

MEDICAL MISSIONARIES IN ETHIOPIA

Adapted from the broadcast audio segment; use the audio player to listen to the story in its entirety.
Religious groups play a large role as healthcare providers in many African nations. It's not a recent phenomenon. As far back as the 19th Century missionaries began sharing western medicine along with the gospel.

Today the term 'medical missionary' can mean many things, from teenagers on spring break trips with the church groups to international faith based organizations with a global reach.

Dr. David Sorley and his wife Darlene are yet another type of medical missionary who have made it their careers to help where they can. Their work has spanned three decades taking them to Ethiopia, Uganda and Kenya. They are now retired and live in Saint Paul, Minnesota. Here are their reflections of their time on the ground in Africa with the International Mission Board, a Southern Baptist Missionary Organization.

Dr. David Sorley: We both felt that God brought us to Africa. I had the privilege of growing up in Northeast India. My father trained village pastors. I saw the poverty and the needs of people who are far from hospitals. I went to medical college with that in my heart that I wanted to be a medical missionary. I let Darlene know that when I was courting her and she agreed to take this great adventure of going as medical missionaries.

Dr. Darlene Sorley: It was a new experience for me. I had hardly been out of Minnesota! When we went, it was a little frightening for me. We had two little children, a two-year-old and a six-month-old baby.

Dr. David Sorley: When we went to Ethiopia, it was to fill an immediate need in a small mission hospital about two hours west of Addis Ababa. I worked there as a family doctor. My interest was in the people who lived one to two days journey by foot or by mule from the hospital. They wondered a lot about this American doctor who didn't like to stay at the hospital. He liked to go out to rural areas and carry a little knapsack with some medicines and treat people under trees. They were assured that I was a CIA agent because I didn't fit their pattern of what they saw the missionary doctor was supposed to be.

Dr. Darlene Sorley: We were in Uganda from '81 to '86 and we had a colleague who was working in the capital city. He'd say to us, "I am treating patients in Kampala with the best medicine I know of and I don't know what's happening. My patients keep dying. The Ugandans are calling it slim disease." People were losing weight and just wasting away. It was probably months or may be a year later that the medical science world came out with HIV and AIDS. We were transferred from there to Nairobi, Kenya where my husband was on assignment in the slums of Nairobi. I tried to find out if there was any kind of support program in the country for people with HIV and I did not find any. Then in 1989, the Red Cross in Kenya felt they needed to train counselors. I got in to that counseling course. In the training, the Red Cross said to us, "When you start working with people with HIV, you are going to expect that they are going to be talking about death. If you cannot handle the talking about death and dying and the spiritual issues that come up with these patients, you are going to have to refer them on to somebody else who can." People would come and they'd weep in finding out they had HIV. They would say, "I am going to die," and "What's going to happen to my family?" and "What's after death?" I was able to share with them the forgiveness we can have in Jesus Christ and the hope we can have of the Eternal Life with him.

Dr. David Sorley: We are very shy about talking about our own faith here in the U.S. If, as a doctor, I would offer to have prayer with the patient, the patient might think, "I must have cancer or some incurable disease otherwise the doctor would not be resorting to prayer!" When I would offer to pray with a patient in Africa, they were very welcoming of the idea. I would always ask them, "Would you like me to pray for you?" I think I had two people in all my years tell me, "No please, don't talk about God to me and don't pray." Maybe they thought that I was going to pray one of those very loud prayers and jump around a lot. To me, prayer is just a bringing a request before God.

Dr. Darlene Sorley: It was hard to see people come in and have to be tested for HIV because they were very fearful. At first, they would be taking many drugs. I think I had one client say, "I am taking 40 pills a day." There were a lot of side effects to the medications as well. But through the years, up until the time we retired, we saw a lot of drugs come in to be of help to people with HIV. I went back last January. I saw some of my clients and they are now on one pill a day. They are doing very well. I saw HIV from a very scary point of view with patients so frightened by it, to patients being able to live quite normal, healthy lives on one pill a day.

- See more at:

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