles Heerey, vicar-apostolate in Onitsha and Owerri, Nigeria, established the IHMs in 1937, as well, to be trained as teachers, nurses and midwives.[15] Although Bishop Shanahan founded the Holy Rosary Sisters in 1924 to be teachers in Nigeria, after 1936 they expanded their work into healthcare. Both the MMM and Holy Rosary Sisters were physicians, midwives and nurses who had benefited from opportunities to get medical degrees and nursing education in Ireland.[16]

In Catholic healthcare institutions, it was sisters, or nuns, who established and administered the hospitals, clinics and schools of nursing for Nigerians. Indeed, sisters went to the mission field with the expectation that they would work themselves out of a job by eventually replacing themselves with African nurses and midwives. After the MMM established Our Lady of Lourdes Hospital in Drogheda in 1940, which became a training school for nurses and physicians, the MMM sent some Nigerian women to study with the sisters there. These Nigerians then returned to their own country to practise in the MMM hospitals.

By 1945, there were 116 hospitals in all of Nigeria, of which 46 were mission-based.[17] A report by Sir Sydney Phillipson, the British Commissioner for Regional Administration in the Gold Coast, in 1949 called for increased grants-in-aid to mission hospitals. Catholic missions welcomed this aid because they needed the money.[18] That year, the Holy Rosary Sisters had general hospitals, clinic, and maternity homes in Emekuku, Ihiala, Nsukka and Onitsha, among other places.[19] The MMM had several hospitals in the southeastern part of the country, including facilities in Ogoja, Afikpo, Arua Akpan, and the largest of all in Anua, the 300-bed St Luke's Hospital. Of the indigenous women's religious congregations, the IHMs had the largest numbers of facilities in the 1960s: they ran fifteen schools, two teachers' training colleges and several maternity homes, clinics and dispensaries.[20] By 1964, twenty maternity and general hospitals were in Catholic mission hands in southeastern Nigeria, and five were jointly run by the missions and government.[21]

The years after the Second World War also were expansion years for nursing in Nigeria. As European influence waned in the post-war years, the Registration of Nurses Ordinance was established in 1947 that set standards for all schools, and it established the Nursing Council of Nigeria as the regulating body. The Council determined specific age and minimum educational standards for entry, length of training and a syllabus; and a missionary served on the Council. The Nursing Council was part of the Ministry of Health, and it had to approve all hospitals for training purposes. Registered nurses were qualified as Nigerian Registered Nurses, or NRNs. Teaching was in English, as were the examinations. A school of nursing at University College Hospital, Ibadan, was formed in 1952, and in 1954, a Nigerian Midwifery Board was established.[22]

In this context, Catholic sisters sensed a serious situation for the future of their hospitals. In 1954 the MMM learned that each region in Nigeria, including the East, where Catholics predominated, was to have only two 'first-class' nurse training schools, one Protestant and one Catholic. The MMM were especially concerned because some medical officers in the Ministry of Health considered the Holy Rosary Sisters to have a better hospital, and the Holy Rosary Sisters also had a trained sister tutor ready to go to work. As an MMM noted, 'the whole nursing status of the Congregation depends on the next few months'.

This hastened the MMM decision to get sister tutors trained.[23] By 1958 St Luke's could boast that the school had fifty-eight Nigerian student nurses in their four-year programme. Most were women, but of the total, fourteen were men. The MMM did, indeed, obtain sister tutors and eventually met the Nursing Council of Nigeria's requirements.[24] By 1962 government and mission hospitals had well-established nursing and midwifery schools for Nigerian students. Significantly, both the Holy Rosary Sisters' hospital at Emekuku and St Luke's at Anua were some of the earliest schools of nursing to be recognised by both the Nursing Council of Nigeria and the British General Nursing Council.[25] Trained nurses and the fact that Catholic sisters could offer impressive procedures of modern medicine such as safer surgery and Caesarean sections were significant to the growth of the nursing and medical professions in Nigeria and especially after the civil war broke out.

Medical and nursing humanitarian relief during the Nigerian civil war

When the civil war broke out in 1967, sister physicians, surgeons, nurses and midwives were ready to respond, as were many students and graduates of their nursing schools. Although sources differ on the numbers of deaths during the war, it is estimated that from 1 to 3 million people, mostly unarmed civilians including women and children, lost their lives.[26] Both white missionaries and Nigerian nurses and civilians worked together in healthcare and relief centres. To illustrate these points, I have relied on archival documents that have not been examined before, including letters, a diary and film. While these mainly emphasise the sisters' work, they also hint at alliances with local people who fought for the survival of their communities during the crisis. For example, a 1969 online archive holds hundreds of thousands of hours of moving-image and sound recordings, photographs and documents, and it has been helpful in examining African sisters' work during the Nigerian civil war.[27] Without these sources, we would get an incomplete picture of relief work during the crisis.

Doing research on humanitarian relief work is problematic in many ways. Colonial leaders wrote many of the documents of African

history and they are full of cultural biases.[28] Mission documents are also plentiful, although much of the discourse was directed at an audience back home either to obtain donations or to report to the sisters' motherhouses. A major problem is the absence of voices of those excluded from power. Even though Nigerians were in the majority in their country, many lacked the means to document their personal experiences, and some archivists and librarians may not have been interested in collecting their stories. Thus, I have had to search for many different kinds of sources to get at the myriad people involved in the relief effort.

When sisters initially came to Nigeria, their purpose was to convert and establish churches where Catholicism had not yet developed. Yet even before the Nigerian civil war, missionary discourse had begun to change. Sisters wrote about treating the sick and injured even if conversions did not result. In 1962, Sister Dr Margaret Mary Nolan, a Medical Missionary of Mary in charge of St Luke's Hospital in Anua, described their work: 'Medical Mission work presupposes doing physical good to all who ask us – as Our Blessed Lord did. The question of conversion or change of life may come later.'[29] Many interpretations of change in Catholic nursing and medical practices assume that they began with the Second Vatican Council, or Vatican II (1962 to 1965), which brought about global institutional transformations. These included using English during Mass, engaging with other religions and appreciating other cultures. Yet other factors on the ground, such as violence and upheaval, significantly shaped sisters' ideas and practices.

Like other disasters, the Nigerian civil war generated large-scale displacements of people and resources.[30] The civil war was between the eastern region of Nigeria (renamed Biafra) and the rest of the country. Although the Catholic Church had made little impact in the northern part of Nigeria, which had a Muslim majority, Catholic missionaries were more successful in the southeastern region, particularly among the Ibo (Igbo). Significantly, the Ibos were the largest ethnic group to be displaced by the civil war, although many others were also affected.[31] The Biafrans declared themselves independent from Nigeria, which the Nigerian Federal Military Government ('Federals') regarded as an act of illegal secession. The Federals fought the war to reunite the country. One million people fled to the East,

and by April 1968, Biafrans had flooded into a landlocked enclave entirely surrounded by federal forces, who blockaded all the roads. Western nations were unwilling to breach Nigeria's national sovereignty and provide assistance across the border. The war lasted thirty months and Biafra collapsed in 1970.[32] Hospitals and clinics run by the MMM and Holy Rosary Sisters were in the middle of the fray.

One important written document is a diary by Sister Pauline Dean, a paediatrician and MMM who worked at St Mary's Hospital in Urua Akpan. Sister Pauline joined the MMM and went to Nigeria in 1961. As with any written document, it is important to determine who the intended audience was. In this case, Sister Pauline wrote it for private rather than public consumption, likely for her sisters back in Ireland. Perhaps it was an aid to help her recall her own experiences, or it may have served as a means of catharsis to expunge the horrors of the day from her mind so she could sleep at night. She did not say. What is known is that she did not intend to publish at the time of writing it, yet when she found it in an old suitcase forty years later, she decided to make it public. As she stated, 'I had forgotten how much the people suffered and secondly how many kind people helped us in caring for the sick and wounded.'[33] She wanted their stories told as much as hers. In writing the diary, her style is practical in form as she jotted down her own daily activities and those of the people she worked with. She squeezed in time to write after a long day of working in the hospital or in the refugee camps.

Sister Pauline recorded events from January to September 1968. The sisters at St Mary's included two nurse midwives, Sisters Eugene McCullagh and Elizabeth Dooley; two physicians, Sisters Pauline Dean and Leonie McSweeney; and administrator Sister Brigidine Murphy. The MMM established St Mary's in 1952; and at the time of the civil war it boasted 150 beds, a large surgical clinic and a training school for midwifery.[34] During the war, the hospital also was staffed by student nurses, nurses whom the sisters had trained and local volunteers. Biafran nurses and midwives, social workers, caretakers of children and distributors of relief also formed part of the hospital personnel. Men did so as well. Most Protestant organisations had already 'Africanised', so few white Protestant missionaries were left in Nigeria at the time. The MMM, Holy Rosary Sisters and many Irish priests made the crucial decision to stay in Biafra.

As the war escalated, nursing and medical care expanded to include relief work. In her diary, Sister Pauline provided an eyewitness account of bombardments and descriptions of the severe malnutrition that especially affected children in the form of kwashiorkor, caused by a severe protein deficiency that resulted in anaemia, swelling of hands and feet and large protruding abdomens.[35] Her first entry on 23 January was an acknowledgement of the food problem and how nurses and physicians dealt with it: 'Food was scarce so we started to farm. Planted pumpkin, melon and okra.' On 28 January, she noted the growing havoc of the region: 'Plane and two thuds in OPD [outpatient department]. I did not hear because of screaming children.' Food issues continued to be a problem and on 14 February, she went to Use Abat to get yams.[36] On 3 March the hospital was bombed, and on 6 March, she 'went to Ikot Ekpene to get some splints. Then back – hastily because of air raid on Ikot Ekpene.'[37] Throughout the month, in addition to caring for patients, the nuns tended to their garden, helped at St Vincent de Paul's bazaar to get clothes for refugees and found families for orphaned children. On 25 March, Sister Pauline and her colleagues treated forty-five outpatients as planes flew over them, and then she and Sister Leonie worked in the operating room all afternoon.[38]

Sister Pauline described the many types of injuries they treated. On 27 March, she mentioned several wounded soldiers who arrived at the hospital, five 'mostly "shell shocked" ', and nine who were deaf from explosions. On 28 March, Sister Pauline described a full-term pregnant woman who had walked a long distance to the hospital. That same afternoon several soldiers came with conditions that ranged from 'shell shock', beatings and all 'fatigued'.[39] Other soldiers arrived on 29 March, with 'pains all over – deaf, etc.'. One man with a shoulder injury began haemorrhaging, and the sisters had to take him back to the operating room to staunch the bleeding.

The sisters placed orphaned children in the paediatric ward to care for them there. While this offered needed sustenance, sometimes the local children protected priests and sisters. When one of the priests took an orphan, 'Justina', to Aba to look for her father, 'She made friends with everyone on the way. At one point a soldier put his gun through the window – she shook hands with it and he withdrew it.'[40]

Eventually many of the secular nurses left the hospital to be with their families, and local men and women, priests and even soldiers volunteered their time to assist the sisters with feedings and care of babies. For example, 'There were two men with severe leg wounds and they were delighted to help to feed the babies.' In the midst of the chaos, Sister Pauline could relieve some stress through humour, especially when she described her own failings. As she was working with the two men patients, she wrote that when she went to retrieve the babies after they finished feeding them, she said something in the Efik language. She intended to say, 'Did the baby feed well?' Apparently, however, she said, 'Did the baby suck the breast well?' This brought great laughter from the men, who replied, 'Yes', they did.[41]

The diary mentions other examples of Nigerian participation in caretaking and relief work. On one occasion, a woman was shot close to the hospital, and a 'laundry man' helped Sister Pauline put her on a mattress and 'tidy her up'.[42] As the war continued, famine resulted because farming could not take place amid the battles. Yet the sisters had a key resource on their side: Nigerian sisters who were part of their local communities. Sister Agnes Maria Essien, an MMM, was the biological sister of a local chief, and she and her family were instrumental in sharing produce from their farm to feed refugees.[43] Sister Veronica Akpan, the first Nigerian sister in the MMM congregation, was active as a nurse. She and three other sisters had to flee Akpa Utong, an area in the southeastern region, at half an hour's notice.[44]

Although not a religious sister, Mrs Hogan was a Nigerian nurse-midwife who had trained in the United Kingdom, and she also assisted the sisters. She often accompanied them to refugee camps,[45] but we know of her activities only because Sister Pauline mentioned them in her diary. On 30 March, without operating-theatre staff, Mrs Hogan and Sister Eugene helped Sister Pauline to care for a man named Joseph who had machete wounds on the leg, chest and arms. His hand had been cut off at the wrist. In a six-hour surgical procedure, they repaired the wounds, and in their haste, the blood transfusion crashed to the floor. It was their last one. After the procedure, even though exhausted, they made rounds in the ward, fed the patients, and the men 'were delighted and fed the babies again!'.[46]

Sister Pauline was a paediatrician, but during the civil war she had to perform many surgical procedures on adults. When she faced an

unfamiliar surgical procedure, she sometimes had to read instructions from a surgical textbook as she operated. On 4 April, she and Sister Elizabeth attended to Joseph, once again, in order to amputate the lower part of his forearm so that a good supply of blood could get to the remaining extremity. As they were setting up for the procedure, a child dying from dehydration arrived, and they had to stop to set up an intraperitoneal drip for him. Then a critically ill woman with a pelvic infection came and they had to examine and treat her. Finally they were able to get started on the surgical procedure, but with few aides available they taught one of their laboratory assistants to don sterile gloves. He held the arm as Sister Pauline read from her textbook and operated.[47] Sisters and their co-workers also treated patients with appendicitis and strangulated hernias. Significantly, the hierarchical boundaries changed in the space of the hospital as sister-doctors also taught priests how to scrub and assist them in the operating room.[48]

During the month of May, 1968, the sisters and their co-workers held many outpatient clinics where they often tended to more than a hundred people a day. Local volunteers helped with translation, and members of the local military also assisted when no staff was available. In late May, Biafran authorities informed the sisters that they would have to evacuate, although they did not know when. With a sense of urgency, Sister Pauline wrote on 31 May: 'Usual OPD [outpatient department] in ward then out to Ikot Ebak camp. There are now 1,736 people in it and the crowd waiting around the building acting as dispensary was mighty ….Very hard to keep order. The militia are there to help. We work at a very fast rate to try and see as many as possible.'[49] Cultural and racial differences between the Irish sisters, who ran the hospitals and clinics, and the Nigerians who worked in them did exist, with lingering unresolved contradictions between the Catholic Church and its monopoly of power by whites. Yet in the context of violence and displacement, some of these boundaries blurred as workers from many groups sought to resolve the demands placed on their community in times of disaster.

One other diary entry, 11 June 1968, reveals the industriousness of local Biafrans in caring for themselves. After getting lost when travelling to a refugee camp:

> Found the compound a hive of industry – garri making ….They buy a plot of land with cassava on it ready to be harvested. One group picks it and

> another peels it, then it is cut up smaller and put in a sieve. The sieve is home made – a piece of iron with a nail driven through it many many times, then heated and oil added – and finally put out on a mat for 24 hours to dry. Some is eaten and some is sold to buy another cassava patch.[50]

Indeed, these were busy days for people all around the enclosed enclave. In the diary, rhetoric relating to religious conversion was notably absent.

Eventually the government forced the sisters to evacuate, and they left in September 1968. By then, an international ecumenical airlift had begun an operation to provide food, medicine and other relief supplies. American Protestants, Catholics and the Jewish community formed the Joint Church Aid organisation. Transnational alliances developed when the Americans were joined by Protestant Church agencies in Denmark, Norway, Sweden and Finland in forming an international Joint Church Aid group. Much of the relief materials raised internationally came through these agencies, along with a Canadian group, the World Council of Churches, Africa Concern and Oxfam.[51] Male missionaries who ran the airlift and other relief operations were major sources of news to the outside world, and they were able to generate great publicity. Photos of starving Biafran children flooded publications and the airwaves, especially in the United States, generating great public support.[52]

Yet other documents provide a different record of activities during the civil war. Films, for example, can allow us to glimpse images of people not otherwise known to historians. First-person accounts of the impressions of sister-nurses and physicians, their activities, the work of Biafrans and the people they tended can be found in a film located at Raidió Teilifís Éireann Archives (RTE), Ireland's National Public Service Broadcaster. This online archive holds hundreds of thousands of hours of moving-image and sound recordings, photographs and documents. Indeed, the Internet has significantly revolutionised historians' collection of this as well as other forms of archival material. One particular video, entitled *Night Flight to Uli*, was filmed by an Irish Radharc Television team in 1968 and sponsored by Caritas, the international Catholic relief agency. Its purpose was to highlight Caritas's work as one of the many aid agencies that used a widened stretch of blacktop road at Uli airport to land their planes

and supplies. Used as propaganda for the Irish Catholic view, some of the subjects in the film were staged, but others were not. The film is useful because it shows attitudes and interactions among aid workers and the Biafrans, taken at the time the events occurred. Indeed, film archives can be very helpful for historians to see actions and gestures and rhythmic movements as they took place at the time.[53] For example, the film features interviews with Irish Holy Ghost Fathers and the Irish Holy Rosary Sisters; yet it is important for another reason. Although not specifically discussed by the narrator, it shows the work of a Biafran Holy Rosary sister at a refugee camp as she provided relief services and instructed mothers how to care for their infants. She stated, 'For Biafrans, this is a war for independence. We are fighting for our rights …. If they leave us alone, that is all we want.'[54] In addition to meeting immediate needs for survival, this Biafran nun was working for her nation.

The film also shows a white Irish nun embodying the idea of cultural change. Rather than criticising African dances, as missionaries did in the past, this nun joined in an African dance performed with Biafran women. She was Sister M. Conrad Clifford, a Holy Rosary Sister who worked closely with the Biafrans to feed refugees. The Holy Rosary Sisters' hospitals and schools of nursing in southeastern Nigeria continued to be active during the civil war. While this film highlights the work of white missionaries and Caritas, it also illustrates Biafran doctors working at the Holy Rosary hospital in Ihiala as they cared for sick and injured people.[55] Indeed, the evidence shows the local response of Biafrans caring for themselves.

While mission archives feature only missionaries, other sources provide a broader image of relief work. Nigerian writer Chinua Achebe's memoir of the war provides his reckoning of the events as he tried to come to terms with the Biafra story. Born in the southeastern region, Achebe provided a moving account of the atrocities, as he viewed them, and the role that writers and other intellectuals played. Dr Aaron Ifekwunigwe directed the Biafran health services and cared for many children. His clinical research on the impact of starvation on children was particularly noteworthy. Achebe describes refugee camps not only developed by missions but also local villagers. He found 'a new spirit among the people', one of determination, 'of a people ready to put in their best and fight for their freedom'.[56]

Achebe also mentions his sister-in-law, Elizabeth Okoli, a nurse who worked at the Umuahia hospitals during the war. This nurse was highly respected for her intelligence and clinical prowess. After the war, she became chief nursing officer of the Anambra State in south-eastern Nigeria.[57]

Evidence of international efforts can be found in Swarthmore College's Peace Collection of photographs. Indeed, historical photographs can be useful documentary evidence. Although they may appear to provide pictures of real people and real places, caution is needed with their use. Photographs are artefacts that reflect the ideological assumptions and cultural practices of their time. While they are important primary sources, they have the same biases as written historical records.[58] One photo from the Peace Collection shows UNICEF and Joint Church Aid workers posing alongside Nigerians who all rendered service at Uli airport. Without this photograph, one would have an impression that only white aid workers assisted. One hundred and twenty-two Biafrans and thirty-five North American and European Joint Church Aid workers died in the airlift relief work.[59]

After the civil war

The Catholic Church's role in the conflict caused considerable political controversy. The Nigerian government was hostile to the priests, sisters and other relief agencies, arguing that they prolonged the war by feeding the enemy.[60] To the federal government, this work was illegal, and it became the main reason for its decision to expel 300 priests and 200 sisters from the country. Only a few were invited back later in the 1970s.[61] It was Nigerian sisters who maintained the hospitals after the expatriates left.[62] As a result, the Irish MMM no longer administer any of the hospitals they had established before the civil war, although they remain active in primary healthcare projects, such as programmes for disabled teens and persons with HIV/AIDS.

The shift from Irish to Nigerian leadership in mission healthcare was significant. Indeed, what was lost for the Irish sisters became an opportunity for Nigerians. In the 1950s and early 1960s the Catholic Church in Nigeria was at its most numerous in terms of black and white members, but it was still overwhelmingly led by whites.[63] This changed after the Nigerian civil war. With fewer white expatriates in

the Church, more Nigerians were ordained as priests; and Nigerian sister-nurses, -physicians and -midwives took over leadership in nursing and medicine. Africanisation of Church institutions did, in fact, increase after the civil war.[64] The government officially took over the MMM's St Luke's Hospital in Anua.[65] High on the Minister of Health's priority list was that qualified Nigerians should take control of the Nigerian hospitals. The Ministry of Health chose two MMM to promote to key positions: Sister Agnes Marie Essien became head of the school of midwifery at St Luke's; and Sister Veronica Akpan became deputy matron and eventually matron.[66] After the wartime destruction of Holy Rosary Hospital at Emekuku, Sister M. Therese Njoku, an IHM sister, helped reconstruct the damaged hospital and nursing school in 1970. The IHM sisters also re-established and upgraded other Catholic hospitals to high standards.[67] For these nurses and for the Nigerian government, the nation's right to care for its own was reasserted.

Conclusion

Mission documents, photographic evidence, films and memoirs provide evidence of a multi-national response to the Nigerian civil war, with Nigerians themselves working alongside missionaries and international relief organisations. It is tempting to credit changes in mission medicine and nursing in the 1960s to Vatican II and efforts of the global Catholic Church to become more open to other cultures. In Nigeria, however, political events prevented that from happening. Catholic medical and nursing sisters in the 1960s and 1970s in collaboration with local Nigerians dealt with desperate conditions. While sisters had long been heavily involved in health services and nursing education, increasingly they took on relief operations. They formed alliances with members from local Nigerian communities to work towards a humanitarian commitment for those affected by war and violence.[68] Indigenous women and men also provided needed care as nurses, midwives, physicians and assistants. After the war, Nigerian sisters helped rebuild the Catholic mission infrastructure.[69] Thus, mission activities expanded to include greater roles for Nigerians who provided needed physical, psychological and spiritual support, which was a significant change in Catholic mission.

Notes

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5 Oral history with Sister Jane Gates by Lauren Johnson and author, 17 March 2012.

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