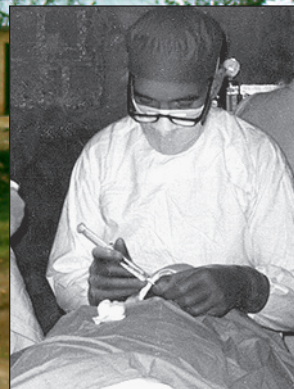
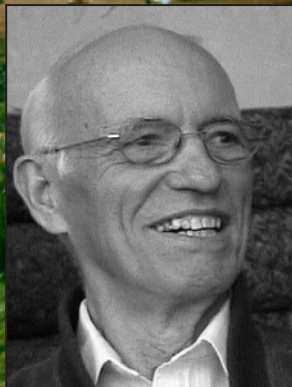


BWANA MGANGA

The Life of C. DONALD NELSON



Jack E. Nelson

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About the Author:

Jack E. Nelson is the third of Don and Laura Nelson's five sons. Among his other publications is *Christian Missionizing and Social Transformation: A History of Conflict and Change in Eastern Zaire* (Praeger, 1992).

To Laura J. Nelson

Table of Contents

Preface	5
Photos	15
Growing up on Dixie Mountain	25
Higher Education	63
Missionary in the Congo	78
Conflict in the Congo	130
California Doctor	152
Hôpital Lumière in Haiti	171
Addiction Recovery Medicine	195
Retirement?	211
Afterward	224

Preface

Traveling around on remote roads in the Congo in 1961 was full of risks. The country had descended into anarchy shortly after being granted independence from Belgian colonialism in June of the year before. Attacks by roving bands of marauders and drunken soldiers on European settlers had forced the Europeans to evacuate in mass into neighboring colonies, sending much of the country's formal economy into a tailspin. Katanga, the province richest in natural resources, had attempted to break away from the rest of the country and declare its own independence. The world's superpowers had quickly become entangled in the growing conflict, vying for control over most of the earth's known reserves

of cobalt, as well as large deposits of diamonds, uranium, copper and gold. In the midst of all the political instability, Patrice Lumumba, the newly independent nation's first elected prime minister, had been taken hostage and murdered. Evidence pointed to a Belgian plot—with CIA complicity—behind his execution.

An American missionary doctor by the name of C. Donald Nelson was, nonetheless, making excursions into rural areas in the far eastern province of Kivu during this period. On one occasion he was accompanied by another missionary, his close associate Richard Madsen. They were among the handful of Europeans and Americans left in that part of the country. Most of their fellow missionaries had departed when faced with growing threats to their security. Determined to encourage church leaders and to continue providing medical assistance to people, they had returned after evacuating their families to neighboring Uganda. Together they bounced along in a small VW Bug down a dusty and rapidly deteriorating

road toward a small mission station known as Bunyakiri, west of the city of Bukavu.

Their unexpected arrival at the mission compound, which had not had a missionary resident for some time, was a miraculous answer to prayers for the local school teacher and his wife. She had been in labor for more than a day, with severe complications preventing the completion of the delivery of their child. A small hand was sticking out, already showing signs of the baby's demise. The prospects of saving even the mother's life had been fading. There had been no transportation to use to take her to a hospital. What's more, as far as the family knew, there probably wasn't a trained physician left in the entire eastern region of the Congo. Given the circumstances, the young woman was facing a slow, painful death.

One can only imagine the surprise and hopefulness these people felt when, first, a vehicle pulled up, and, then, a doctor who they recognized stepped out. The Bwana Mganga (i.e., the healer), as he was known to Africans, had faced a lot of

challenging cases by then in his medical work in the Congo and had a reputation wherever he went as a competent and caring physician. They had no idea that he was even in the country, yet here he was, the one person they knew who could help them most at that critical moment.

Cases like this one, however, took more than training and skill. Known as a “transverse presentation” in medical terminology, the usual emergency treatment response would be a cesarean section to remove the fetus and try to save the mother. The problem was the doctor was not carrying around the kind of equipment needed to do any surgery, and it was a long way to the nearest hospital. Even trying to take the woman to a hospital did not appear to be an option, as she probably would have died en route. The situation called for someone with the self-confidence needed to try the near impossible.

Dr. Don explained the risks to the young schoolteacher, his ailing wife, and other friends and family members who had gathered around.

Preface

They had more faith in him at that point than he had in his own skills. After all, for them, he had arrived as an answer to their desperate prayers—surely he would follow through and bring healing. Other than a stethoscope, some tongue depressors and a variety of medications, he had little with which to work. Yet, in the years he had been in the Congo, often facing extreme medical conditions that would be a challenge for even a well-trained specialist, he had learned that if he did his best, then, even if he failed to save the patient, he could feel good about having tried. The alternative in that region of the country, where little medical assistance was available in the best of times, would have been almost certain death for many of those he treated.

The small group that had gathered, together with the two missionaries, knelt in prayer at the bedside of the suffering woman and petitioned God for a miracle. The doctor then scrubbed his hands as best he could and set to work. There was nothing ordinary about the procedure he at-

tempted. Carefully and very slowly, he inserted his hand up into the woman's uterus. Such a tactic is almost unheard of—certainly not recommended in medical schools—given the extreme risk of rupturing the uterus. When the contractions from her labor would start, he worked to coordinate his efforts with those movements. For over an hour he persisted, working slowly, while his entire arm turned numb because of the pressure. Finally, he managed to get the fetus turned around and was able to pull it out by the feet. The baby did not survive, but the mother came through okay.

Years later when practicing medicine in California, Dr. Don told a number of his medical colleagues, trained obstetricians, about this incident. They shook their heads in total disbelief. Doctors are taught in medical school that it is not possible to accomplish what he had done.

Since 1964, C. Donald Nelson, a family physician with some surgical training, has been practicing medicine in Redding, California.

Preface

During that time he spearheaded the establishment of emergency medical response teams in the six northeastern counties of California. He also took long periods off from his practice to raise funds for and oversee the construction and initial functioning of a hospital in the Caribbean nation of Haiti. More recently, he has developed a reputation as one of those rare doctors willing to devote time to assisting people suffering severe addiction to heroin and other drugs, and he has been instrumental in setting up halfway houses and an addiction recovery program.

Many of the thousands of patients who have gone to him for medical advice and treatment, as well as many of his colleagues and friends, do not know that he had an eventful career as a missionary doctor before he settled into his medical practice in California, that, at age seventy-six, continues to keep him busily occupied. Most are familiar with his other interests, particularly his dabbling in real-estate development. Some know him as the doctor who, after a morning of

wearing latex gloves in a surgical theater, loves putting on a pair of leather gloves and getting on a bulldozer for an afternoon of pushing dirt. The fuel drums and five-gallon oil cans in the back of the pickup trucks he used to drive must have made more than a few people wonder, as would the smell of diesel coming from the Levi jacket he sometimes wore to the office.

Don's five sons and his wife of fifty-three years, Laura, have long known that his fascination with surgery and medical diagnoses is equally matched by a love for construction projects. To his missionary colleagues, he was the doctor who, in reaching for a stethoscope in his back pocket, would often pull out a pair of pliers with it. He grew up in a logging community in Oregon where the ability to put in long arduous days of working with one's hands was a sign of strength and character. Going down to his ranch in nearby Cottonwood to put in afternoons working on one project or another continues to be a source of recreation and satisfaction for him. His preference

has always been to be able to work with his mind *and* his hands, to enjoy the best of both worlds.

But above all, he likes to imagine the possible—whether it be assistance to people suffering in a third-world country or the need for better medical treatment in this country—and then devote himself wholeheartedly until the dream turns into a reality. Taking the initiative, making things happen, and seeing projects through to their completion has been his forte.

One may well wonder how someone who grew up in a logging community in rural Oregon, where schooling was provided in a one-room schoolhouse and church programs were generally limited, could develop aspirations at an early age to become a missionary doctor in far off central Africa. That his dream was not forgotten but was cultivated and diligently pursued is testimony to the kind of determined young person Don was and how powerfully religious convictions can grip someone in their youth. The following account, based in large part on interviews with my father,

Don Nelson, tells the story of his childhood in Oregon, his ten years as a missionary doctor in the Congo, his subsequent involvement in Redding, California, and his founding of a hospital in Haiti. In an age when it is so easy to just observe events from the sidelines, it is a story of someone devoted to the Christian faith who believed he could make significantly positive contributions to life in this world.

Don's parents, Grace and Clarence Nelson, ca. 1956. They first met in Dixie Mountain, Oregon, and married after Clarence returned home from military service in France at the end of World War I.



Below, the Nelson family in 1962, with Grace and Don in the back, and Don's sisters, Elsie (married name, Cornelius) and Leona (married name, Pease), and Clarence in the front. Photos courtesy of Elsie Cornelius.





Don, at age eleven, in the center, among his school mates at Wallace School.
Photo courtesy of Pauline Lampa.



The little, rural Dixie Mountain Church, twenty miles northwest of Portland, Oregon, where Don was inspired to commit his life to Christian service. Photo used with permission of the Washington County Museum, Oregon.



Reverend Albert Fuller, behind the pulpit, brought revival to Dixie Mountain and planted in Don's mind the idea of becoming a missionary doctor. Photo used with permission of the Washington County Museum.

In 1998, Don revisited the site of the old church where his life was given new meaning sixty years earlier.





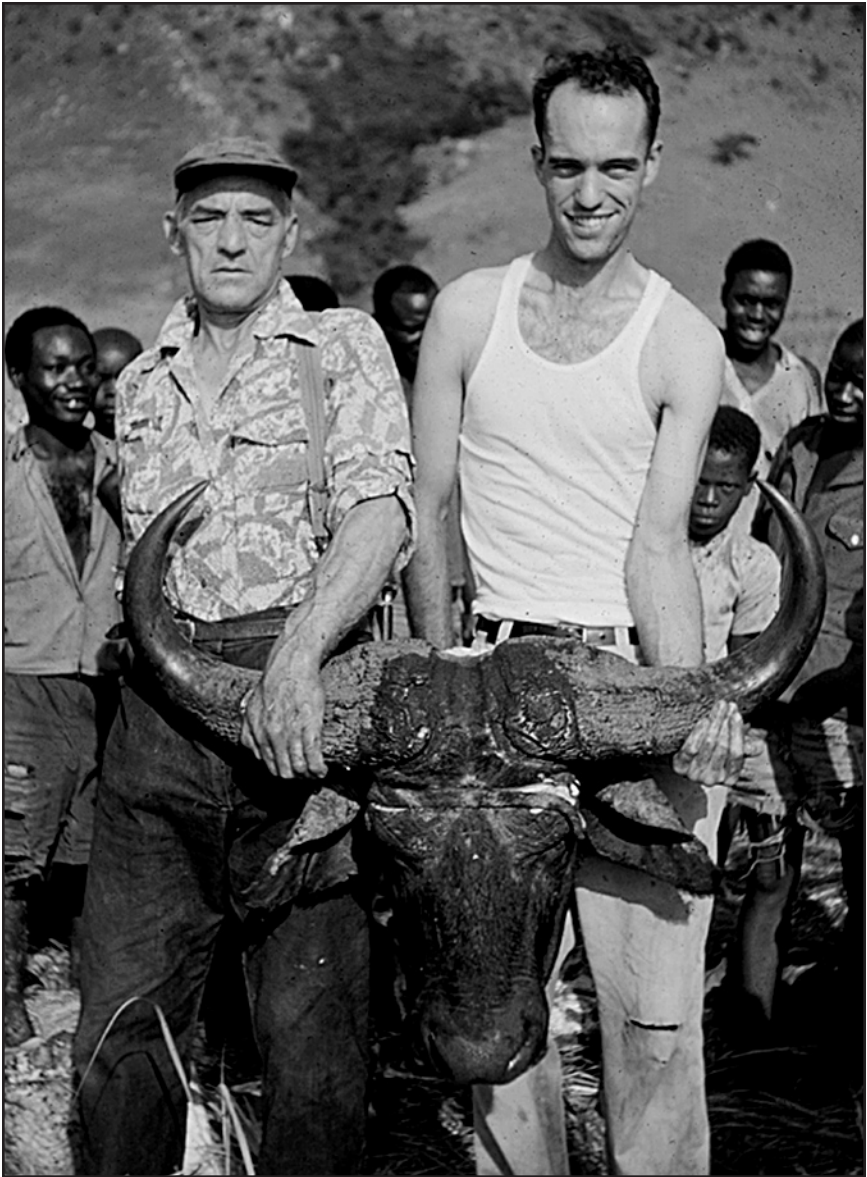
Don and Laura met while attending Northwestern Bible College in Minnesota and were married in Portland, Oregon, during August of 1948. Don was attending medical school at the time.



Don, Laura and their five sons in front of their home in the Congo, 1959. The boys are, from the left, Steve, Dan, Philip, Sam and Jack.



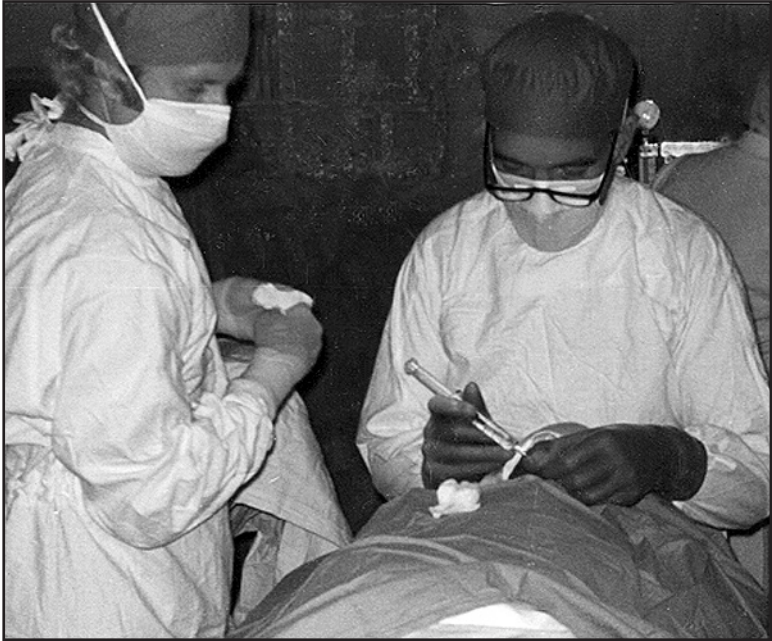
The hospital compound at Rwanguba, Congo, where Don worked during the 1950s and early 1960s.



Don's parents traveled to Africa in 1954 to help on construction projects. Clarence and Don also took advantage of opportunities to go hunting. This cape buffalo was felled when charging directly at them.



Dr. Don doing what he loved doing, in this case leveling a building site on the grounds of the hospital complex he directed the construction of at Bonne Fin, Haiti.



Before all the building work was completed or the paint was on the walls, Don began performing surgery at Hôpital Lumière (Hospital of Light). Here he works along with surgical technician Stuart Peel.



Don and Laura Nelson, ca. 1985

Growing Up on Dixie Mountain

The Nelson family roots in the little community that came to be known as Dixie Mountain, twenty miles northwest of Portland, Oregon, go back to 1888 when Don's grandparents homesteaded on 160 acres of timbered property on the crest of the Tualatin mountain range. The family had moved by covered wagon from Sonora, California, several years earlier, leaving behind exhausted gold fields in search of a simple farm life in Oregon.

At the time, the attractive farmlands in the valleys of northwest Oregon had already been homesteaded. But people were just beginning to lay claim to the less accessible, forested region in the hills that rise abruptly from the west bank of

the lower stretches of the Willamette River, four to five miles south of the town of Scappoose.

There on a spread they cleared out of the forest and called Dixie Ranch, Cornelius and Anna Nelson raised their six children. The youngest, Clarence, took to the woods when he was old enough to swing an ax and keep up with the strenuous work habits of the rugged men who harvested the old growth trees in the region. Then, after a stint in the Army, serving in France at the end of World War I, he returned to Oregon and married Grace Logan, who had spent part of her childhood on Dixie Mountain.

Together they built a small cabin on an eighty acre homestead a few miles down the road from where Clarence had grown up. Their first child, Elsie, was born within the first year of their marriage. Clarence Donald, who never liked the name Clarence, was born nearly three years later on October 11, 1925, and was known as Don. A third child, Leona, was added to the family when Don was ten years old.

Even before his marriage to Grace, Clarence, had teamed up with his brother Walt to start a small logging outfit that they called Nelson Brother's Logging Company. At first it was just the two of them, working with a team of horses to haul logs down to a mill in Scappoose. Their operation grew in time, especially after they invested in a large steam donkey (a steam powered winch used to pull logs out of the woods). They eventually employed up to fifteen men and often kept five trucks busy hauling logs.

Don's father was a classic hardworking logger. He was a well built man, weighing 190 pounds and having a six foot stature, with a thirty-two inch waist. A modest, yet determined individual, he was well respected in the community. His real skill lay in keeping machinery running and setting up the "high lead" systems of cables used in winching the harvested logs. As a repairman he was good at improvising with what was available. A "magician with machines" was the way one person described him. When their logging

operation moved to a new location, he focused on splicing cables, climbing “spar poles” to mount cable blocks, anchoring guy lines and hooking up the steam donkey to the entire winching setup. Most of his career in the woods spanned a period before there were chain saws, a time when trees were felled by men balanced on spring boards, swinging away with axes or pulling on crosscut saws. It was backbreaking work, yet loggers regularly put in twelve to fourteen-hour days, six days a week, in weather that was rainy as often as not.

This father figure would always remain Don’s most influential roll model. His ingenuity and self-reliance, as well as his unflagging work habits are traits Don learned to emulate from an early age. As a young child, Don grew used to hearing him leave for work before the sun came up. Only after sunset would he see him again, removing his caulk boots at the doorstep then entering the house, his overalls covered with sawdust, grease and grime. His evenings were

often spent sharpening cross-cut saws with a file, working by lantern light, in preparation for the next day's work.

Just as impressionable for Don was the respect that others had for his father. The men who worked for him had a high regard for him. Others in the community felt the same way. When a Grange hall was first being established in the Dixie Mountain community, a district officer of the Grange came to meet with community members to explain Grange by-laws and organization, as well as to preside over the election of officers for the new Grange chapter. Don remembers being taken along to that meeting. At one point in the meeting, the representative outlined the qualification needed by the person who would serve as treasurer, speaking of honesty and integrity, the need for other people to be able to trust the treasurer with their money. He then opened the floor for nominations. Someone in the audience promptly turned and looked at Clarence, then said, "Well, obviously, Clarence is the man for

the job.” Everyone else agreed and elected him unanimously.

Don’s mother generally worked from dawn to dusk as well. Much of her effort was spent tending a vegetable garden and canning much of the produce to feed the family through the winter months. She also looked after the pigs and steers that were to be slaughtered to add to the family’s food supply, meat that Grace canned as well. Somehow, she always found time to keep flowers growing around the house. If she did have a spare moment to sit, there was almost invariably a pair of knitting needles in her hands. The community quilting club and the church kept her socially active. And she raised three children, plus did the payroll for the logging business. Suffering from mild bouts of depression during much of her life, Grace was a quiet person who carried on in a helpful manner.

Clarence and Grace traveled around by a horse-pulled wagon when Don was a young child. Going down the hill on Pottratz Road on the way

home one afternoon, it began to rain. Don was about two years old at the time. He remembers being in a small box and his parents putting a blanket over it to protect him from the rain. The little child protested and repeatedly tore the blanket off, wanting to see out. That is Don's earliest memory, and he thinks it says something about his early determination to get the most out of life. He also remembers being boosted up onto a gigantic log that his father and Uncle Walt had felled and walking along the length of it when he was no more than two or three. The woods, and the world of hard working logging crews, was the atmosphere in which he grew up.

There was time for family life, nonetheless, amidst all the hard work. Dinner was generally served late, but the family always gathered around a table together, sitting on wooden benches. Clarence invariably said a prayer of thanks before every meal. Fruits, vegetables and meat were served year round, products of Grace's canning efforts. During the winter months when work demands

slackened, Clarence liked to read to his kids in the evenings, selecting stories from newspapers and magazines. A trip or two to the Oregon coast was taken nearly every summer, often accompanied by some of their relatives. Ships sailing beyond the horizon captured Don's imagination on those occasions, launching him into dreams of being a sailor and seeing the world. Tours up the Columbia River gorge were another favorite family outing, with visits to Multnomah Falls, Crown Point and other scenic sites.

Twice a year the kids were taken into Portland to see a movie, and Don remembers seeing Snow White and the Seven Dwarfs, Mickey Mouse and other Disney classics when these movies first came out. There were also Sunday trips three or four times a year into Portland to visit Clarence's sister and her husband, and other trips taken to nearby Hillsboro to visit Grace's mother and step-father. Shopping trips to town were also family outings, something Don has fond recollections of, particularly when supplies for the logging

business were purchased.

Dixie Mountain was at that time a very rural settlement, without even a general store to mark the center of the community. Roads into the area were in poor shape, described as being a mile deep with mud during the wet winter months. Telephone service became available early in the twentieth century when community members strung wires from tree to tree for a party line, but electrical service did not arrive until after Don had grown up and left. Community life revolved around the one room schoolhouse and, intermittently—when a minister willing to travel up the hill could be found—around the little community church building. The Grange hall came later, built with volunteer help from almost everyone in the area, and became a place for social gatherings.

During the years of Prohibition (1916-33), the dense forests and deep ravines on Dixie Mountain became sanctuaries for people involved in moonshining. Another vivid memory Don has from early childhood involved an encounter with

an angry moonshiner. Clarence stumbled on an unattended still while cruising timber one day and took his kids down to the site the following morning to give them some insight into the clandestine activities that went on in the area. This time there was an old woman looking after the brewing process and she did not take kindly to their poking around. Brandishing a six-shooter, she ordered them to get out. The sight of that menacing looking sidearm pointing right at him remained deeply embedded in Don's mind.

Nelson Brothers was not the only logging outfit harvesting timber off Dixie Mountain. Some of Don's other early memories are of workers from Brix Logging Company building a railway trestle across a swale nearby where the Nelsons lived. The Brix operation, a comparatively large outfit employing over a hundred and fifty men, dominated the scene for nearly ten years and left vivid impressions in Don's mind of what men with their machines, their ingenuity and their hard work can accomplish. By the time Brix finished up on Dixie

Mountain, much of the region had been stripped of old growth timber, all of it cut by hand, yarded in with steam donkeys, and hauled out on railway cars pulled by a steam locomotive.

Don was four years old when the stock market crashed in October of 1929. That fateful day came shortly after Nelson Brother's Logging had made a sale to a lumber company. With money to spend, the family went into Portland to get supplies. While Clarence went off to buy cables and parts needed for the logging operation, Grace took Elsie and Don to a toy store to give them an opportunity to pick out something for themselves. Don remembers finding a small toy truck, while his sister picked out a doll.

Before the items were paid for, these kids saw their father come hurriedly into the store and speak in disturbing whispers to their mother. She immediately made the kids put their selected items back and they all left the store at once. Clarence had just heard radio reports of sudden, steep declines in the market. At that point Don only

understood that something dramatic had taken place, but the effects of the ensuing depression extended through the rest of his childhood.

During those Depression years, in the wake of the Brix Logging operation, property sold cheaply on Dixie Mountain, and people down on their luck bought small “stump farms,” hoping to be able to eke out a living off the land. Tar paper shacks proliferated in the community, many with only a dirt floor on the inside.

By then, Clarence and Grace and their two children had moved from the cabin on their homestead to a new, better constructed house three or four miles up the road and not far from the little community church building. Their living conditions remained humble enough but were better than most of the newcomers. People say they always had later model cars than others in the community and they were the first in the community to have a radio, which operated off a car battery. (News of the kidnapping of Charles Lindbergh’s child was the first big story they

heard on their receiver.)

A demand for lumber remained even during the years of the Depression, and what Don's father and his uncle Walt lacked in education, they made up for with entrepreneurial ingenuity and hard work. The family was able to remain self-supporting, while unemployment lines grew and public works projects were initiated to provide relief for many from urban centers. Nelson Brothers Logging became one of the main employers on Dixie Mountain, matched only by a small lumber mill that cut railway ties.

This was a era when all too often those who came out with their dignity intact were people who scrambled to get back on their feet and make the most of bad situations, as economic conditions continued to deteriorate. The need to be resilient and self-reliant is something that was inculcated into Don's mind at an early age. He likes to tell people that they've got to learn to pick themselves up and keep going. "You can't just sit there and feel sorry for yourself. You've

got to look for ways to make things better.”

To illustrate this principle, he likes to tell an anecdote from his childhood on Dixie Mountain. Every year there was a community picnic that was always well attended. The kids looked forward to the organized games, the food and the ice-cream—a special treat in those days. One summer when Don was about five-years-old, there was a large mud puddle nearby where the afternoon activities were being held. Don, wanting to impress his peers, tried to cross the puddle, prancing across through the shallow water, barely keeping the water out of his shoes. His show-off effort floundered when he slipped and ended up sprawled in the middle of the puddle. But he promptly picked himself up, got out of the puddle, brushed off the mud as best he could and gamely went on playing.

Another, younger child who had watched Don, responded by attempting the same feat and, like Don, ended up lying in the muddy water. Rather than jumping up and getting out of the water, this

child just lay there screaming in desperation and kicking water all over himself, alerting all the adults. His mother had to wade out into the puddle to pick him up, then proceeded to humiliate him further by paddling him for getting himself in trouble. Don says he couldn't help thinking, "How dumb can a person get?" We all fall down at times; most people get up and get on with it. But to lie there and scream about it and not get up is the biggest disgrace. The view that an individual is his or her own best resource for making things better continues to be an important part of Don's outlook on life.

For schooling, Don was enrolled in the same school his father went to for eight years and his mother had attended for several years during her childhood. The original log cabin school building had burned down in a forest fire that swept through the area a few years before Don started, so there was a new structure when he started attending.

His most vivid recollection of first grade came

during the first week of the school year, when one of the older students, angry about something, challenged the teacher to a fistfight. No blows were exchanged, which was a good thing for the young male teacher, who probably would have gotten the worst of it at the hands of a tough teenager from the logging community. That was the end of that kid's education but just the beginning of a long educational program for young Don.

With around twenty students packed into one room that had a wood stove in the middle of it, and eight grades being taught by one teacher, the education program at Wallace School left a lot to be desired. Teachers were usually young women, though occasionally a young man was employed. For most of these instructors it was their first teaching assignment, and they would board with a family in the community during the school week and return to their homes in Portland or Hillsboro on the weekends.

Wallace School, on Dixie Mountain, was not considered an attractive post, and teachers gener-

ally lasted only for a year or two. Don remembers a rather disruptive atmosphere reigning much of the time, with little actual studying going on. The teachers sometimes added to the pandemonium. One male teacher took pleasure in disciplining students by making the culprits stand at the front of the class with a wastepaper basket on their heads. Other students were then told to attempt to throw items into the basket, as often as not hitting the student, which was the point of the whole humiliation ritual.

The school kids, full of pranks, were an unruly bunch. Water pistols were popular one year, and Don admits to having filled his pistol with ink one day and sprayed the back of the teacher's yellow blouse. No one let on that it was ink, so the teacher finished the day with a blue splotch on her back. That was a mild stunt compared to one he pulled a few years later on when he took a stick of dynamite from his father's supplies and set it off outside the school building at the start of the day. The teacher was really traumatized by

that one, and Don admits it was one of the dumber things he ever did.

Kids on Dixie Mountain learned such pranks from their parents and other adults in the community. Setting off sticks of dynamite outside people's bedroom windows was a typical way of "chivareing" a newly married couple, that is, welcoming them home from their honeymoon. Such notions of fun left a bit of a deviant streak in some of the kids, something that remained with Don.

When Don entered fifth grade he was the only student in the class, so the teacher just decided to make the teaching task easier by promoting him to the sixth grade. As a result, Don graduated from eighth grade at age twelve. But when he started riding the school bus twenty miles down the road to Hillsboro and attending high school there, it became obvious that his reading ability was that of a fourth grader and his other academic skills were equally limited.

There was more to preparation for life than

school, however, and in other areas Don applied himself more diligently. For play during his early years, he was often left to entertain himself, though sometimes joined by his best friend, Jack Harris. Together they carved out of a road bank an elaborate miniature road system for their toy vehicles, with switchbacks constructed to negotiate sharp turns up the steep incline. Don spent many afternoons building a small functioning water mill in a drainage ditch along the same county road. That project got destroyed when the road maintenance crew plowed it out with a road grader; and it was a big disappointment for the young engineer when his father wouldn't let him rebuild his pride and joy. But the idea of harnessing water power had captured his imagination. [Later in life Don would supervise the installation of a number of hydro-electric plants.]

Increased chores around the home became a regular part of life for him, including milking the family cow every day. Shortly thereafter, he also joined the local 4H group and began husbanding

his own livestock. As some of the residents on Dixie Mountain were beginning to purchase and use small, private electrical generators, the kids in 4H were taught the basics about electricity and electrical wiring. Don put his new knowledge to work when his parents bought a small generator and successfully, on his own, wired the family's barn for electrical lighting.

But more significantly, when he was nine, he started working in the woods for his father during the summer months. His job for the first few summers was that of "whistle punk." When a steam donkey was used to winch heavy logs up out of ravines, it was generally not possible for the donkey operator to see the choker setters, who attached the logs to the hook at the end of the winch cable. A whistle punk was stationed where he could see the choker setters and send signals to the setters and the operator by pulling on a wire that activated a steam whistle on the donkey. The job required remembering a series of signals that would inform the operator when

to stop and go, as well as when to move the line up or down the hill to position it for hooking up the logs. Given the potential danger to the choker setters working around heavy logs, they depended on the whistle punk for their safety.

Being entrusted with that responsibility was a big boost to Don's self-esteem, as was learning to put in long days like his father, working as a logger. This was also during the Depression, when most of his young peers did well to work several weeks in the summer picking berries. So the dollar a day wage he was earning—when men earned only four dollars—made him the envy of his schoolmates. Being occasionally asked by his father to skip a day of school to help with the work in the woods added to his sense of achievement, cultivating a confidence in his ability that became crucial in the future.

There were close calls for this young kid working in the company of men. The most critical came on one occasion when he nearly drowned in the Willamette River. Clarence and Walt used

to unload their harvested logs into an inlet along the river bank, and, when they had built up a good stockpile, they would bore holes in the logs they put around the perimeter of the raft of logs and use chains to link it all together, then hire a tugboat to tow the logs to a mill upriver. Boring the holes in the logs by hand with a four-inch auger was a strenuous task that Clarence and Walt used to work long and hard to get done. On one occasion when Don was only nine years old, his father and uncle Walt were busy boring holes, and Don was entertaining himself by jumping from one floating log to another at some distance from where the others were working. When a log spun unexpectedly, he went in, and unable to swim, quickly sank. Fortunately, his father saw him go in out of the corner of his eye and ran to his rescue.

As he grew older and stronger, he was given new jobs in the woods. For several summers he worked along with his cousin Dale, Walt's son, sawing and splitting the firewood used to fuel the

steam donkey. The donkey, designed such that a strong draft fanned the flames, could be a voracious monster when pulling in a load of logs big enough to fill a log truck. Keeping the firebox full of wood didn't allow for much time off. Around age fifteen, Don became the donkey operator one summer, a job that carried considerable prestige among logging crews. Later, he mostly ran the gasoline-powered loading donkey, requiring that he get up to go to work at 4 a.m. to start loading log trucks.

He also graduated from building small-scale roads for his toy trucks to the real thing. His dad taught him how to eyeball potential routes for logging roads and to follow through with the necessary surveying. He then learned how to operate the small bulldozer that Nelson Brothers Logging had to construct those roads, a skill that would repeatedly come in handy later in his life and also remain for him a form of recreation and enjoyment. At age fourteen, he learned to drive when he would accompany his dad taking loads

of logs down the hill to the river and be allowed to drive the empty truck back up Dixie Mountain. Later, he spent several summers driving a log truck, and one summer, just before he entered medical school, he worked as a timber faller.

Most formative, Don feels, of all the experiences he had working in the woods while growing up was watching his dad and his uncle Walt solve problems. Whether they were deciding how to set up a spar pole to winch logs out of a steep ravine, trouble-shooting malfunctioning equipment or figuring out how to construct a road down a hillside, Don often overheard their conversations and learned their thinking process. There was, first of all, a calm confidence that they projected, knowing that they could and would get the job done. Then there was the manner in which they set about accomplishing the task, taking the difficulties in stride. Also, watching them negotiate timber sales and the purchase of properties was part of this same learning experience. For Don, it was a lesson in self-reliance and self-confidence,

learning that one can solve for oneself most of the problems one encounters.

When he first began riding the school bus down to Hillsboro to attend high school, the academic skills of this younger-than-normal freshman were definitely lagging. He credits teachers for recognizing his potential, despite the poor education he had received up on the mountain, and it wasn't long before he was gravitating toward the more difficult courses and performing admirably. Literature or writing classes were never among his favorites, but he developed a love for science and did well in mathematics.

He also cultivated study habits that served him well during his years of higher education. With chores to be done when he got home in the evenings and poor lighting in the home for studying after dark, he learned to make the most of the one hour of study hall he had before the bus left for the ride back to Dixie Mountain. By focusing his attention totally on the task at hand, maintaining complete concentration on his homework, he

found that he could get all his assignments done in that one hour at the end of each school day and remember more of what he learned than other students who spent hours in the evening slaving over their books.

Again, however, the more critical education Don received was outside the channels of formal schooling. Consequential changes occurred in his life at the beginning of his high school years, changes that led him to dream of doing extraordinary things with his life and gave him the religious convictions and moral foundation that have remained with him to the present. He, himself, wonders about how things could have turned out completely different.

At that time in his life the biggest thing going on in the Dixie Mountain community was the semimonthly dance at the Grange hall. Local musicians organized the event and played tunes to accompany square dances, fox-trots, polkas and waltzes. It made for respectable socializing until the word spread and people started showing

up from all corners of the county. Soon it became an occasion for heavy drinking in the parking lot outside the hall. Drunken loggers seeking available women were prone to get into arguments that often broke into fistfights. Don initially got caught up in all the revelry. Along with his school friends, he mixed with young loggers who bragged of their drinking habits on the weekends and their exploits in the Portland bordellos.

About the same time that the Grange hall dances began getting popular, changes also started happening at the little Dixie Mountain Church. The small church building had been constructed in 1902 by members of the community, but worship services had always been rather intermittent. The community just wasn't large enough to support a full-time minister. Don's grandfather Cornelius was the backbone of the church in the early years, though he lacked the training for pastoral duties. Occasionally a minister from a neighboring community would make an effort to extend his ministry to Dixie Mountain, and enthusiasm

would grow—interest that always seemed to fade after a few months. From time to time, an uncle of Don’s mother, who was a Nazarene minister with Pentecostal/holiness convictions, would visit and hold revival services. The Nelson family also made trips to Hillsboro once in a while to attend the Christian Church. Still, spiritual life meant little to Don until a sustained revival occurred in the Dixie Mountain Church.

That revival on Dixie Mountain began in the fall of 1937 when a young man who had just completed ministerial training began making Dixie Mountain his mission field. Rev. Albert Fuller worked as a carpenter during the week for his father-in-law, a building contractor in Hillsboro, and devoted himself to his real passion on the weekends. People loved his dynamic personality and responded to his energetic teaching. He devoted extra time to lessons for children during the worship services and appealed to young people to assist him in the ministry.

Don, a freshman in high school at the time,

resisted the challenge only briefly, before embracing it wholeheartedly. Fuller, who was young enough for Don to be able to identify with, became a role model who opened up a global perspective to his young disciple, persuading him that, with God's leading, one could venture forth and seize the initiative in doing something beyond the ordinary with one's life. In retrospect, Don views his decision to respond to the Christian teaching he received from Fuller to be the most important event in his life. A fire was ignited in his heart, challenging him to attempt great things for God.

Don compares the experience of his conversion to another dramatic jolt he received about the same time. One evening in the fall, it started raining as he completed milking the family cow and brought the milk into the house. He put the milk pail in the kitchen sink and went to light the wood stove. With a little paper and some kindling, he struck a match and watched as the flame started to grow. Then, just as he closed the

opening on the stove and turned to go back to the kitchen, a sudden flash and a loud, explosive bang ruptured the silence, shattering a mirror hanging on the wall and filling the room with an uncanny energy. Aghast, Don thought the stove must have exploded and he ran for something to extinguish the fire. The first thing that came to hand was the pail full of milk, which he grabbed, then opened the door of the stove, ready to throw in the milk. But there, in the stove, all that greeted him was a small flame, the kindling just beginning to burn. Baffled, he ran outside the house. The air was full of smoke. A tall tree that stood nearby was smoldering.

A bolt of lightning had hit the tree, then followed the radio antenna that was attached to the tree down to the house, where it passed inside next to where the mirror had been on the wall. The side of the house was blackened from the intense heat. Likewise, Don's conversion awakened something in him and burned onto his heart and mind an indelible sense of conviction.

Fuller reached out to cultivate this faith. Early in his ministry on Dixie Mountain, he utilized his carpentry skills to make renovations to the little church building, adding knotty-pine paneling to the interior walls and constructing a baptismal tank behind the podium. Don shared in the work and became better acquainted with his new mentor in the process. A little later, Don began accompanying Fuller when he made visits to homes to invite people to attend church services. Clarence and Grace became actively involved as well, with Clarence faithfully providing rides to church for kids whose parents didn't attend. The little church was soon bursting at the seams with around seventy-five worshipers, nearly half the people in the community.

One of the things Fuller encouraged people to do was to tune into a radio preacher by the name of Professor Lowry, a teacher at the Bible Institute of Los Angeles. Lowry advocated scripture memorization as a means of cultivating one's spirituality and grounding one's moral values.

Even though his program came on at 11 p.m., Don became an active listener and sent away for a packet of a hundred-and-fifty cards that had select Bible verses printed on them. The exercise proved to be a powerful stimulus in his life, both in sharpening his intellectual abilities and in shaping his character. In looking back over his life, Don thinks this memorization program was the most important part of his spiritual development. Faithfully, he memorized one verse a day and reviewed those he had learned the week before.

Verses like Joshua 1:9: “Have not I commanded thee? Be strong and of a good courage; be not afraid, neither be thou dismayed: for the LORD thy God is with thee whithersoever thou goest”; and Psalm 27:1: “The LORD is my light and my salvation; whom shall I fear? the LORD is the strength of my life; of whom shall I be afraid?” became his favorites. In spare moments, after milking the cow and doing other chores, he would crawl into the hayloft in the barn and spend time in prayer. He became convinced that he wanted

to devote his life to serving God.

The idea of being a missionary first occurred to Don when Fuller began teaching about evangelistic work and the Christian mission to the world. This was a time when the worldwide mission of the church was gaining ground and there was much fervor for the effort in American churches. Even outside the churches—unlike later—few detractors voiced criticism; people viewed the civilizing effects of missionary work as a positive contribution on the part of the West to the undeveloped parts of the world. Fuller had a classmate when he attended school at the Bible Institute of Los Angeles who later went into missionary work in the Congo, and he suggested to Don that he start getting better acquainted with regions of the world where he might find a place to let God use him to help others.

Don took the suggestion seriously and began branching out in his reading interests. A book about life in South America initially intrigued him with the possibility of doing mission work

there. Then a book he found in the school library by Martin Johnson on explorations in the Ituri Forest of central Africa captured his imagination. He began envisioning himself as a missionary in Africa.

A year or two later, as his superior grades in science courses at school accumulated, Fuller hinted that he should consider being a medical missionary, earning a doctorate in medicine before going to the mission field. The idea resonated deeply in this eager student, filling him with ambition. At the same time, some people found it a little amusing when this pious young high school student who had never traveled farther than the Oregon coast started telling them that he was going to be a missionary doctor in Africa.

Even if his own travel experience was limited, striking out into unfamiliar parts of the world was not an altogether unheard of theme for Don as he was growing up. Don's parents had built a small cottage just behind their home for Clarence's father to live in during his old age, making it easy

for Don and his older sister to visit with their grandfather. The old man was fond of Postum, a substitute for coffee, and would serve it to them when they came by to converse. Cornelius was in his eighties, with a lifetime of stories to share. From him, Don learned about his great-grandparents leaving Denmark late in 1852 on a boat loaded with Mormon emigrants coming to America. Cornelius was born the year after they defected from the Mormons and settled in Iowa, and could remember his father working as a blacksmith in Council Bluffs. Later the family moved to northwest Missouri, from where Cornelius' father served in the Union Army during the Civil War. Cornelius struck out on his own at age nineteen to seek his fortune in the gold-rush towns of California, ending up working for a blacksmith named Julius Sutherland in Sonora.

Sutherland had interesting tales to relate, which Cornelius passed on to Don and his sister. He left home in Michigan in the spring of 1849 when the California gold rush was just getting started.

Halfway across the plains he came down with smallpox. Not wanting the entire wagon train to become infected, the leaders of the party decided to leave him along the trail in a tent next to a stream, after arrangements were made with local Indians to feed him. A young Indian boy bringing food to the door of his tent every day would drop it and quickly run away. Remarkably, Sutherland recovered and made his way back home to Michigan.

Still determined to go to California, he then sailed around the horn of South America and made his way up to the Sonora area. A few years later, he returned home again, going overland, to marry the woman he loved. Together they then traveled by boat down the Mississippi and sailed to Panama, where they hiked across the isthmus before sailing on to San Francisco.

Cornelius got along well with Sutherland, and even better with Sutherland's daughter Anna, whom he married in 1880. Then in 1886, Sutherland helped Cornelius rebuild a couple of old

wagons and accompanied him and Anna, along with their two children born in California, on a move to Oregon.

These stories of intrepid people who left homelands to seek a better life were one more source of inspiration for the budding missionary doctor growing up on Dixie Mountain. By then Don had already accumulated considerable practical experience. The problem solving tactics and the steady, determined work habits he learned from his father and uncle were more significant, in his mind, than what he learned at school. The confidence he gained in the process was further heightened by the Christian perspective he adopted. The Bible verse, “I can do all things through Christ who strengtheneth me” (Philippians 4:13) became his inspiration.

He wasn't waiting until he got to Africa to be a missionary, however. In his senior year in high school he teamed up with his closest friends, Frank Dobra and Don Baker, to form a club at school. They called their organization the SOS

Club, an acronym for Serving Our Savior. A dozen or more students met regularly to encourage each other in the Christian faith. Devoting their lives to full-time Christian service became a goal for most of the members of the club, and six of them eventually did enter the ministry in one form or another. For Don it was the leaping off point for more training in preparation for a life of Christian service.

Higher Education

Don decided while he was still in high school that he wanted to follow his mentor and attend Northwestern Bible College in Minnesota, where Fuller had completed his education. The school was associated with the Northern Baptist Convention (later the American Baptists), and was one of the denomination's primary training schools for missionaries and local pastors. Don also persuaded his best friend, Frank Dobra, to accompany him to Northwestern. And so, after another summer of working in the woods, Don, at the age of sixteen, along with Frank, boarded a train for a trip cross-country to Minneapolis.

Life in the big city was a radical change from the rural community where Don grew up in Or-

egon. Amidst a more sophisticated crowd of students from urban environments, he initially felt inferior. But near the beginning of his freshman year, his classmates voted this lanky, six-foot-two-inch upstart from the Oregon boondocks to be their class president, and he began to regain his confidence.

He and Frank enrolled in the three-year “missions course.” It was the kind of program that more prominent mission societies wanted to see candidates graduate from before allowing them to embark on a career as a missionary. Introductory courses in biblical studies, theology and practical ministry skills made up the curriculum. Theologically, the school was rather conservative during a time when acrimony was growing in the Northern Baptist Convention between modernists and fundamentalists.

Being in training for the ministry exempted Don from military duty during World War II. Yet in many ways, his education at Northwestern left him unchallenged. The study habits he

had developed in high school lapsed into a more carefree attitude. Cultivating a reputation as a prankster became more of a concern, something he shared with Frank—who took the cake. There was, in spite of it all, a more serious side to him. He spent a summer working for the American Sunday School Union, and during his senior year he preached regularly in a small rural church in Bethel, Minnesota. Attending a Billy Graham crusade in Minneapolis was one of the more inspiring experiences he had there.

The dream of being a missionary doctor kept burning in him, reinforced by books he read about Dr. David Livingstone and other heroic missionary figures. He wanted to be the kind of person who could swim against the current and, in dedicating his life to Christian service, could set goals and see significant changes occur under his influence.

He was terribly shy around women and didn't venture even one real date during the three years he took courses at Northwestern. Not that he

didn't notice some of the young women. The one he took the most liking to was a blond named Laura Collin, who had grown up on a small farm in Minnesota in a family that had six daughters. He was too timid to speak to her, but he liked to sit behind her in the classes they shared together. She would later say that she got acquainted with his big feet, which were always stretched out to the front of her chair, long before she got to know him.

His friend Frank generally sat next to him, so she actually saw more of him than the tall guy sitting behind her. To her, they were a couple of jokers. On one occasion, Don and Frank sought out some of their female classmates on the eve of an exam, acting desperately in need of help to prepare for the test. Laura was the only one to see through their bluff. "Let them flunk," was her response.

After he graduated in 1945, he went to the University of Minnesota campus that summer and spoke to an academic counselor about additional

courses he would need to complete to fulfill premed requirements and qualify for admission to a medical school. The counselor acted like he assumed that any student who had devoted three years to ministry courses was not cut out for premed work. He signed Don up for a chemistry class, hinting that the stringency of the course would end his fantasy of being a doctor.

The summer school course did force him to buckle down and do some serious studying, summoning the habits he had cultivated in high school; but he was proud to take a report card with an A- on it by the counselor's office at the end of the summer to let him know that it was possible to underestimate some students.

Studying chemistry was not the only thing Don had going during those summer months. He continued with his interim position as pastor at the small church in Bethel. But perhaps the real reason he stayed in Minnesota, rather than heading home to work in the woods, was his decision to extend some sign of interest to the young woman

he had been bashfully admiring, and who he thought had the qualities for being a partner on the mission field. Laura was kind of taken off guard when the guy whose feet she was familiar with approached her and asked if she would be interested in assisting with the Sunday school program at the Bethel Church. When she responded that it conflicted with her work schedule, he persisted, suggesting she change her schedule. She began getting the picture only when he asked her to join him for a canoe ride on a nearby lake. Not long afterward, Don became acquainted with Laura's family, living on a farm just outside the little community of Aiken, Minnesota.

By the end of the summer, they were both taking seriously the prospect of working at a mission hospital in Africa. Laura had long had a desire to do something along those lines, having been exposed to excitement about world evangelism from an early age. (Two of her five sisters also went into foreign mission work.) They agreed it would be best to postpone getting married until

most of Don's education was completed. When the summer came to a close, they invited a friend, Pearl Anderson, to join them on a trip in Don's 1935 Ford to Oregon.

The trip was a memorable adventure for them. They went through Yellowstone National Park, sleeping in the car and having a bear attempt to break in one night. While crossing the Rockies, they came close to disaster. The car heated up near the summit, and Don turned off the engine and coasted down the other side. Just as they pulled into a place that had a small store, the steering-wheel locking mechanism engaged. The only damage was to a mailbox they took out, but it left them grateful that the lockup hadn't occurred when they were coasting down the hill and around corners at fifty miles per hour.

Once in Oregon, Don enrolled at the University of Oregon in Eugene to complete premed requirements. He supported himself, and put into practice the training he had received at Bible school, by preaching on Sundays in a small church in

the nearby community of Dexter. Often he spent his Saturdays visiting with church people and prospective members in Dexter, then spent the night with a family from the church. The Kee-ney family adopted him and avidly supported his plans to complete medical school, then go to Africa. Laura found a job in Portland, working as a bookkeeper, and shared an apartment with her friend Pearl. Don and Laura generally saw each other on Sunday afternoons when he would drive up to Portland to take her out.

After two years of study in Eugene, Don graduated with a bachelor of science degree. And then, following a summer spent falling timber, he began studies at the University of Oregon's medical school in Portland. He was younger than most of his classmates, many of whom had spent time in military service during the war. Every bit of his intellectual capacity was challenged once courses got under way.

He, nonetheless, found an opportunity for ministry, teaching a Sunday school class at University

Park Baptist Church. He also took on a part-time job managing the school's medical bookstore and won respect from his employers when he doubled profits by bypassing a distributor and going directly to the publishers with the book orders.

By the end of his first year of medical school, Don and Laura decided that they had waited long enough to get married. That summer they hired a friend from Dixie Mountain, the new pastor of the little community church, to help them build a modest house in Portland. Then, at the end of the summer, on August 21, 1948, they were married in Portland.

For Laura, it was a long way from home, but her mother came out by train from Minnesota to attend the wedding, and her closest sister, Mae, at that time in Los Angeles, came up to be the maid of honor. The presiding ministers were Reverend Davis, who had been pastor in the little church Laura had attended as a child and who had later moved to Oregon, along with Rev. Al Fuller. Frank Dobra, of course, served as best man and

was responsible for most of the pranks that day.

A little more than a year after their marriage, life changed dramatically for both of them. Laura went into labor and Don rushed her to the hospital. He waited impatiently just outside the delivery room. The attending physician finally came out and said, “Congratulations on your second son.” Don responded, “No, this is just my first child.” The doctor informed him, “That’s what you think. You just had twin boys!” For a moment he stood dumbfounded. There had been no indication earlier that Laura was carrying twins.

Later, when Samuel and Daniel started crawling around, the doctor in training had to learn to study with kids climbing all over him, demanding his attention. A year-and-a-half later, toward the end of his fourth and final year of medical school, a third son, Jack, was born.

Following Don’s graduation from medical school, the family moved to San Bernardino, California, where Don interned at San Bernardino County Hospital. He learned to put his medical

training into practice, while trying to balance twenty-four hour shifts with family life. He found it a most rewarding year. The hospital was a large, busy facility, placing heavy demands on the staff. Interns, even with their limited experience, were given considerable responsibility. The training he received included assisting with and learning to perform routine surgical procedures. It was rudimentary preparation for what he would face on the mission field, but it proved to be crucial.

Plans to go to Africa, meanwhile, had proceeded. Brewing controversies in the Northern Baptist Convention between conservative and liberal factions resulted in a schism in the denomination in 1946 and the formation of a new denomination and missionary society. Support for the new organization, the Conservative Baptist Association, was widespread among Baptist churches in Oregon. At that juncture, joining the new denomination's mission effort seemed to be a reasonable step to take.

Don and Laura never thought of taking ad-

vantage of the lucrative prospects of a medical practice in the United States before going to the mission field. The purpose of all the years of training was to prepare for mission work. Their appointment to work in the Conservative Baptist's mission field in the Kivu province of the Belgian Congo took place during Don's senior year in medical school. As soon as his year of training in San Bernardino was completed, they were ready to move on.

With their three kids, they drove across the country to Minnesota early in the summer of 1952 and stayed for awhile with Laura's parents. They sold their vehicle there and continued by train to New York City. Aboard a passenger ship named the *Maasdam*, the family proceeded across the Atlantic to Amsterdam, then transferred to Brussels by train, arriving in early October.

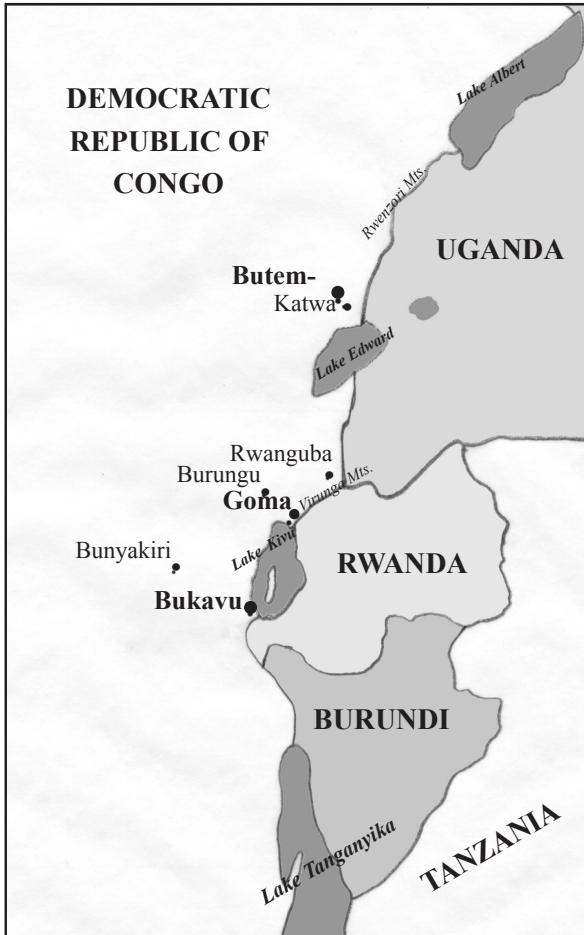
Before getting to Africa, there were still more hoops to pass through. The Congo was at that time a colony of Belgium, and the Belgium government had requirements for medical and edu-

cational missionaries. For doctors this involved a three-month course in tropical medicine. Since the class was taught in French, it also, for Don, meant greatly expanding the meager French he had learned in a one-year course during college.

The studies didn't preclude having a good time. There was opportunity for some travel around Europe before buckling down to improving French skills and learning about tropical diseases. But starting in January, Don enrolled in private lessons in French, while Laura looked after their three boys and prepared for the birth of another child. The twins had grown to be unruly little rebels, and Laura got some relief by farming them out to a day-care center for part of the day during the week. They came home after their first day at the center proudly repeating the first words they had learned in French: "*Méchant garçon*" (i.e., naughty boy). Steve, a fourth son, was born in April.

The studies in tropical medicine began in March, and the family moved to Antwerp, where

the course was taught. The class was rigorous, though dealing with a fascinating subject, and doing it in a foreign language made it doubly difficult. The young doctor didn't exactly pass with flying colors, but he did make the grade. By late August 1953, the family was on its way to Africa, flying to Entebbe, Uganda, then on to the town of Bukavu, along the eastern border of Congo, in the Kivu province. They were met at the airport by a missionary couple, the Bothwells, who took them to their home on a mission station about eight miles outside Bukavu. The long-anticipated career as a missionary doctor had finally begun.



The Nelson family resided, first, at Katwa, then, at Rwanguba in eastern Congo.

Missionary in the Congo

The Congo had been under colonial rule for nearly seventy years when the Nelson family arrived in the country. European hegemony began in 1885, first, under the personal control of King Leopold II of Belgium. Leopold had connived with other European leaders to let him manage this large region in central Africa as a free enterprise zone to be known as the Congo Free State. He hired Henry Stanley, the American journalist and explorer, to open up transport routes into the interior.

What followed was anything but freedom for the people who lived in the Congo River basin. In exchange for large portions of the profits, Leopold granted concessions to companies to

begin exploiting the region. Ivory was one of the first resources exploited, but that commodity was soon eclipsed when a growing demand for rubber in the West focused efforts on gathering latex from rubber trees in the vast interior forests. Pitched battles followed against Arab slave and ivory traders in the eastern part of the country, and genocidal measures were employed against local populations that refused to work for the European companies.

Joseph Conrad, who witnessed the carnage from the vantage point of a riverboat captain and gave western readers a fictionalized depiction of the horrors in *Heart of Darkness*, called it “the vilest scramble for loot that ever disfigured the history of human conscience.” The entire enterprise became so scandalous that Leopold was finally compelled to relinquish his personal control over the country. Thereafter, beginning in 1908, the Congo became a colony of Belgium.

Conditions only slowly improved after that, but following the Second World War more programs

for ameliorating the living conditions of the native people were instituted. Much of this was aimed at improving the health and welfare of new working classes that were employed in mineral mines and on large plantations. There was also a growing need to placate restless populations and attempt to dispel revolutionary potential by providing increased social benefits to the Congolese people in general.

By the 1950s, an extensive network of well-maintained roads existed throughout the country; remedial schooling (almost all of it under the auspices of mission societies) was widely available; health clinics were still sparse in the countryside but available in most small towns and urban areas; increased rights and entrepreneuring opportunities were being granted to a limited number of Congolese. In brief, much of the precolonial culture had been disrupted, new political structures had been instituted and a different economy had been introduced.

Religious changes had been widespread as well,

with concerted efforts made—particularly by Catholic missionary orders—to convert people to Christianity. All this change brought with it a legacy of resentment and seething hostility from a population that endured the harsh labor requirements and still bore the brunt of strict segregation policies.

The romanticized accounts of missionaries working among peasant Africans that Don had read during Bible college came up against a jarring reality of colonial conditions. A final stage in the tropical medicine course that he was required to complete involved spending six weeks in an internship working with a Belgian doctor in a government hospital in Bukavu. For the young missionary, eager to serve, it proved to be a rude awakening to the attitudes that many expatriates had regarding the Congolese people they worked among. The Belgian doctor was authoritarian in nature, insulting and demanding toward Africans. He made no attempt to disguise his contempt for the people he treated. More disturbing was to

learn that he was more the norm than the exception.

Deep-seated prejudices against Africans were an accepted view among most European settlers and government administrators. That African people were “just a few generations out of the trees” was a frequently heard expression of cynicism and disdain. Cursing Africans by calling them “monkeys” was common. Unfortunately, some of these prejudicial views rubbed off on many missionaries as well, and the consequences eventually returned to haunt missionaries and colonists alike.

Robert Bothwell, the missionary who had picked up the Nelson family at the airport when they arrived, showed Don a different side to life in the Congo. Seven years earlier, the Bothwell family had been among the first Conservative Baptist missionaries to enter the Belgian Congo. They had not initiated a new mission effort but assumed responsibility for the work of a small mission society known as the Unevangelized

Africa Mission. Under the leadership of Paul Hurlburt, Sr., the UAM had been working in the Kivu region of Congo since 1928. But the mission had suffered a chronic shortage of funds and personnel and had voluntarily turned its work over to the Conservative Baptists, with Hurlburt and a handful of the remaining UAM missionaries staying on to be a part of the new mission society. By the time the Nelsons arrived, there were nearly fifty Conservative Baptist missionaries working on a dozen different mission compounds.

Bothwell was a thoughtful, intellectual person, deeply committed to ministering to people and to translating the *New Testament* into the language of the local BaShi people. He helped Don get started learning the simplified dialect of Swahili known as Kingwana, which was the *lingua franca* in the region, and took Don along on his weekend visits to the churches where he ministered.

At a health clinic set up by the mission, Don put his skills to work. What made the biggest impression on him during his first weeks in Af-

rica was the number of cases he saw that could have been featured in medical textbooks as being extraordinary. One of the first patients he helped was a woman who, for years, had been suffering a terrible tooth abscess. The case was far beyond any tooth problem he had seen before, and when he did finally get the tooth extracted, a large piece of dead jawbone came out with it. Lucid memories of appalling medical conditions would accumulate for Don in the years ahead.

After six weeks of introduction to Africa in the Bukavu area, the Nelson family moved several hundred miles to the north and took up residence at a mission station known as Katwa, near the town of Butembo, a growing commercial center. From Katwa, the glaciated, 16,000-foot-high peaks of the Ruenzori Mountains—sometimes referred to as the legendary Mountains of the Moon—can be seen, just fifty miles to the northeast. And from not too far a distance, one can also look down on the wildlife teeming Semlike Plain and Lake Edward. Katwa, though only ten miles

from the Equator, has a relatively cool climate, being at an elevation of over 5,000 feet, in an area that became prime arabica coffee and tea growing country for European settlers. Butembo also served as the administrative center for the mineral mining that went on in the region.

The people living in that northern part of the Kivu province are known as the BaNandi, speaking Kinandi (more recently known as Lhuyira). They were mostly agriculturists, living relatively simple lives when Belgian rule arrived in the early 1920s. This was one of the last parts of Africa to be “pacified” by European colonists. Much changed after that, as Europeans coerced the native people into larger village settlements near roadways and required new building techniques for their huts (mud and wattle with thatched roofs), imposed tough agricultural quotas for farmers, and recruited a large portion of the population to work in mines and on plantations.

Despite the abuse they suffered at the hands of their colonial overlords, the ambitions of many

of these people only grew as they eagerly sought to learn about Western technological advances. A desire to learn to read, once people heard about that phenomenon, attracted many of them to mission stations in the early days. The UAM founding missionary, Paul Hurlburt, recruited his best converts from among the BaNandi, and these disciples of his became missionaries to other parts of Kivu.

Katwa was one of the first mission stations founded by Hurlburt, and over the years there had been much development on the compound. Bricks were the building material of choice and had gone into the construction of residences for missionaries, a large grammar school, a leprasarium, a boarding school for girls, and a growing hospital complex, among other facilities. The hospital was a relatively new addition, begun in 1950, when another missionary doctor by the name of Thomas Humphrey arrived to work there.

Humphrey, when he first arrived at Katwa, had had about as little experience in surgery as Don

had, but since there were no better medical options for Africans, he had learned to try his best, handling cases that sometimes were far beyond his training. In time, with a record of successes accumulating, he developed confidence in his own abilities. This was the most significant lesson that he taught his new colleague.

The original plan was for Don to work with Humphrey for six months to get acquainted with mission hospital administration and to learn from Humphrey's experience, as well as to continue with the study of Kingwana. After six months, Don was to transfer to the mission's other new hospital at a place called Rwanguba. As it turned out, Humphrey contracted hepatitis and returned to the United States for convalescence, so Don ended up manning the hospital at Katwa for an additional year.

Don suddenly found himself responsible for the entire hospital and the treatment—including the surgery—that was performed there. He adapted quickly to the task, learning to respond to the

many challenges he was presented with and being pleasantly surprised at the positive results his efforts yielded. By the end of his first year, he had become adept at dealing with the common cases he frequently encountered and better at identifying more difficult ailments. Diagnosing rare tropical diseases could be a difficult. Given that there were no other doctors nearby to consult with, his small library of medical books was generally his only resource. He also started feeling increasingly confident while performing surgery, occasionally attempting cases that would have been left to specialists in a European or American hospital.

He recalls from those early months of being the lone doctor at Katwa a number of formidable cases that he faced. First, a newborn child was brought in with an inflamed abdomen, high fever and signs of severe infection. The only hope was to open up the abdomen and attempt to identify what was wrong. Upon doing so, he immediately encountered a solid mass of scare tissue. Baffled,

his first impulse was to give up right there. But he continued, dissecting down around the appendix, thinking that it might be ruptured. What he found was much more unusual: a congenital perforation of the small intestine, with the material passing through the intestine leaking out into the abdomen, which led to adhesions in the intestinal cavity. He closed the perforation, sewed up the abdomen, put the child on antibiotics and fluids, and watched in amazement as the child recovered.

One fellow was brought in to the hospital with a tumor the size of a basketball just above the knee. The tumor was hard and irregular and proved to be a case of chondro sarcoma, a type of cancer. Don successfully amputated the man's leg. An even more unusual incident involved a patient with a lump on top of his head, which Don suspected was a benign cyst. Cutting around to remove it, he realized that it was melanoma that had actually eroded right through the man's skull and metastasized in his brain. Little could be done

to save that patient. Another memorable patient was a man who had been gored by a wild buffalo, with the horn of the beast going right through the man's face, ripping it wide open. Don thinks of that case as his first big plastic surgery challenge, and he thought he got reasonably good results.

Being a jack-of-all-trades was almost a prerequisite for the job, and in that respect Don was well qualified. In addition to his work as a doctor, he quickly threw himself into construction projects, supervising more hospital expansion when that was deemed necessary. Maintenance and repair of the hospital equipment fell on his shoulders, from the x-ray machine to the autoclave. He also took time to get better acquainted with the local culture and the rural ministry of native converts by accompanying another missionary couple, the Lawrences, on weeklong excursions into isolated areas of the Mitumba Mountains. And in November of 1954, he delivered his fifth son, when Laura gave birth to Philip.

About that time, Don's parents came to see

how the family was settling into missionary life. Clarence and Grace ended up staying for nearly a year, with Don's dad getting caught up in doing all kinds of projects, from working on the construction of buildings to vehicle maintenance jobs, even making a wooden leg for a young man whose limb Don had amputated. They found time for more than just work, however, travelling together to visit Murchison Falls in Western Uganda and getting in some big game hunting. Clarence fulfilled a dream of bagging an elephant and an African cape buffalo.

When Humphrey and his family returned from the United States to resume responsibility for the hospital at Katwa, the Nelson family packed up and moved south about a hundred and twenty miles to Rwanguba, where another mission hospital had been under construction. This hospital had been opened by a senior missionary doctor by the name of Charles Trout, with training in homeopathology, who had worked for many years at an African Inland Mission hospital in north-

east Congo. But Dr. Trout was eager to retire to a simpler life and had purchased property nearby on which to build a retirement home. Don was appointed to take over the work at the hospital.

Rwanguba, meaning the “hill of lightning” in the local dialect, is an exceptionally scenic location. The Ugandan border is only about six miles to the east of the mission station, which is situated near the foothills of the Virunga Mountains. The Virungas are made up of eight large volcanic peaks, most of which are over 10,000 feet high, with two of them extending to over 14,500 feet. Another two of the mountains have a recent history of volcanic activity and during the 1950s the reddish glow of molten lakes at the bottoms of their craters could be seen at night from Rwanguba. Occasional eruptions of volcanic fissures on the flanks of these latter mountains would spill out lava rivers onto the plain below, creating a spectacular scene that was visible from the mission. Just beyond the mountain peaks to the south of Rwanguba lies the small central Afri-

can country of Rwanda, at that point a United Nations trust under Belgian administration. The Rutshuru River, one of the more remote headwaters of the Nile, flows alongside the Rwanguba compound.

The people inhabiting the Njomba Valley and surrounding areas around Rwanguba are frequently referred to as Banyarwanda, meaning people of Rwanda, as they speak the language shared by people living in Rwanda and were loosely incorporated into the Rwandan kingdom before colonial boundaries divided Congo and Rwanda. Mostly they are members of the BaHutu ethnic group, which differs culturally in many ways from the BaNandi of North Kivu. Fewer of these people were recruited into a working class by Europeans during the colonial period, given the comparative lack of mineral resources in the area. Changes wrought by colonialism among them were not as extensive as among the BaNandi. A greater percentage of the Banyarwanda continued to pursue the livelihood of peasant

farmers, living in primitive huts made of banana tree fronds, among the fields of millet, sorghum and plantains that were the staple of their diet.

The Rwanguba mission station had been established by Hurlburt in 1931 and was staffed by BaNandi missionaries from up north. For a short period in 1933, an American missionary doctor by the name of Harris resided at Rwanguba, but his efforts to get a medical clinic going were short-lived. A small church group made up of local converts and BaNandi missionaries continued there until the Conservative Baptist missionaries arrived in 1948. At that point some major changes were initiated.

The new mission society decided to build a school for training African church leaders at Rwanguba, as well as to construct a hospital and a boarding school for missionary children. In addition, residences for eight missionary families and a number of single missionary women were built. Rwanguba became the largest of the Conservative Baptist mission compounds in the Congo. Much

of the early construction work was supervised by a veteran missionary by the name of Earl Camp, Sr., along with his two sons, Earl, Jr., and Norman. Life in that region was still pretty wild at that time. When the concrete floor of the doctor's residence was poured, the workers returned the next morning to find the paw marks of a leopard in the cement.

In 1955 when Don Nelson took over responsibility for the Rwanguba Hospital. The hospital had eighty beds in three wards, plus two surgical theaters, an x-ray lab, a pharmacy and assorted examination rooms. Don was the sole doctor, assisted by two dedicated missionary nurses, Patricia Pearson and Ella Mae Everett. There was also a staff of nurse's assistants, mostly men, who had completed three or four years of schooling, and whose training Don furthered with regular classes and on the job instruction. Despite their lack of formal education, these assistants became competent health professionals and handled most of the minor and typical cases

at the hospital. What was achieved at the hospital would not have been possible without them. Don developed a deep rapport with these assistants, meeting every morning for prayer and Bible study, as well as discussions regarding the work. Among them were Jeremiah Nzabanita, Paulo Nyando Mbululi and Yosefu Wenebwe.

The Rwanguba hospital was conceived as a response to the medical needs of the large rural population in the immediate area. But as word spread regarding the new doctor at Rwanguba, people started coming from far and wide—sometimes from hundreds of miles away—for treatment at the hospital. Those who could afford it rode buses or in the back of trucks to the nearby town of Rutshuru, seven miles west of Rwanguba. From there they generally had to walk or be carried, as little transportation to the hospital was available on a regular basis. They frequently bypassed government hospitals in the towns, where they could expect indignities from the European medical staff, preferring treatment at

the mission hospital. People would sometimes be at death's door when they arrived. In one exceptional instance, a woman struggled for three days to cover the distance from Rutshuru, arriving with a hemoglobin of one-and-a-half grams (that is, about ten percent of the average red substance in a person's blood).

European settlers living in the region, many of them either involved in commerce in the urban centers or running coffee plantations, also preferred to be treated at Rwanguba. A number of private rooms were built to accommodate people who were willing to pay more and these were generally used by European and Asian patients.

Don remembers one amusing incident involving a European patient that livened up one day in his busy life. The wife of the assistant colonial administrator for the district was in for treatment and brought her two-year-old child with her. The private room they occupied was on the second floor, with a gabled window halfway up the slanted roof. The little two year old managed to

climb up onto the windowsill, bounced right out onto the roof, slid down the galvanized tin roofing until his pants caught on a nail sticking up right at the edge of the roof. He ended up dangling and screaming, eight foot above a concrete patio, with his frantic mother crying for help out the window up above. The doctor was called upon to solve the problem, which he did with a ladder, getting the child back to its mother unharmed, though more than a bit shaken.

Conditions at the hospital remained rather primitive. Money was always in short supply and the staff muddled along trying to make do with what was available. Bare concrete floors were full of cracks, whitewashed walls were covered with stains, and equipment was often old, rusty military surplus material. As was customary in hospitals in colonial Africa, there was no general food service. Patients, if they were going to be staying, were required to bring along a family member to cook for them with food brought from home or purchased at a local market. There was

always a circle of small cooking fires burning in front of the hospital complex. These family members would also generally share the beds in the hospital wards with their ill relatives, or sleep on a mat on the floor between the beds or under a bed.

The stench of the place could get a bit overpowering. Many of the patients were unaccustomed to using latrines; others, reacting against colonial government measures that attempted to enforce the construction of latrines in villages, refused to use them. As there was no indoor plumbing, patients would frequently relieve themselves just outside the entrance to the wards during the night rather than take the hundred and fifty foot walk to the latrines on the back side of the hospital. Getting people to change their habits was an ongoing challenge. The staff did its best to try to enforce the rules—with little success. Don remembers one elderly female patient declaring to the staff, “I’ve never used a latrine in my life and I never will.”

The workload was also overwhelming at times. Up to 300 patients often came for treatment on a given day. Developing a system where the staff of assistants screened the patients first and directed the more serious cases to the doctor was an important step. That still generally left forty to fifty cases for the doctor to examine, cases that could be tropical diseases that were difficult to diagnose. Four to five cases of surgery were frequently performed in the afternoons, with the doctor moving from one surgical room to the other when the crucial work was done, leaving the stitching for his African assistants to do.

Besides the supervision of the staff and the treatment programs, there was also the task of ordering supplies for the hospital. Much of this material had to come from the United States or from England; only a limited number of items were available from Bukavu. Colonial restrictions and the fact that import permits often took months to process created serious problems, something the clever young doctor learned to get around

with slightly underhanded tactics that fooled the customs officials at the border. The alternative would have meant interrupting the treatments of TB patients and getting other essentials needed to keep the hospital running. Bandages and other wound dressings came from volunteer groups in the United States, faithful church people who cut up old linens for the purpose. Laura became integrally involved in managing supplies, as well as in doing all the bookkeeping for the hospital and making the payroll.

The entire operation ran on a severely limited budget. By the late 1950s, the hospital was operating on \$40,000 a year, excluding the \$300 monthly salary for the missionary doctor and the similarly modest salaries of the missionary nurses, which came from supporting churches in the United States. Ten percent of the budget came from colonial state subsidies and an additional five percent came from the mission. The treatment of European patients added a significant amount to the income. The rest was garnered

from the meager fees collected from African patients who came to the hospital for treatment. The mission's philosophy was to attempt to make programs founded by the missionaries self-supporting. In the case of the medical work, that goal was within reach.

Frequent ailments treated included a myriad of tropical intestinal parasites, tuberculosis, and malaria. The latter was generally not a problem at places like Rwanguba, above the 5,000-foot elevation where mosquitoes could not thrive. But people who lived at high altitudes did not develop immunities, and if they traveled to lower areas they could become deathly ill.

The reddish hair and swollen abdomens characteristic of children suffering from kwashiorkor, were symptoms encountered almost daily. Mothers generally weaned their children after about one-and-a-half years, and during the remaining years of their early childhood many kids often did not get sufficient nutrition. The lack of protein in their diets led to kwashiorkor.

Leprosy was occasionally seen, sometimes in advanced stages when severe disfigurement had occurred. Ulcerated sores known as yaws were a widespread ailment at the beginning of Don's time at Rwanguba, a condition that he saw a significant decline of over the years he was there. Yaws generally occurred on a person's face, turning skin lesions yellow as it quickly destroyed the bone tissue in the nose. Cases of TB of the spine (an abscess in the spinal column) could take over a year to heal. Intestinal parasites, roundworms, hookworms, shigelia, etc., were a never-ending problem. In addition, victims of attacks by wild animals were sometimes brought in for treatment.

Typical among the cases requiring surgery were: hernias; hysterectomies; ovarian cysts; tumor removals (sometimes enormous); stomach ulcers (treated with gastric resections—none of the modern treatments were available); and cesarean sections. All too common were cases of women who had complications during childbirth due to

having pelvises that were too narrow. Women who had been in labor for days would arrive at the hospital, but by then their fetuses were dead and the mothers' conditions were grave. The worst such case was a young dwarf with a birth canal only half normal size. She had been in labor for about five days. A cesarean would seem like the logical response for a doctor to take, but given that the mothers would probably bear more children away from a hospital and medical wisdom at the time discouraged natural childbirth following a cesarean, the basiotribe method was employed to crush the skull of the dead fetus so it could be removed from the womb. A clinic was also set up where women were encouraged to come to have their birth canal's measured. Those at risk were advised they should come to the hospital for delivery of their children. Often two to four such cases were identified in a given week.

Those were just the typical cases. Occasionally something that was really challenging would come along, complicated by the time elapsed

before the person was brought to the hospital. Early in Don's experience in Africa, a woman showed up who had given birth, but the child's head had remained caught in her pelvis. For days the dead body of the child had hung from her. Fearing infection, a cesarean was performed, but the woman's uterus was full of gangrene. She did not survive.

Don dealt with the ever present potential for failure by focusing on doing the best he could in all circumstances; then if a patient died, he reminded himself that he need not fault himself. All too often he was called on to perform what was far beyond what he had been trained to do, under relentless demands on his time and energies. Modern medical treatment was just beginning to enter that part of the world. For missionary doctors, the expectations placed on them could sometimes be staggering.

Don recalls more satisfying results being achieved with some other difficult cases. In one such instance a man had been treated for tubercu-

losis, but a cavity in the upper lobe of the patient's right lung had not closed, leaving the possibility of contagion. The recommended procedure in such a case is the removal of the upper lobe of the lung, something Don had never attempted. When he did proceed with the surgery, he encountered trouble during dissection when surrounding scar tissue became impossible to cut through. The alternative was to extract the entire lung, a surgical feat he had observed once during his internship but had no hands-on experience doing himself. As someone who was not a fully trained surgeon, he took a bit of pride in having succeeded with the complex procedure.

Another one of his more noteworthy cases of surgery involved an Army truck driver who had a truck he was driving roll over. The driver had begun to jump out as the truck began to lean, but as the truck fell on its side the door slammed shut and crushed his shoulder. In the course of the year following the accident, the man's shoulder gradually became paralyzed. He came to Rwan-

guba seeking treatment after he had lost most of the feeling in his shoulder and arm. Examination of the injury indicated that trauma to the brachial plexus (a network of nerves in the neck and shoulder) had occurred. Don spent time studying up on the recommended surgical procedures, as he generally did in difficult cases. He would sometimes even set a textbook up on a bookstand alongside the operating table to consult during the procedure. This time he cut into the affected area and found that bleeding had created scar tissue around the brachial plexus, cutting off the nerves to the man's shoulder. Neurological surgery was way beyond his training and the equipment available to him. He did what he could do, using an electrical circuit hooked up to a flashlight to identify the nerves and test the repairs he made. It was a long, arduous operation, requiring meticulous dissection around the nerves. Exhaustion set in before he was completely satisfied with the job, but the man regained almost complete feeling and use of his shoulder and arm. That case, more

than any other, enhanced Don's reputation among the Congolese military personnel, something that served him well in the post-independence era when conflict swept through the region.

There were other interesting facets of the medical work in Congo. Mental illness was not an infrequent occurrence in the native population. People suffering schizophrenic-like symptoms caused serious disruptions in village life. Neighbors feared them, believing them to be possessed by evil spirits. Often they were chained and mistreated. Many of these mentally ill people were brought to the mission hospital, some from many miles away. Once at the hospital, they could continue to be difficult to control. In more than one case deranged men had to be restrained from trying to tear walls down in the hospital. Pharmacological treatments were still not well developed or widely available. A standard form of treatment, however, was electroshock therapy.

Somewhat in desperation, wanting to do something to help these severely ill people, Don

ordered a United States Army surplus electroconvulsive therapy kit, a unit that was built into a little black suitcase. Here, again, he was way beyond his formal training, except for what he gleaned from reading his medical books. He had to do some experimenting to get the kind of convulsive reactions that are recommended, but once he had learned what was needed, he witnessed good results from the therapy he administered. After eight to ten treatments, where a half dozen nurse's aids were needed to hold down the patient during the convulsions, those treated were generally subdued, freed of their hallucinations and able to return to their homes. This kind of treatment became well known, such that there were frequently a half-dozen people at the hospital receiving electroshock therapy once or even twice a day.

An added challenge to the medical work was responding to local cultural beliefs regarding illnesses and having to deal with the consequences of indigenous treatments. Don relied on his

Congolese staff a lot for advice on these matters. One of his nurse's aides, Paulo Nyando Mbululi, who generally assisted during surgery, had been a traditional diviner among the BaNandi people earlier in his life and was well informed on the subject.

The traditional worldview of the BaHutu people around Rwanguba revolved around a reverence for ancestors and the propitiation of a female divinity known as Beheko. Misfortune could be attributed to a number of things: Failure to properly or frequently make offerings to one's ancestors could result in withdrawal of the protection that ancestors were in a position to negotiate from the deities. Beheko, the most prominent deity in the local pantheon, was as unpredictable as the forces of nature that she was believed to control, and people sought to appease her wrath more than to worship her. Further, witchcraft and sorcery were thought to be behind much personal misfortune. People sought out diviners to determine the culprits responsible for the evils that befell them,

whether it be an illness, injury or crop failures, and countered the powers of witchcraft with traditional medicines or amulets.

There were customary practices that had grave consequences for some people. For example, the frequency of twin babies seems to have been higher than normal in the region. Twins were considered inauspicious, and in the precolonial period, one twin was generally abandoned, left to die in the forest. Colonial laws condemned such practices and curbed the infanticide, but still one of the twins would frequently be neglected and become malnourished, then be brought in for medical attention only when the condition had advanced. The fact that Don was the father of twins became well known in the region.

The success rate in healing people achieved at mission hospitals was a significant factor in challenging such practices and the beliefs that lay behind them. People living in rural areas and steeped in customs generally sought medical assistance at the mission hospital after traditional

remedies had failed. Most converts to Christianity first heard the Christian gospel at medical facilities during the time Don worked in Africa. Though missionaries viewed the healing ministry as, in itself, part of what practicing Christianity was about, they were also well aware of the effectiveness of modern medicine as an inducement to convert.

Christianity was an integral part of what made up the atmosphere at the hospital. The motives of the missionaries and staff grew out of their Christian convictions. A full-time African chaplain at the hospital carried on a ministry of introducing people to the tenets of the Christian faith. Prayer sessions were held at the start of each workday, and surgery did not begin in the surgical theater before the doctor and his assistants petitioned God for assistance.

In addition to the medical work at the mission's two hospitals, most of the other mission compounds had health clinics staffed by missionary women who had nursing degrees, or by Africans

trained to be nurse's assistants. Don was responsible for seven of these facilities. Some of them were a half a day's journey from Rwanguba, so trying to get to each of them once a month was sometimes impossible. But seeing the other mission compounds and becoming better acquainted with his missionary colleagues and the work they were engaged in gave him a broad outlook on the efforts of the Conservative Baptist missionaries in Kivu.

As if all that were not enough to keep him busy, Don almost always had at least one construction project under way that he supervised and checked on every day. He added wards to the hospital to accommodate more patients, including an isolated TB ward across the river from the main hospital compound. The design and construction of a pumping system and a cistern to supply running water to the hospital was one of his projects. He saw to it that members of the hospital staff were able to improve their standard of living by providing supplies needed to build better hous-

ing for them to live in. A footbridge across the Rutshuru River at a point just below the hospital, making access to the hospital easier for many people, was another of his contributions. His biggest construction project was the installation of a hydroelectric plant, which for decades provided electricity for the Rwanguba compound.

On top of all these responsibilities, his fellow missionaries elected him to serve on the mission's executive committee early in his tenure in the Congo. Later on he was the chairman of the committee for awhile. This responsibility gave him a good vantage point to view the programs being advanced by the Conservative Baptist missionaries working in Kivu, and the concerns and conflicts that existed in the work.

The mission society was committed to a philosophy of mission that emphasized the "three-selfs policy." The core idea of the policy was that better long-term results would be achieved if missionaries left most of the initiative in the hands of the Africans, that is, keeping the work "indigenous."

Establishing self-governing, self-propagating, and self-supporting churches, schools and medical clinics was the goal.

But conflicts arose over just how to implement such a plan, particularly when Africans frequently wanted more financial assistance from missionaries and more educational opportunities, which the mission's limited resources could ill-afford and their philosophy of mission cautioned them against. These problems continued to grow and increasingly strained relations between missionaries and Africans.

Conflicts were made worse by the lack of close association between many missionaries and the Africans with whom they worked. In too many ways the missionaries fell into the habit of living lives separate from the native people. Their homes were not a part of native villages, their living standards were far better, and they did not socialize with Africans much outside of church gatherings. More often than not, missionaries related to Africans in a paternalistic manner,

from a position of being a teacher or a supervisor. Don began to realize that the rapport that he enjoyed with his hospital staff was the exception rather than the rule. The kind of racial attitudes prevalent and too often taken for granted in the United States at the time, prejudices that were also widespread among Europeans in the colony, continued to influence many of the missionaries, despite their eagerness to minister in Africa. As a result, serious conflicts eventually broke out between these Baptist missionaries and their African converts.

Amidst all the effort there was time for family life as well. Don and Laura now had five sons, some of whom were getting old enough to want to learn to play ball and go on adventures. Family trips to the nearby Albert National Park (now known as Virunga National Park) to view the wildlife—sizable herds of elephants and hippos, and dozens of species of antelope—were a favorite activity. Lake Kivu was not that far away and picnics on the beach near Gisenyi, Rwanda,

made for fun outings. Later on, when the boys were a little older, climbing the Virunga peaks became a passion. Ascents were made up half of them, including the tallest, 14,800-foot Mount Karisimbi. Old lava tubes were common in the area and exciting to explore.

The family lived in a modest two-story house that had a panoramic view of the Virunga Mountains. The hospital was just down the road a few hundred feet. Nelson boys were frequently seen running through the hospital wards checking things out. They loved to watch surgery from the vantage point of a soapbox set up in the operating room. African playmates kept them busy much of the time. Life was made easier for the family on account of African help, hired to watch the kids, to do much of the cooking and cleaning, and to maintain a vegetable garden for the family's food supply.

The Nelson family returned to the United States for a year between the summers of 1957 and 1958. Such furloughs, after five years of work in

a foreign field, were a part of missionary life, a chance to rest, to get thorough medical checkups and to report to supporting churches in America on the work being done. For the first half of that year, Don and Laura chose to live in Hillsboro, Oregon, next to Don's folks. The older boys were enrolled in school and a regular schedule of visiting churches was arranged. But Don's real interest at that point was in acquiring a hydroelectric unit to install in the Rutshuru River so the Rwanguba hospital could have a steady supply of electricity.

The hospital had been relying on a diesel-powered generator, which was turned on for three or four hours in the evenings and during cases of surgery, or when x-rays were being made or other electrical appliances were needed. The setup was less than ideal, costing a lot of money for fuel and frequently failing—surgery cases were sometimes completed by flashlight. Since he was first transferred to Rwanguba, Don had been envisioning the potential of harnessing the nearby

river for generating electricity. There was even a twelve-foot-high waterfall about a half-mile from the hospital that was perfect for the installation of a Thompson type turbine.

With enthusiastic help from his father, Don began searching for a suitable hydroelectric unit as soon as the family had settled into life in Hillsboro. He was hoping to locate a used unit, something that would be affordable for the mission. It seemed providential when he learned that in nearby Salem the Portland General Electric Company was taking out of service a turbine that had been in use for thirty years but was still in fairly good condition. The specifications of the unit, designed for a twelve-foot waterfall, were perfect for the location that had been picked on the Rutshuru River; and the accompanying generator, capable of generating a hundred and twenty kilowatts, was adequate for the needs of not only the hospital but for the entire mission compound at Rwanguba. What's more, when approached with a proposal to sell the unit to the

mission, the utility company agreed to sell the entire unit, turbine and generator, plus dozens of used transformers, miles of used wire and assorted other equipment for a grand total of one dollar. The story received great coverage in the local newspapers.

Much work was needed to de-install the unit. Parts underwent refurbishing, being sandblasted and repainted. Don devoted himself to learning all he could about electrical engineering, looking forward to supervising the re-installation of the entire setup. Finally, everything had to be prepared for shipping and delivered to a shipyard. The family finished off the year living in Sacramento, where Laura's folks had relocated to retire. Don took advantage of opportunities at a local hospital to catch up on new medical procedures, but most of all he was anticipating being back in Africa and getting started on his latest construction plans.

Clarence Nelson accompanied the family back to the Congo, wanting to help out on the instal-

lation project that lay ahead. Once the work got under way, it consumed much of the doctor's energies, but he clearly relished the experience. A twenty-by-twenty foot pit extending down twenty-some feet had to be blasted out of solid lava rock. Most of the drilling in preparation for the blasting was done by hand; a drilling compressor did not become available until near the end of the project.

In the afternoons after finishing surgical cases at the hospital, Don would proceed down to the construction site and stuff dynamite into the holes that workmen had drilled that day, then set off the blasts. When the necessary blasting was finished, concrete was poured into forms that were built to the correct specifications. Clarence Nelson built a high-lead system similar to the kind he had used in logging to hoist the heavy equipment into place once the concrete work was done. After the turbine installation was completed, there was still the job of getting all the transmission lines set up.

It was indeed a big day when the lights finally came on. Thereafter, twenty-four hour electricity was available at Rwanguba. Except for a few brief periods when repairs were needed, that hydro unit generated electricity at minimal costs for forty years, saving hundreds of thousands of dollars that would have otherwise been spent on diesel fuel.

Don often worked best when he had more than enough to do, operating in a slightly manic mood that made him feel determined to make the most of his time and effort. Even his recreation was done with a gung-ho spirit. And one of his favorite forms of recreation was big game hunting. Hippos would migrate up and down the Rutshuru River, and when they were in the neighborhood of Rwanguba, they wreaked havoc on the gardens in the area. Knowing the doctor had a hunting rifle, people would appeal to him to come down to their gardens—generally after dark—and shoot the marauding creatures. There were times the efforts turned into fruitless tramping around in

gardens at night, but when he did succeed, people loved the fresh meat. The intestines, kidneys and liver were considered delicacies by the native people. Don usually reserved the filet portions for his family.

Later, after the new electrical system at Rwanguba made it possible to keep a deep freeze functioning, periodic hunting trips were taken to replenish the meat in the freezer. These were often family activities, with some of the boys or even the entire family going along for the adventure. Hunting just across the border in Uganda proved to be most satisfying. A yearlong hunting license permitted a person to take a hundred and fifty animals from among dozens of different species. Once on location, it was not uncommon for a hunting party to shoot a half-dozen animals on the first morning out. Eland, Uganda cob, topi and water buck were preferred for taking home and putting in the deep freeze. Dressing the carcasses, cutting up the meat and putting it in an icebox kept everybody busy.

There were some unforgettable misadventures amidst all the hunting experiences. Harold Salseth, a missionary colleague, would often come along on these hunting trips, with one or both of his sons. The oldest son, Jon, was mature enough to handle a rifle and liked to get involved with the hunting. Determined to shoot a hyena that kept prowling around the camp one night, he tied a piece of meat to a forty-foot cord and tied the other end to the corner of his sleeping bag.

No sooner had everyone settled down to go to sleep when Jon's sleeping bag suddenly was being jerked out through the window of the pup-tent he was in. He was sure it was his dad pulling a prank on him and shouted for him to stop fooling around. Everything froze for awhile, until someone told Jon to look and see what was outside his tent. He peered out in the moonlight just in time to see the hyena slinking off to the high grass at the edge of the clearing. His second chance came right after the moon set, but then it was hard to see his target and he missed the shot.

On another hunt, Harold shot a zebra, then went back to get the rest of the hunting party to help him skin the carcass. Several hours passed before everyone returned to look for the dead zebra. By the time they located the dead animal in the tall grass, it was noon and the temperature was hot. The Africans who accompanied the missionaries, and others who gathered from nearby villages, helped with the skinning and then set about butchering the carcass to take for meat. In the heat it had become extremely bloated. A half-dozen men were working on the butchering task, and a dozen more were right there watching what was going on, with young Jack in the front row. Someone put a knife through the wall of the pressurized stomach and all of a sudden there was a huge explosion of manure that shot out like a geyser for twenty feet, covering the crowd.

Don and Laura, along with Harold and others, sitting off to one side under a shade tree, got a big laugh out of the scene. Only when they had barely recovered did young Jack approach, plastered

from head to toe with a thick veneer of green stuff. “Mama, looked what happened to me,” he said meekly, only to be greeted with another round of uncontrollable laughter.

Stalking wildlife and getting choice trophies was a big part of the sport. The African cape buffalo were considered the biggest challenge to hunt and the most dangerous. Don and his dad were hunting together on one occasion when they both fired at a couple of buffalo from about 250 yards distance. Both animals went down, then one got up and came charging at them. When it got to about fifty yards from them, they fired away and brought it down again, only to have it get up once more. This time it turned broadside and they finished it off. No sooner had they done that, when they faced the other one coming at them, and the scene was repeated. The whole experience was a bit unnerving, facing charging, 1,500-pound beasts that kept coming after repeatedly being shot with heavy rifles.

Lions were still common in that part of Africa at

the time. At night their reverberating roars could be heard for miles. Don's dad shot one during the time he was helping install the hydroelectric plant at Rwanguba, though the hunt was uneventful, given the lion was encountered on the road at night and Clarence merely had to step out of the vehicle and shoot it.

There were some more interesting encounters with lions on other hunts. One occurred when Don's hunting party was out looking for game, having left an African fellow in camp to guard supplies. The lions came to the camp that day, and the frightened, yet quick thinking fellow left to watch their things climbed into a barrel and pulled the lid down over the top. Without a weapon to protect himself, he could only wait, peering out occasionally to see what was going on. The lions lounged for more than an hour before departing.

Another time when Don was on a hunt with a missionary colleague by the name of E.J. Kyle and an African evangelist, lions entered the

camp area at night, smelling the meat that had been butchered by another hunting party the day before. The hunters, after settling down in their tents, first started hearing a lion roar in the distance. The sound kept getting closer and more overpowering. A lengthy pause followed until a deafening roar broke out nearby. When they took a flashlight and starting shining it around the clearing, the light shown on a lioness a mere thirty yards away. Her formidable roars soon brought in several big males.

There were rules in that locale against hunting at night and African game guards lived just up the road, so the hunters were reluctant to do any shooting, though they had their loaded guns in hand. The lions, positioned on opposite sides of the tent, kept up their intimidating roaring until the moon came up. For everyone involved it was a not-to-be-forgotten experience. The following morning the African game guards wanted to know why they hadn't shot the beasts.

The African evangelist who was along on the

hunt is said to have gone home and preached for the next six months on the biblical text that reads: “The devil like a roaring lion walks about seeking who he may devour.”

Conflict in the Congo

Despite all their good intentions, serious problems began appearing in the program that the Conservative Baptist missionaries promoted in the Kivu region of Congo. Much has been written criticizing missionaries for destroying native cultures, reproach that is often unfamiliar with, or simply ignores, what actually occurred in many regions of Africa, the Congo included. Early European exploitation dramatically changed the cultural landscape on much of the continent. Once colonialism was established, a desire to learn to read and be educated about Western ideas and technological developments, as well as western spiritual resources, was irrepressible among many Africans. They realized early during the colonial

period that they would remain subordinate to Europeans and Americans as long as they remained uneducated.

The only opportunities most Africans had for getting a formal education during that era was at mission-sponsored schools; there were few other schools, private or public. Further, most colonial governments expected missions to provide education to the native people and sometimes subsidized the costs of setting up and running educational programs. These conditions made it possible for missionaries to use the inducement of educational opportunities as a means to extend the teaching of Christian principles, but it led to serious conflicts when missionaries were reluctant to shape their educational programs to serve the ambitions of upwardly mobile Africans.

Some mission groups eagerly embraced the humanitarian mission to educate people. Other mission societies hesitated, fearing that their primary goal of converting people to Christianity and establishing churches would get swamped by

heavy involvement in educational programs. The Conservative Baptist missionaries were among the latter. They resisted accepting government subsidies to help with educational expenses because they didn't want the colonial government intruding into their school programs and dictating to them the kind of education they could offer.

They also had reservations about the so-called "Civilizing Mission" of colonialism. A romanticizing of the native way of life existed among many missionaries, with the assumption that people living simple lives, unencumbered by materialistic pursuits, make better Christians. Basically, these missionaries wanted to save people from their "heathen" ways, but at the same time they were keen on protecting them from undue exposure to Western secular and materialistic views. Missionaries sharing this view wanted to teach people basic reading skills, such that they could study the Bible and manage church affairs, but not enough that they would qualify for well-paying jobs in the new colonial economy. If

anything, the mission's educational program resisted engagement in wholesale cultural change; though unwittingly the lifestyles of missionaries provided influential models for Africans intent on bettering their own lives.

By the late 1950s, 10,000 students were enrolled in rural literacy classes, and 2,000 were enrolled in grammar schools on Conservative Baptist mission stations. However, these educational programs and gradually expanding grade levels came up against the ambitions of many Africans who wanted to succeed in the new economy introduced in the colonies and who clearly recognized education and fluency in European languages as the road to upward mobility. More and more, ambitious Africans began to view missionaries who did not offer superior educational opportunities as being determined to keep African people "backward," confined to a peasant way of life.

These growing conflicts in the sphere of mission education came in conjunction with other major events occurring in the Belgian Congo. Change

swept across Africa during the late 1950s and early 1960s. A rising militancy surfaced among colonized people demanding independence from colonial rule. Fearing that the growing discontent in the populace would be costly to suppress, the Belgian government quickly reversed its colonial policies and decided to grant the Congo independence barely a year later on June 30, 1960. Elections were quickly organized, introducing democratic principles into the country for the first time.

Preparations for independence were woefully inadequate, and many Congolese anticipated it with fantastically unrealistic expectations. One story told of a Congolese employee arriving at work on Independence Day carrying a suitcase. When his European employer asked what it was for, the employee responded that he had come prepared to take his share of independence home with him. To a lot of people Independence meant somehow gaining access to the kind of wealth that European settlers displayed. Most of the

Belgians, meanwhile, seemed to expect the new government to fail and even wanted things to go wrong for their own satisfaction. Missionaries in the Congo found themselves caught up in the revolution that followed.

Don Nelson was not integrally involved in the educational programs of the mission, but as debates regarding the mission's schools heated up, all missionaries were forced to take a position on the issues. The conflict soon escalated when people began protesting that independence needed to be extended to the churches, with Africans demanding to lead the entire mission-church organization. Most missionaries resisted, viewing the challenge as coming from a greedy, power-hungry minority in the church, rather than the true spiritual leaders among the Africans. Eventually, a schism occurred and the church was divided between those Africans who wanted to continue working with the missionaries and those who did not.

Don found himself in the middle of the con-

flict during what he views, in retrospect, as the most intense period of his entire life. Early on he argued for increased cooperation with Africans and more willingness to compromise in seeking a solution to the conflict over the schools and church leadership. At one point he wrote and circulated among the missionaries a short paper that expressed his views. In his mind there was a human-rights issue at stake and Africans could not be faulted for demanding recognition, respect and equality.

[The African] has been an inferior, treated with disdain and repeatedly told that in the final analysis he is extremely ignorant. Something deep within his soul throbs and surges for he knows these ideas are not true. . . . He cries for recognition and we can't see the high quality of his basic aims (however right they might be) because all we can see is the beautiful and holy mission structure which is crumbling before our very eyes. . . . Our [missionary] Conference meets and decides when, if ever, they can be ordained. Our Conference determines how their children will be educated. We determine how and when and where we will have a medical work. All money sent by loving Christians in America to

help them is spent only by the missionaries. To them it is obvious that they are not free. They don't have a voice, they are not even consulted about most of the questions.

Calm prevailed for little more than a week following Independence Day in the Congo. Much was inauspicious about the newly independent nation's prospects. Most Europeans were unhappy about the election of Patrice Lumumba, the most militant of the candidates who had run for the position of prime minister. He was quickly labeled a communist sympathizer. Discontent was widespread in the country, leaving many colonialists and European settlers fearing the people they had exploited and abused for so many years. By agreement with the new government, Belgian officers remained in their positions in the military command structure, which left rank-and-file military personnel disgruntled, feeling like they were not being allowed to benefit from the much-heralded independence.

Trouble began the second week of July. Rumors

of a revolt among enlisted men in the military quickly led to panic among Europeans and a mass exodus to neighboring countries. Belgian commando units rushed in from Rwanda to rescue settlers, setting off increased anti-Belgian feelings. Anarchy ensued when looters began taking what was left behind in European compounds. American missionaries were urged by their embassy to evacuate as well, and most did. A lengthy period of instability was just beginning to unfold in the Congo.

Many of the missionaries were able to return and resume their work a few weeks later, but they found themselves less welcomed at some mission stations. A crowd forced missionaries out of the church at Katwa, and angry youths pelted them with stones. Early in 1961, open military conflicts again forced missionaries to evacuate. Leaders of the southeastern Katanga province had by then, with backing from Belgian military units, attempted to secede and declare independence from Congo; and United Nations troops had rushed in

to quell disturbances and thwart the secession of the mineral-rich province. Following a failed CIA plan to assassinate Lumumba, he was taken into custody by his political opponents then flown to Katanga. There he was turned over to Belgian troops who oversaw his execution that night.

The Conservative Baptist missionaries, following this second evacuation, remained in Uganda for over a month, keeping track as best they could of unfolding events. Finally, convinced that it would be some time before they would be able to return to work in the Congo, most of them chartered an airplane to fly back to the United States.

Only seven adult missionaries remained, hoping they would be able to safely re-enter the troubled Kivu region to keep key mission programs going. Don and Laura Nelson were among the few who chose to stay. At Rwanguba there was still a hospital full of patients for whom Don felt responsible. Don and Laura arranged to send their children to a boarding school in Kenya, then found a place to

live in a mining community in Uganda that was just across the boarder from Congo. From there Don planned to commute to Rwanguba, which was only about twelve miles away.

The first time he drove down to the border crossing to inquire about returning to work at the Rwanguba hospital, the customs officials gave him a big welcome and begged him to return to work. Encouraged by their response, he proceeded to the mission station, where he received another warm welcome. Many of the Congolese had felt abandoned by their missionaries.

In addition, with Belgian personnel gone from the country, the nearby military camp turned to Don for medical care for ill soldiers and their families. He became popular among many of these soldiers and well known to the commanding officers. The officers began looking after his safety by providing an armed bodyguard whenever he requested one when he traveled to other mission compounds.

The anti-mission sentiment among some people

in the churches had continued to grow, and an organized effort on the part of African church leadership to gain complete control over the mission-church properties and organization had developed. Procedures for making legal transfer of mission properties and giving Africans final authority in church matters had been initiated. Don found himself in the midst of what became a fierce, unchristian-like struggle between the mission and the churches, as well as an unfolding schism in the churches.

Local officials respected the missionary doctor and accepted his word when he countered claims that had been made by opposition leaders in the churches. His attempts to work out a compromise were met by brash accusations and seething anger from Africans who opposed the mission. On one occasion, a man whose spouse Don had performed surgery on the year before—saving her life—accused him and other missionaries of never having done anything good for African people.

Faced with such unyielding hostility, Don and the few other missionaries involved—Richard Madsen, Charles Trout, Jr., Ruth Uhlinger and Burnice Foss—eventually threw their support behind an alternative African church leadership that wanted to continue to cooperate with the missionaries and work together in the future. Many of these loyalists endured repeated harassment from the opposition. Some had their homes burned and their gardens destroyed and were forced to evacuate to other areas.

Together with this alternative leadership, Don worked to undo inequities that had existed in missionary-African relations and to advance African representation before the government, as well as to thwart plans by opposition leaders to secure mission property titles. His working relations with these Africans grew into an intense spiritual experience over the following year as they faced repeated threats and challenges. One of these leaders, Daniel Makasi, who was appointed to be legal representative for the mission-church, asked

one day, “Where, oh where was this love before?” when reflecting on the new relations that existed between Africans and the missionaries who had returned to Congo during that turbulent time.

It was a convulsive time in the Congo. Travel was risky due to frequent roadblocks manned by undisciplined soldiers and local militias. A lot of people were taking advantage of the turmoil to settle old scores with their enemies, knowing that the breakdown of law and order meant they could do so with impunity. For Don it was a time of tremendous spiritual testing and growth, a time when, like none other, he learned to put his trust in God. The Africans he worked with contributed in no small measure to the increase in his willingness to proceed on faith.

On one of his trips he stopped to check on conditions at a mission station known as Kasheke, about twenty miles north of the city of Bukavu. Don had heard rumors that there was a plot afloat to murder the local church pastor, Samweli Kisoni, and was hoping to intervene. When he arrived,

he immediately inquired about the pastor, who came out from his residence to greet him. Asked about the rumor, Kisoni answered that, yes, he was well aware of the rumor and the seriousness of it. Don offered to give him and his family a ride to safety, thinking Samweli would jump at the offer. But the pastor stood silent for a long minute, looking down at the ground. When he finally spoke, what he had to say astounded his would-be rescuer. He said, “If I left now, everyone I ever taught about Jesus Christ being our protector and our salvation would say, ‘See, he really didn’t believe what he was teaching; he fled in the face of danger.’ If God wants me to live, He’ll protect me. If I die, I’ll go to heaven.” Not wanting to compromise his witness, the pastor said he would stay.

For Don, it was an eye opener to encounter someone with a courage that rested on total conviction that life in heaven would follow death. In his words, “The experience was the highlight of my entire Christian life, to witness that man’s

faith.” Kisoni did survive the ordeal and met up with Don again twenty-five years later when Don made a brief visit to Africa. During the 1990s, Kisoni served as senior pastor of the Vungi Baptist Church in Butembo, Congo.

There were terrifying moments for Don, nonetheless. On another trip in the Bukavu area, Don stopped in at dusk to offer encouragement to a local Christian community. Shortly after he arrived, he was informed that the subchief of the district was facing imminent danger of attack. When Don asked to speak to the chief, the man was called out of his hiding place in a nearby banana grove. Paralyzed by fear, the chief seemed resigned to his fate at the hands of his enemies. Asked if he would like a ride to Bukavu, where he could be delivered to the protection of United Nations troops, the man readily accepted the offer.

At that point there wasn't much time to lose, and Don told him he had five minutes to get his family and a few things together. The chief and his wife and three small children crowded into

the back seat of the VW Bug that Don was driving. Darkness had descended by the time they started down the narrow gravel road. After just a couple miles of driving, as they started down a long gentle descent, they saw in the headlights a mob of thugs coming up the road, armed with clubs and machetes. The family in the back seat hunkered down and Don shifted into a lower gear. Then, laying on the horn, he sped toward the mob of killers. Caught by surprise, the crowd on the road scattered for safety in the ditches as the vehicle sped by. There was little doubt that the gang was on its way to kill the chief and probably didn't learn until later who was in that vehicle. The grateful chief, along with his family, was turned over to the custody of the United Nations in Bukavu.

That was not the only time Don encountered an unruly mob. Along with Dawidi Muhindo, one of the loyalist leaders, he stopped in to visit people near the Kitsombiro mission station one evening. The Christian community there had been

deeply divided. After visiting with members of the loyalist minority, Don and Muhindo began to leave, only to be met by a crowd of hostile youths on the road. This time, as he sped by, the vehicle was pelted with stones.

Don even found himself incarcerated briefly on one occasion. A dispute arose when he terminated the employment of a nurse assistant at one of the mission station clinics when the nurse had persisted in being unwilling to treat people who expressed sympathy for the missionaries. The nurse assistant and his supporters who were opposed to the missionaries filed complaints with the police commissioner in the town of Goma. Later, when Don, along with Charles Trout, Jr., and a number of African co-workers were passing through Goma, the commissioner had them arrested and put in the local prison. Trout was quickly forced down a steep stairway and into a cell in the dungeon. The others found themselves sitting on an old truck tire in the dusty prison courtyard. The Africans with Don began complaining, fearing

what more could befall them.

Don tried to remain optimistic, saying, “We should be praising the Lord like Paul and Silas did when they were thrown in prison.” The others were not so sure. But Don assured them, “We’re going to be out of here in less than an hour.” When they were being arrested, he had seen women who recognized him as the Rwanguba doctor rush to board a bus headed for the military base north of town. These women were wives of soldiers who had been treated at the hospital. In prison, Don and his colleagues waited for about as long as it took those women to get to the military base by bus and for the commander at the camp to be informed that the doctor who had been treating many of his ill troops had been arrested, then to jump in his jeep and race to town. He arrived fuming with anger at the police commissioner, who was ordered to release the captives. Women in the town quickly organized a rally in support of “our Bwana Mganga” (i.e., our doctor).

The struggle that unfolded in the churches was

greatly influenced by wider political changes that were occurring in the region. In the first years following independence, the government changed hands several times. Opposition members in the churches were supported and coached by militant political leaders who advocated confiscation of all properties from expatriates. They made headway when these political leaders were in power but lost out when the political tables turned following the suppression of the so-called “Mullelist,” or “Mai Mai,” rebellion in 1964. Eventually, what emerged was a division of mission properties, with sites where a majority sided with the opposition being given to a new church association that was formed.

The entire struggle was baffling to most of the missionaries, who found it hard to believe that they could have stirred up so much hostility. For Don, it was likewise a disillusioning experience, watching as such strident criticism arose against the well-meaning, though flawed, mission effort. He could sympathize with many of the com-

plaints, but when people resorted to violence to achieve their ends, the situation became disquieting. For nearly a year-and-a-half, in addition to keeping the Rwanguba hospital running, he actively worked, first, to try to resolve the conflict, then to attempt to protect the interests of those Africans who shunned violence and welcomed continuing assistance from missionaries.

The risks he took, the continuing barrage of criticism and the threats he faced, as well as a slowly debilitating tropical disease known as shistosimiasis which, despite repeated treatments, he couldn't shake, began taking their toll. By the middle of 1962 he needed a break, a chance to recover, and the Nelson family returned to the United States.

Don had been through a lot in the two years following Independence in the Congo, as had the rest of the Nelson family. Given a chance, free from the daily stress and heavy workload, to reflect back on what had occurred, he realized that it had been an extra-ordinary period of spiritual testing.

He began reading through the book of Job and found insights he never had noted before. Most of all he liked a verse in chapter forty-two, where Job, following all his trials, says to God, “I have heard of thee by the hearing of the ear, but now my eyes seeth thee.” Don, likewise, felt that he had experienced God in all of His glory during that time of testing, and he continues to believe that trials have an important role to play in our lives, as they can bring us close to God.

California Doctor

Returning to California, the Nelson family first settled into an old house on the grounds of San Bernardino County Hospital. Don wanted to take advantage of his furlough from the mission field to catch up on developments in medical practice by enrolling in a residency program at the hospital where he had completed his internship nine years earlier. At that point, he fully intended to return to his post and responsibilities at the Rwanguba hospital. His training went well, but his efforts to overcome the tropical disease that most members of the family had contracted from swimming in infested water while on a holiday along Lake Kivu continued to be problematic. He repeatedly took treatments without complete

success, and it was only in the second year after his return to American that he achieved full recovery.

By then, the family had moved to northern California and settled in the community of Red Bluff, where Don took a position as the county health officer for Tehama County. While there, he made arrangements for one of his nurse assistants from Rwanguba, a fellow by the name of Jerry Nzabanita, to come to America to begin studies. Jerry lived with the Nelson family for a while before transferring to Portland, Oregon, when his family joined him in the United States. He later completed a degree and returned to the Congo to work in education.

During this period, Don and Laura became increasingly ambivalent about returning to work in the Congo. The mission society was encouraging them to hurry up and return, as there was a big need for medical professionals. But even after overcoming the disease that had been plaguing him, Don continued to resist the thought of return-

ing. In a meeting with mission board members, he was disappointed with the lack of understanding they had for the situation in the Congo churches. Many of the changes Don had tried, with some success, to initiate in giving leadership responsibilities to Africans had been reversed when the political climate in the country stabilized and many of the other missionaries returned to work. The missionaries who continued to work in the Congo—later, for twenty-five years, known as Zaire—repeatedly made the same mistakes and faced ongoing conflicts in the churches.

There was another reason for Don's resistance to the idea of returning to Africa. He never clearly identified what was bothering him at the time, but years later he concluded that he had been suffering from post-traumatic stress syndrome. All the months of dealing with hostile people and facing risky conditions had severely strained his emotions. Thoughts of returning and potentially facing more of the same would quickly raise his stress level. The increasingly urgent demands

from the mission that he return to Africa only added to the problem. Mission board members showed no interest in understanding his emotional conflicts and were quick to condemn him for being disobedient to God's will.

For relief Don turned to a new hobby, taking up flight instruction training and earning a pilot's license for single engine aircraft. He found the freedom of flying to be therapeutic, and for a few years his passion for flying consumed much of his free time.

Meanwhile, the mission board continued to pressure him to return to the Congo, finally giving him an ultimatum to return to Africa within three months or resign. After debating the issue, he and Laura, early in 1965, sent a letter notifying the mission that they wished to resign.

Life for Don was already taking new paths. After a year of serving as the health officer for Tehema County and a short stint on the staff of the Shasta County Hospital, an opportunity opened up for Don in Redding, California. A medical

doctor there named Dr. Hinman wanted to take an extended leave from his family practice and was advertising for someone to fill in for him. For Don, now thirty-nine years old, it was a chance to get started in private practice. He commuted to work from Red Bluff for three or four months in the fall of 1964 while a home was being constructed for the family in Redding. At Christmas time, the entire family moved to Redding, settling into their new home on Wilshire Drive. A new chapter in life was about to begin.

Following six months of filling in for Hinman in his absence, Don was already becoming known in Redding and was in a good position to open his own private practice. He started out in an office on the second floor of an old building on Market Street, hiring Vi Lacey as his assistant. Shortly thereafter, Dr. Hinman died in a plane crash and many of his patients began coming to Don for treatment. The following year, Don moved his office to a new complex built by Dr. Don Nead on South Street, where for nineteen years his

business thrived.

Finding acceptance and gaining respect in the Redding medical community was rewarding for Don. But a nine-to-five routine of scheduled appointments was not challenging enough for him. He began looking for other ways to get involved in making things happen. Three new challenges emerged in his early years in Redding: He spearheaded the development of emergency response medicine in the region encompassing much of northeastern California; he was a key lay leader in the early years of North Valley Baptist Church, Redding's largest church; and he bought a cattle ranch in the Cottonwood area.

Putting together a well-coordinated emergency medical plan was no small effort. In 1965, little planning had gone into providing quick responses to medical emergencies. Three competing ambulance companies operated out of Redding and another was located in nearby Anderson. The competition between these companies increased the speed with which they traveled to the scenes

of accidents, but it did not enhance the first aid rendered to victims. Stories circulated of arguments between ambulance drivers over who arrived first and who was entitled to transport the victim. One incident turned into a physical altercation, with one of the ambulance drivers ending up with a broken arm.

That was only part of the problem, however. Current thinking was that the job of the ambulance crew was to get the victims to the hospital, where treatment could begin. Crucial time was being lost during transport when life-saving treatment could be administered by trained technicians. Even in the emergency rooms, the response was often far from adequate. Few doctors at that time were specifically trained for ER work. In Redding, the doctors associated with the different hospitals took turns being on call for emergencies, a duty most did not care for and many were woefully unprepared for.

Don was appointed to head a committee to look into improving the situation, and he poured him-

self into the project with missionary fervor. Early on he got some firsthand experience of how a revamped system could save lives. Driving home from work one afternoon, he was crossing the Sacramento River on the Cypress Street bridge when the bridge was being expanded from two to four lanes. A construction worker on the project had suffered a heart attack moments before Don arrived and was lying alongside the road. The victim's fellow workers were trying to help but were ignorant of how to proceed. Don went to the man's aid, administering CPR until an ambulance arrived and then accompanying the victim to the hospital. The man was resuscitated from a cardiac arrest and several days later walked out of the hospital. This was like a miracle in Redding and a real eye-opener to the medical community. News coverage of the event highlighted how critical on-site treatment was to saving the man's life.

Emergency medical response that incorporated local fire departments was a relatively new idea at the time. Such programs had been launched

in some urban centers, but the tri-county region (Shasta-Tehema-Trinity counties) was one of the first rural areas in the United States to attempt to institute such a plan. Training fire-fighters to be emergency medical technicians (EMTs) was a big part of the process of revolutionizing emergency medical care, and Don was at the center of establishing the program. Improved techniques and tools for extracting victims from automobile wrecks were integrated into the training as well.

Another step involved abandoning the old, hearse-like ambulance vehicles and replacing them with the modern ambulances that provide room for a team of technicians to treat the victims en route to the hospital and are equipped with appropriate medical gear. A popular television show depicting emergency rescues began airing about the time these changes were getting under way, greatly enhancing acceptance of the program.

Problems were encountered along the way. The existing ambulance companies fought the

changes, and Don led an appeal before the Shasta County supervisors to transform the system. He came armed with evidence of some of the fiascos that had occurred in the recent past: One ambulance company, when called, had been unable to start the ambulance because of a dead battery. Rather than passing the call on to a competitor, the driver took the battery out and spent twenty minutes at a nearby service station getting a quick-charge before putting it back in and going to get the victim. In another incident, an ambulance team arrived at an accident scene where a vehicle with three people in it had gone over a steep, muddy bank. The two team members struggled to get the victims onto stretchers and back up to the road. When they had successfully retrieved two of the victims and were in the process of getting the third, a competing ambulance company arrived on the scene and “stole” the two victims who had already been carried up the steep bank.

Firefighters were just beginning to put into

practice what they had learned about first response treatment. Responding to a heart attack victim in the Enterprise district, a fireman was busy trying to check the man's's vital signs when an ambulance team arrived. The ambulance driver told the fireman that he had no right to be treating the victim, then proceeded, literally, to drag the victim by the legs, across the floor and out the door of the house, before putting him on a stretcher and into the ambulance. Don was working in the emergency room at the hospital when the victim was brought in, DOA.

Contending that the competitive nature of emergency response needed to be transcended and that firefighters—who had shown themselves eager and capable of taking on the task—were the logical choice for early response teams, Don successfully persuaded the supervisors to grant jurisdiction to trained fire fighting personnel to assume responsibility in responding to emergency situations. Johnson and Johnson, the pharmaceutical company, donated funds for the purchase

of a dozen new ambulances to be deployed by fire departments in Shasta and adjoining counties. As the success of the new way of operating became apparent, communities in other counties followed suit. Don's reputation grew, as the missionary doctor who wanted, above all else, to save lives.

There was also a fierce skirmish between hospitals in Redding over the location of the planned emergency medical center. Many of those on the committee initiating the changes felt that the better staff at Mercy Hospital and the state-of-the-art equipment there made it the preferable site. Memorial Hospital (later renamed the Redding Medical Center) staff members, fearing a loss of business, argued that that hospital was better located for quick delivery of emergency cases. Eventually, both hospitals developed emergency care facilities.

With changes well under way, Don pressed for expanding the program to include air ambulance service. Impetus for such service at first came

from the case of an injured logger in Trinity County. Working in the woods near Hayfork, the logger was crushed when a log rolled over on him. Fellow loggers hauled the victim out of the woods in the back of an old pickup truck as far as Hayfork, where he was transferred to an ambulance vehicle for transport to Redding. The man died en route, twenty minutes before arriving at the hospital.

For those working on improving emergency medical response in the region, it was clear that an air ambulance would probably have saved the man's life. For Don the whole episode was made more poignant when he learned that the young logger was the same age as Don's eldest sons. To see a life slip away unnecessarily, and to think that it could happen to one of his own sons, gave him added inspiration to initiate changes. Not long after that air ambulance service was available, both fixed wing aircraft and helicopters, reaching out over much of the north state.

Still not satisfied that everything possible was

being done to render emergency medical aid to people, Don pressed for more innovations. He ran into opposition, even from other committee members, when he advocated that EMTs be trained and authorized to give more technical assistance to victims, including administering intravenous drip treatments. Though this would become standard practice in the years ahead, it was more than many people in the medical community were willing to support at the time. Facing entrenched opinions and seeing the likelihood of further changes declining, Don began looking for other challenges.

He had already been an active member at the rapidly growing North Valley Baptist Church. The church was founded in 1963 by a handful of people who favored Bible study methods employed by a para-church organization known as The Navigators. Those members extended an invitation to Rev. Royal Blue to be their pastor after hearing Blue, then a youth director at a large Los Angeles area church, speak at a rally for Chris-

tian youth in Redding. Under Blue's leadership the church had grown to around 200 members, purchased property east of Redding, and built a sanctuary and Sunday school classrooms by the time the Nelson family started attending at the end of 1964.

Don learned of this new church even before the family moved up from Red Bluff, and the prospect of involvement in the church was a key factor in the decision to move to Redding. Don and Laura liked the evangelical message taught at North Valley Baptist, finding it to be the kind of religious instruction that they wanted their growing sons to hear. It wasn't long before the Nelson boys were actively involved in the youth programs of the church, and Don was deeply involved in church leadership. He rose quickly from being a deacon to the position of chairman of the administration committee. For many years he taught an adult Sunday school class. But perhaps his biggest contribution was in coming up with a means for the church to borrow money from its

members to privately finance the construction of the large sanctuary that continues to be used. Don devised a system of bond sales that allowed members to invest their savings in the church's building program and earn an attractive interest rate. The program saved the church the higher costs of bank loans and enabled the members to move ahead on an ambitious building program.

During this same era, Don invested in 430 acres of ranch land near Cottonwood, California. The White Oak Ranch, as the place was known, had a long history as a dairy farm. Earlier it had been a part of the larger Green Gate Ranch, situated along Cottonwood Creek at the confluence of the North and South branches of that creek. In the early pioneer days an old ferryboat crossing, a flour mill, and the Ludwig Hotel used to operate on the downstream corner of what was later called White Oak Ranch.

There was much about the ranch that was in need of repair when Don bought it in 1967. But as an investment, and with cattle ownership offering

good tax deductions, it looked like an attractive deal. It also proved to be a place for the Nelson boys to learn about physical labor and ranch management, and for Don to find respite from his medical practice by getting on a bulldozer or farm tractor on the weekends.

Together, Don and his sons launched into an ambitious program of trying to revitalize the old ranch. Irrigated pastures were plowed up, re-lev-eled and re-seeded. New irrigation systems were installed. Fences were rebuilt. Fertile property along the creek was cleared to considerably expand the available pasture land, and dikes were built to keep the creek out during flood stage. Over 600 head of cattle were purchased and tended to in the years that followed.

About the time it seemed that the investment and all the hard effort might start turning a profit, the Internal Revenue Service, in 1971, revoked tax deductions that had been available on live-stock and the price of cattle plummeted. Don quickly sold all his livestock prior to further drops

in cattle prices. Some of the pasture on the ranch was later leased out, but increasingly plans for dividing and developing the property as a subdivision were pursued.

Real-estate development and sales had already become another area that Don had begun learning about and engaging in. His sons, who were available for work during the summers between years of college and graduate school, along with Wayne Manning, a Redding area contractor, were the core of his construction crew in most of the ventures that followed. Subdividing the White Oak Ranch was Don's most ambitious wager, but there were other sizeable projects that were completed. Over 150 lots were developed in the Lake McCumber area in what is known as the Lassen Pines Estates; twenty lots were developed along Copper Canyon Road in the Mountain Gate region north of Redding; a dozen parcels were prepared off Los Osos Road, northeast of Redding; twelve ranchette size lots were developed on Silver Spur Road in Palo Cedro; forty lots

were developed off Lake Boulevard in Redding; plus assorted other smaller projects. Altogether, over 500 lots were developed or are still in the process of development.

The Nelson crew had its own equipment for doing much of the work on these projects, including a couple of D-8 Cats, a twin engine Terex 14 scrapper, a road grader and a trencher. Wayne Manning, often assisted by his son, Steve, did much of the backhoe work and hauling of import material with his truck and trailer. Hot summer months were spent moving dirt, then putting in water, sewer and underground electricity lines. Don's son Sam eventually branched out on his own doing this kind of work and has become one of the Redding area's leading contractors.

All this construction expertise was not just employed building subdivisions in California. A more rewarding building project was launched during the mid-1970s. This one in the Caribbean country of Haiti.

Hôpital Lumière in Haiti

Even with all the assets that Don accumulated, he continued to pursue a rather modest lifestyle for someone with his net worth. There was a larger plan behind all the real-estate development than just profit seeking. Philanthropy became a driving force within him, through projects that he designed and nurtured toward completion. His boldest undertaking in this regard was the construction of a hospital in the impoverished Caribbean country of Haiti.

The endeavor began with a trip in August of 1974 by Don and Laura to Haiti to visit their son and daughter-in-law Dan and Joyce. By then, the older Nelson boys had graduated from college and struck out on their own. Dan Nelson, one of

the twins, had pursued a dream of becoming an electrical engineer and entering missionary radio work. After completing a degree at Cal Poly, San Luis Obispo, and marrying Joyce Camp, another missionary kid who had grown up in Africa, he and Joyce took a position working with West Indies Missions (later renamed World Team). This mission operated a popular radio station, Radio Lumière, out of Port-au-Prince, and Dan became one of the engineers for the network.

During Don and Laura's visit, they inspected the medical clinic that the mission ran under the direction of Dr. Dudley Nelson on a compound named Cité Lumière. The clinic was near the city of Les Cayes, located far out on the long peninsula that extends to the west at the southern end of the nation of Haiti and 122 miles from the capital city, Port-au-Prince. After seeing the meager effort the mission was making in response to the overwhelming health needs among Haitians, Don began visualizing possibilities. He commented to the mission field director, Louis Markwood, that

what the mission really needed was a hospital. Markwood told him that for twenty-some years the mission had been talking about building a hospital, but the resources and leadership to make it happen had been lacking. The director then turned to Don and said, “Why don’t you develop one.” Markwood probably underestimated the determination of the person he was speaking to—these two did not always see eye to eye on all that was about to transpire—but a little less than three years later a newly completed hospital complex was functioning in Haiti under the auspices of the mission.

Following that initial trip to Haiti, Don was filled with a powerful conviction that God wanted him to build a hospital. Such a project would require nearly \$700,000, money that would have to be raised one way or another. There would also be incredible logistical problems involved in getting equipment and supplies to a building site in a remote part of an economically impoverished country. At that point there was only a rutted dirt

road leading out to Les Cayes in southern Haiti. But given the proximity of Haiti to Florida, Don foresaw the possibility of attracting American medical specialists to a well-planned hospital facility and getting them to contribute one or two-week stints of voluntary service, perhaps doing complex cases of surgery that could not be done elsewhere in Haiti.

Another trip to Haiti followed shortly thereafter to lay preliminary plans and to search for a site for the proposed hospital. Based on his experience in the Congo, Don wanted a site that offered the potential for the installation of a hydroelectric unit or wind-powered electrical generators to save future costs. He also decided that it would be best to place the new hospital away from any previously established government hospitals to avoid the prospect of perceived competition that might lead to a loss of state support. Getting the backing of the minister of health in Port-au-Prince was considered crucial. Accessibility for the general population was important in a country

where roads were not always well maintained. And it was hoped that a site up in the hills and away from the coast could be found, a location with more moderate temperatures and away from places that would be exposed to hurricanes.

Don and Dudley Nelson reconnoitered a number of sites ten to twenty miles distance from Les Cayes in January of 1975, before they found an exceptionally attractive location on a road leading north off Route 200 at the small town of Cavaillon and up into the mountain range that runs down the center of the peninsula. At an elevation of about 1,500 feet, the place had approximately three acres of level land, a small stream nearby, and a good spring that gushed out of the ground. Don and Dudley looked at each other and said, almost simultaneously, “What’s wrong with this spot?”

The flat terrain, together with the lower temperatures that the altitude offered, and the fact that the little stream dropped downhill fast enough for good hydro plant installation conditions made

the location, known as Bonne Fin, an excellent choice for a new hospital.

Later when Don was scouting out a site for the hydro plant and calculating where the penstock would need to be installed, he asked the owner of the garden plot on the hillside if he would sell an easement to the mission. The man volunteered that any right of way across his property would be free, saying thirty years earlier his father had dreamed that a hospital would one day be built on the small plateau where plans were shaping up for the fulfillment of his dream.

Back in California, where he continued to keep his medical practice going despite some lengthy absences, Don began working on a number of fronts simultaneously in the hospital game plan. Decisions had to be made regarding the design and layout of the future hospital, and architectural drawings had to be prepared. He also set about searching for a hydroelectric unit, perhaps a used one, that would be suitable for installing in Haiti. And fund-raising became a top priority to finance

the entire endeavor. Along the way, people were recruited to help with the construction and future staffing of the hospital.

What emerged during discussions on architectural plans was a hospital that would have three wings that could accommodate forty beds in each, plus a wing that would have three surgical theaters. A separate building would include administration offices and a classroom. Space for a pharmacy was attached to the surgical wing. The idea of attracting American specialists to come and perform surgery during week long visits determined the plans for the extra surgical rooms. Seven or eight residences for hospital staff were also planned for the first stage of development. It was also resolved that the hospital would be called *Hôpital Lumière* (Hospital of Light), to make it readily associated with the mission's successful radio station.

Plans for acquiring a hydroelectric unit were quickly put into action. Inquiries made with Pacific Gas and Electric in northern California led

to negotiations to buy a Pelton-wheel type unit that had been recently taken out of service on Hat Creek, east of Redding. The parameters of the turbine matched the specifications that were needed and a seventy-kilowatt generator was purchased to accompany it. More generating potential would have been desirable, but it had been determined that seventy kilowatts was probably the most that could be expected from the small creek that ran by Bonne Fin.

Designs were drawn to run a twelve-inch pipeline carrying the creek water around a hillside for nearly half a mile, then to drop the water through a six-inch penstock 600 vertical feet down a steep hillside to where the turbine would be installed. A forebay for storing surplus water during periods of low use would be built at the top of the penstock so there would be extra water to use during peak demand periods.

Fund-raising proceeded on a number of fronts. West Indies Mission launched a drive through the mission's network of supporting churches on

one front. An early contributor to the project was Anthony Rossi, the president of Tropicana Packing Company, who donated \$300,000 in matching funds to be distributed in \$50,000 increments. Don inaugurated his own unique fund-raising effort on another front in an effort to match the donations from Rossi. He decided to donate the profits from sales of lots in his Lassen Pines subdivision to construction of the hospital. One hundred and fifty lots were eventually developed in that estate and many were advertised and sold as contributions to the humanitarian effort.

The price of each lot was divided between the costs of development and the profits, which were pledged to Hôpital Lumière, so buyers were able to benefit from a tax deduction on the part that went into the hospital fund. George Foxhaven from Long Beach, California, sold many of these lots to people in that community who were interested in summer cabin sites, including quite a few members of Bethany Baptist Church of Long Beach, California. Together with the match-

ing funds, over half a million dollars were raised through these sales.

Construction of the hospital began with a cornerstone-laying event on March 17, 1976. The Haitian minister of health along with provincial dignitaries and officials were invited to attend the ceremony. Thereafter, work proceeded briskly. Don Adams, a West Indies Missions missionary oversaw much of the on-site work, recruiting and supervising a large crew of Haitian workers. Frere Eliezer and Sentaiñé were the Haitian foremen. Lee Baugh coordinated the procurement of materials in Miami and arranged transport, much of it by air, to Les Cayes, from where it was transported by truck to the construction site at Bonne Fin.

Wayne and Faye Manning, from Redding, California, spent six months assisting with the construction. Wayne oversaw the construction of much of the pipeline for carrying water to where it would drop into the turbin penstock and, using a bulldozer borrowed from a local road maintenance

crew, constructed a forebay for storing water. He followed that up by supervising the work involved in putting in electrical transmission lines. Don's dad, Clarence, at age eighty-four, traveled to Haiti to put his logging expertise to use in assembling one more high lead system, into the deep ravine where the penstock dropping down to the turbine was to be installed. The heavy steel penstock pipes were then lowered into position using that highlead system.

Bud Keeney, another Oregonian with logging experience, built what loggers call a "jillpoke" truss across the canyon near the bottom to keep the penstock in place. Two of Don's sons, Jack and Sam, worked with Don to complete the installation of the hydroelectric unit, from the tricky job of getting the heavy parts down to the bottom of the steep ravine using a bulldozer, to putting the entire unit in place and getting it running in the concrete bunker that was built to house it. Later modifications to the setup were made by Devon Tassen of Millville, California.

With an eye toward making medical-related visits in the future to isolated villages along the Haitian coastline, Don invested in a twenty-foot inboard motorboat. The feasibility of using a boat to visit small villages and the positive response that such a program would receive became evident the first few times he ventured out and made some stops at little coastal settlements.

A rather amusing incident occurred on one of these visits. Practically the entire population of the village gathered near the boat dock to see what was going on when Don began explaining that a hospital was being constructed and help would be available for people with chronic medical conditions. When he mentioned surgery for repairing hernias, an old man pushed his way to the front of the crowd and without any hesitation dropped his drawers for an examination. The man had a hernia that extended to his knees. There was apparently nothing new about showing it to the entire village.

Don also came up with recreational uses for

that boat. Snorkeling was fairly good near some of the sandbars off the coast of Les Cayes, where there were beautiful reefs loaded with tropical fish. When the sea was calm, there was decent water-skiing. Don was having more fun than he had ever had in his life, and volunteer workers from the United States enjoyed the chances to relax and enjoy a little tropical island pleasure.

At the same time, Don used the boat as an alternative to the atrocious roads in the country, making trips to Port-au-Prince and, a couple of times, to Gonaïve, 100 miles north of the capital. One of these trips to Gonaïve, however, didn't go according to plan—actually they never quite made it. With Laura along, and Terry Adams, the teenage son of one of the missionaries, they planned to spend Christmas with Eldon and Joy Ausherman, missionary friends who lived and worked a few miles outside Gonaïve. In the middle of the long voyage around the tip of Haiti's southern peninsula and out across the broad Gonâve Gulf, the generator stopped functioning. They didn't have

a spare generator or battery, but they figured there was enough of a charge left in the battery to keep the engine going until they got to Gonaïve.

Things went well until they were about five miles from their destination. The sea was becoming rough, and when Don slowed down abruptly to avoid hitting a big wave head-on, the engine stalled, and then it wouldn't restart. The boat was equipped with a small auxiliary outboard motor, but with the wind and current going against them, and the large swells sweeping the boat up and down, it proved to be of little use. Evening was approaching, and they were adrift on a rough, wide open sea.

After dark the sea became calmer, as they watched the southern cross come up over the horizon. It wasn't exactly romantic, given the predicament they were in, even if it was Christmas Eve. The boat kept drifting to the southwest and the big question was whether they would hit land out near the end of Haiti's southern peninsula or whether they would drift right on by, out into the

open sea and toward Jamaica. When it began to dawn in the morning and they could see better, Don and Terry rifled through the things that were in the boat's cabin. With some rope, they lashed a couple of oars together for a mast and rigged up a sail out of a blanket. Once their primitive sail was functioning, they did the best they could to steer the boat more toward the south. Still, it was a long day of bobbing up and down and slowly drifting along. Their water and meager food supplies were being stretched. Finally, in the late afternoon, they approached the town of Jérémie, near the end of the peninsula. Firing up the little auxiliary motor, they proceeded into the harbor. Terry was familiar with the place, having been there before with his dad, and he quickly located people he knew and got the assistance they needed. Christmas day was about over by then. The next day they headed back to Les Cayes, postponing the trip to visit the Aushermans for several weeks.

Construction on the hospital proceeded. The walls went up quickly on the hospital complex

and the staff residences. Buildings were constructed of cinder blocks, which were produced on site. The roofs were made of flat concrete, cooler in the tropical heat and better able to withstand hurricane conditions. After the roofs went on, electrical wiring and fixtures were installed, windows were put in and paint was applied. The dream began to be transformed into a reality.

Plans did not always flow smoothly. Tragedy struck when the hospital was about half completed. A single-engine plane piloted by Wayne Gilbert was being used to transport materials from Miami. On a routine flight, Gilbert approached Les Cayes and swept down low over the Cité Lumière mission compound to alert people of his arrival. That was his usual procedure, only this time something went terribly wrong. The wing of the plane clipped the radio tower at the top of the highest hill on the compound and the plane cartwheeled for several hundred yards before crashing on the hillside, killing the pilot. That event gave pause to everyone involved in working

on the hospital project. A time for putting aside differences and reflecting on the goal of doing something for the glory of God and to assist the Haitian people followed. Then, after a memorial service, everyone went back to work, honoring the deceased pilot by completing the project to which he had so diligently contributed.

Before the construction was done, Don began dividing his time between supervision of construction jobs and practicing medicine in the still-emerging hospital. He performed the first case of surgery in the new hospital in March of 1977, before the walls had been painted and other construction details completed. At one point that spring, a horrifying wreck of a bus loaded with passengers that tumbled into a ravine not far from where the hospital was being built completely overwhelmed the meager hospital staff. Dead and seriously injured people were scattered up and down a long, steep slope. Later, when a surgical theater was finished up, an American road building company that was busy improv-

ing the main road to Les Cayes began flying in emergency cases by helicopter. Word got out that medical treatment was available, and people began streaming in.

With some details yet to be completed, there was a formal dedication of the hospital on May 31 of 1977. Dignitaries arrived by helicopter to attend the ceremony and inspect the new facility. For those who had worked on the project, seeing that new hospital in a place where a few years earlier there had only been scattered hamlets was a fulfilling experience.

A staff of a dozen young Haitian nurse auxiliaries was recruited to work at the hospital. Linda Wallace, a nurse from the United States, supervised them. Dr. Fred Brown, also from the United States, joined the staff as well. Stuart Peel and Lee Baugh began the process of, respectively, supervising surgical preparations and overseeing administration.

Following the dedication of the hospital, Don Nelson's time spent in Haiti was cut short

when he contracted hepatitis B. He believes the hepatitis resulted from a burn he received while using a faulty cauterizing instrument. He later accidentally spilled blood on his burned finger during a routine transfusion procedure. Returning to California, he was pretty much laid up for the following twelve months. His interest in the work in Haiti waned during that period of convalescence. By then the construction end of the project was pretty much completed and the mission director had conflicting ideas regarding the future program of the medical ministry of the mission.

There had been growing disagreements regarding hospital administration, fueled in part by hard feelings that developed among missionaries whose programs were overshadowed by the tremendous influx of funding and the overwhelming amount of attention focussed on the hospital construction. People wanted to rein in Dr. Don and his ambitions for continued expansion into new developments in rural health care programs.

Don has always been more of an initiator than a nurturer. He likes to get jobs off the ground and see the infrastructure established. Staying around and keeping the completed projects running has less appeal to him. This has often led to conflicts with those he has worked with when projects have reached crucial transitional stages. In the end, Don decided it would be best to take a break from his involvement in Haiti, and he soon found other avenues to exercise his love of heading up projects and seeing them to completion.

Hôpital Lumière, however, has proved to be a great success story. The hospital is now managed by Lumière Medical Ministries, based in Gastonia, North Carolina, [more recently, by Apostolic Christian World Relief] in conjunction with the Baptist Church Association of Southern Haiti (MEBSH). Six or seven Haitian doctors staff the hospital, along with one American missionary doctor, who oversees the large outpatient clinic that was later added to the complex. Don's vision of being able to invite American doctors

to visit for a week or two at a time and donate their skills to assisting impoverished Haitians in need of surgery has been implemented and has brought hundreds of medical specialists to Haiti. Currently, about 150 volunteers, mostly surgeons and their support teams, go down to work at Hôpital Lumière each year. Many of them have volunteered for repeat visits and some have made it an item on their annual schedule.

In the weeks, even months, leading up to the visit of a specialist in a particular area of surgical expertise, cases are lined up. These are *working* visits for the doctors, and some perform thirty or more cases of surgery during a weeklong stay and come away elated about being able to reach out and do something for people who otherwise would have no chance of finding appropriate treatment.

Back in California, Don's involvement at North Valley Baptist tapered off during the late 1970s when he turned his attention toward founding churches in communities around Redding where

there were no active churches. Still operative in his life was the role model of his early mentor, the Rev. Al Fuller, who after bringing revival to the Dixie Mountain community went on to found churches in nearby Forest Grove and Beaverton, Oregon. Over a ten- to twelve-year period in the late 1970s and 1980s, Don was instrumental in getting three churches going. The most successful of these has been the Bella Vista Community Church, northeast of Redding. A lively congregation was built up there and a building program was completed in 1981. Don spearheaded the purchasing of a sizable piece of property for the church, next to the fire department. Unfortunately, being next door to the fire station did not save the church structure from the large fire that swept through the area in 1999.

The two other churches that Don founded were Lake Boulevard Baptist Church, which met in the Masonic Lodge for many years before joining ranks with the Bella Vista Community Church; and Lassen View Community Church, which for

years met at the Lassen View School, north of Anderson, before acquiring a building nearby.

Another challenge was presented to him in 1978 by his old friend Pastor Royal Blue. For several years Royal's wife Ruth suffered from cancer. Don advised the Blues on treatment programs during her illness; but in the fall of 1977, Ruth took her own life to end the suffering that had plagued her. Don and Laura had been called in the moments following the suicide, rushing to be with Royal in that tragic moment. During the following months, Royal struggled to carry on his ministry and felt that some of his programs were in jeopardy as a result of lack of leadership. Don offered to help in whatever way he could.

Royal's plans to develop Shasta Bible College were at a key juncture, and it was for assistance with that program that he took Don up on his offer. Over the next few years, Don provided funding, some of it from his father's estate, for building dormitories and a classroom complex for the college. Additional financial help came from

Luther Steinhaurer, the superintendent of a large lumber mill in the area. Full state accreditation for the college was acquired, and the college began offering a bachelor of arts degree in a number of majors.

Addiction Recovery Medicine

By 1985, at age sixty, Don could look back on a lifetime of accomplishments and service to his fellow man. But the thought of him retiring was nonexistent. In fact, it was around this point that he became involved in what he considers to be by far the most difficult and consuming challenge of his life, one that in many respects altered his own outlook on life. During his years of practicing medicine in Redding, he had occasionally encountered people suffering from drug addiction. As someone who had long had a “God helps those who help themselves” philosophy of life, his attitude toward people whose lives have been destroyed because of a drug addiction was not much different than that of most medical doc-

tors. His first reaction was to blame the addicts for their problems, and with numerous reports suggesting that prospects for successful treatment were next to nil, there was little motivation for getting enthused about trying to help. Seeing them to the door as quickly as possible was a typical response.

That all began to change for Don when a young woman came to his office for assistance and at the beginning of the interview with the doctor said point-blank, “I’m a heroin addict. Can you help me?” Don knew her family well and had treated her since she was a two-year-old. The sincerity of her plea, together with the obvious desperation she was experiencing, led him to agree to treat her. She was the first person addicted to heroin that he seriously tried to help.

Addiction recovery was not a topic that was covered in Don’s medical school training, and having had little experience in the field, this new challenge required him to get educated about treatment options. He soon moved far beyond

the medical side of the issue to learning about the social and cultural world of people deeply enslaved to drug addiction. Those whose financial resources allow them to initially support their habit can soon find their savings gutted and then they have to turn to other means. Many of the men involved support their habits by either selling drugs to others or through theft and robbery. Women frequently rely on men to provide them with drugs, often in exchange for sexual favors, or through direct prostitution. Emotional scars from childhood abuse often leave them vulnerable to getting trapped in codependent relationships. Use of heroin can be an exhilarating escape for a brief period, but it is generally not long before it turns into a hellish ordeal of trying to satisfy an insatiable craving.

A few months later, another young woman came into Don's office requesting help with the same problem. In this case the woman, Rhonda Barte, was pregnant and feared she would lose her unborn child if she didn't get help breaking

her addiction to heroin. Her life at the time was a disaster. She was on welfare, her other children were all in foster homes, and the man she was living with supplied her with drugs to keep her submissive and dependent on him.

At that point Don began to look into treatment plans that went far beyond medical options. He could see there was little hope of getting people to change if they remained ensconced in an environment that reinforced their dependency on drugs. Alternative living arrangements were needed to get people away from their old habits and the people that encouraged them to continue using drugs. In Rhonda's case, Don found some people willing to let her live with them. A few weeks later her son Zack was born. But her struggle to break free of heroin addiction was just beginning.

Getting an addiction recovery program successfully off the ground proved to be a laborious process. After some fitful starts, Don, in 1988, purchased a house in the East Bonneville area of Redding to use as a halfway home. He named

the place, and the activities that became centered there, Victory House. As the program developed, additional houses in the same part of town were acquired; presently six houses are being used.

By far the biggest difficulty was finding dedicated staff members, willing and capable of spending long days with people who, more often than not, suffer from low self-esteem and are in the habit of reacting emotionally to any challenge they confront. Enthusiasm for the job can quickly dissipate when a staff person is faced repeatedly with temper tantrums and conniving schemes coming from adults who act like children. Turnover in staff members has been high. The program persists, nonetheless, kept afloat by Don's dedication.

The goals have been to try to help women get free and stay free of drug addiction, to re-unite them with their children, to help them learn coping skills for dealing with social challenges and occupational skills in preparation for finding work, and to assist them in securing good

employment. Setbacks along the way have been numerous, but Don has learned to focus on the successes and not dwell on the failures.

For many people suffering serious drug addiction, their problems are rooted in emotional responses learned in the homes they grew up in. An inability to cope with stress or frustration often is learned in early relationships with parents who set poor examples, and then gets reinforced at school and in other social settings. Children who grow up experiencing a lot of frustration, in Don's opinion, are much more predisposed toward drug addiction. A history of physical and sexual abuse often further complicates matters. Drugs offer something more than just recreational experience for such people. As the drug induced euphoria comes on the frustrations get drowned out. That is until the high wears off, then the ordeal of getting a new supply of drugs, more often than not, gets overwhelmingly frustrating, leading to a desperate craving for the brief respite the drugs offer.

Most people who seek help for their problems want a quick fix, assuming some kind of three-day program will undo years of irresponsible living. Having now treated over 700 heroin users and an estimated 1,500 drug addicts overall, Don has developed different ideas. In his opinion, prolonged heroin use fundamentally alters people's minds, trapping them in patterns of thought and emotional responses that are childlike. What to a healthy-minded person would seem like a minor disappointment can overwhelm a recovering addict. The ex-user's first response typically is to want to return to drugs in an effort to escape the situation by obliterating all emotional feelings. These physiologically determined emotional patterns exert a powerful influence throughout the first year after a person stops using heroin, then continue to linger at a lower level for six or seven more years. Similar responses persist for twelve to eighteen months in people who have been addicted to methamphetamine.

Treating recovering heroin addicts is thus a

long-term project. The ideal, in Don's view, would be to have a five- to six-year program that recovering addicts would remain in. This is what he has tried to get going, but few women have stayed with the program that long. Most feel they are cured after a year or less and leave; many of them eventually return to drug use. For those who remain, efforts are made to reunite them with their children and then settle them into semi-independent living in one of the halfway homes, where they are expected to care for their families.

During the day, those in the program attend sessions at the county-run Trinity House, learning personal management, how to cope with anger and frustration, and to deal with temptation. To these are added occupational training courses, which can also be followed up with classes at the community college. For a woman to provide adequately for herself and three or four children, she needs a job that earns at least twelve dollars an hour. Those kind of jobs require skills, and a successful addiction recovery program has to as-

sist people in acquiring the requisite proficiency. Otherwise, the women in the program are prone to becoming discouraged and in their despair are inclined to find a man to take care of their financial needs. The men they turn to are, all too frequently, drug users, and before long they are back at square one. The training is not the last hurdle, however. Getting hired can be difficult if one has a criminal record. And even after becoming gainfully employed, the process is far from over. Having money to spend presents a recovering addict with a hard-to-resist temptation to buy drugs.

Teaching people to revamp their social lives is an equally vital part of the Victory House program. Early on Don realized that there was practically no hope for recovery in cases of couples where both were addicted to drugs *if* they remained together. Invariably, they would drag each other back into drug use. He thus began encouraging couples to separate and work through the recovery process apart from each other before

re-uniting. With single people there are other difficulties. In many cases, most of their friends are drug users and the pattern they are most familiar with for getting acquainted with someone of the opposite sex involves recreational drug use. Low self-esteem leaves them feeling unworthy of anyone who hasn't sunk as low as they have. Other people frequently treat them like they have the plague.

Don has tried to recruit help for those in his program from churches. "There is nothing quite as uplifting as the fact that God loves us as individuals," Don says, "especially for someone with a low self-image. Even if people treat us like trash, in God's eyes we are priceless." But he has learned that most churches really aren't interested in dealing with down-and-outers with serious drug problems. Such problems, the general feeling is, should be relegated to the Salvation Army or the Good News Rescue Mission. Those people who have pitched in to help have mostly been from Pentecostal congregations. Don's Baptist

horizons have expanded in the process, and he works regularly with Pentecostals who volunteer their help. Worship and Bible studies have become an integral part of the addiction recovery program. Not just restoring self-esteem, but inculcating values and remedial lessons regarding what is right and wrong is sorely needed to help some people get a new start. The support of a worshipful community makes a big difference.

What Don has had to put up with to assist drug users and to get the Victory House program going is a lot more than most people would be willing to tolerate. Aside from the fact that the meager MediCal payments he gets for treating drug addicts do not begin to even cover his overhead expenses, he has sunk a good chunk of his own money into purchasing the Victory House properties. Dealing with a frequently dishonest and manipulative clientele is something he has learned to take in stride. And after repeated break-ins at his medical office by people wanting to steal drugs—more than likely people he has

treated—he has finally acquired a secure-enough safe to discourage desperate drug users.

Late one night a number of years ago, Don was awakened by a desperate young woman who he had been treating. She told him that she had cut her arm and wanted him to stitch the wound. When asked why she couldn't go to the emergency room at a local hospital for treatment, she gave excuses. After a bit more questioning, she confessed that the severe lacerations on her arm had occurred when she broke a window while trying to get into Don's office to steal drugs. She was afraid to go to the emergency room for fear the police would be notified and she would be arrested. Don met her at his office, where the evidence of the break-in was obvious, and sewed up her arm. But somehow in the weeks following, word leaked out to the local police that she had been responsible for a break-in at Don's office and she was arrested and questioned. Don was later called in to give a deposition on the matter. When the case went to trial, Don wasn't able to

make it; but based on the favorable report he had made regarding the young woman in his deposition, the judge figured that there had to be some indiscretion going on and made it a condition of the woman's probation sentence that she not see Don for a full year. She was thus cut off from her biggest source of help when she most needed it.

What keeps Don going when even his most noble intentions get misinterpreted? He says he has learned to dwell on the positive and forget the negative. Otherwise, he says, it would be easy to quickly get overwhelmed and throw in the towel. People he has devoted considerable time to helping have died of drug overdoses. One woman in the Victory House program had six husbands and/or boyfriends die of drug overdoses. Crime problems, child custody disputes, attempted suicides, there is no end to the dramas that Don tries to negotiate. The positive experiences are sometimes long in coming. Still, there are occasions when someone will approach him in a public place. He may not even recognize

the person. And that person will say, “Remember me? You treated me five years ago when I was completely messed up because of drugs. I’ve been free of drugs and haven’t used since you helped me.” A little gratitude like that goes a long way for him. He also likes to recall some of the memory verses he learned as a young boy. Psalm 27:1 will frequently come to mind: “The LORD is my light and my salvation; whom shall I fear? the LORD is the strength of my life; of whom shall I be afraid?” As Don says: “What an anti-depressant! I don’t have a pill that works that well for me.”

Rhonda Bartee, the young, pregnant woman who didn’t want to lose her baby and appealed to Don for help in overcoming addiction to heroin, is one of the few success stories that Don speaks of with a sense of pride and accomplishment. There was something about her plight that inspired him to try to help. From her he learned a lot about the struggles of a heroin addict. In the process, he changed, becoming a more nurturing person,

willing to hang in there to keep the Victory House program going. As for Rhonda, she eventually did overcome the lingering effects of her addiction, going on to complete a degree in nursing. But her past criminal record made getting a state nursing license difficult. A process that normally takes three months, stretched to sixteen months before success was achieved. In the meantime, she took over full responsibility for raising her four children. Her example has become a beacon of hope for others in the Victory House program.

There is another reason for Don's commitment to helping people. In Jesus' parable of the Good Samaritan there are people who think of themselves as upright members of society, even a religious leader, who avert their eyes from the suffering and misfortune of the victim lying by the side of the road. Few want to offer a helping hand. Don has learned to view heroin addicts as victims lying alongside the highways and byways of our society, despised, rejected outcasts. They are people who get blamed for their own

misfortunes; little sympathy gets directed their way. Sure, there is a point when they make the first step in the wrong direction, seduced by peers and a culture that urges them to just try it. Sinister, heartless drug dealers manipulate them. Before they quite know what is happening, they are sucked into a vortex of hellish craving and desperate living. Their minds become enslaved to the drugs they hunger for, and there are few people around willing to help. For Don there came a time when he realized that averting his attention from the problem was like being one of those characters in Jesus' parable who passed on by, pretending to not notice. Basically, it is the Christian conviction that he began to cultivate as a young boy growing up on Dixie Mountain in Oregon that has been the inspiration behind his efforts. Living a life founded on the teachings of Jesus, he feels, requires that we do more to help, even when earthly rewards for our efforts are not forthcoming.

Retirement?

There are people who look forward for years to the time when they can retire and take life easy. Others cannot contemplate not being involved in their vocational pursuits; to stop working would be giving up what makes their lives meaningful. At age seventy-six, Don is definitely among the latter group, though he is beginning to realize that his years of practicing medicine may be nearing an end. Since 1987, his medical practice has been located on Church Creek Road, across from Enterprise High School in Redding, where he has been assisted by Donna Adams, Sonya Tuney, Winnie Call and Dorothy Call. He has slowed down some and now takes more afternoons off. But his appointment schedules

are generally full in the mornings and he devotes several afternoons each week to working with addiction recovery cases. The work continues to be a source of inspiration for him, particularly when he sees healing occur in difficult cases. He has also continued to be a bit of a missionary doctor, in the sense of being willing to think for himself in devising treatments that are outside the parameters of the usual options.

With the potential liability issues at stake, doctors are a cautious and conservative group for the most part. They prescribe treatments the way they were trained to prescribe them, or according to strict guidelines laid down by pharmaceutical companies, which are equally cautious about liability claims. This was not Don's style when he started practicing medicine, back in his missionary days in the Congo. He was on his own then, with a limited number of medications available to him and no one to consult with about treatments. That experience gave him a sense of confidence in his ability to be innovative.

Long before it became popular for doctors in family practice, Don added a treadmill to the equipment available in his office. The old-style EKG machines seemed of little use to him in determining the condition of a person's heart. People have to be exercising, placing an aerobic stress on their bodies, before it can be clearly determined what kind of condition their hearts are in. Don made the treadmill a routine part of physical examinations early on. The results have been incredible following an estimated 2,500 tests done using the treadmill and accompanying heart monitoring equipment. Clients have sometimes found themselves in surgery having heart bypass procedures done soon after the tests were conducted. Most are still alive because of it. Don and his staff found that deaths from heart attacks among their clients dropped from around six to eight per year to, basically, none, except for some inoperable elderly patients. Don credits the use of the treadmill stress tests, plus a program of careful follow-up on people at risk, for the dramatic

decline of deaths.

There is another example of Don's willingness to be innovative that is yet more poignant. He became an early champion of a drug known as Neurontin—and has had phenomenal success—long before the drug was well known or even officially recommended for treating many of the symptoms for which Don prescribed it. His discovery of the usefulness of the drug was somewhat serendipitous. Neurontin (*gabapentin*) was developed, and is listed in the *Physicians Desk Reference*, as a drug used to treat seizure disorders, such as epilepsy. Don first stumbled onto the drug's other effects when treating a man who had been suffering seizures and depression ever since he had spent time in an artillery unit in Vietnam. Then, in the months leading up to his coming to Don for treatment, he began to have difficulty performing simple mental abstractions like adding and subtracting. Don prescribed Neurontin for his seizures and the man reported that his other symptoms almost completely disap-

peared within days after treatment.

Given that the drug had few side effects, he decided to try Neurontin as a treatment for some other related disorders. Success was achieved in treating people with serious brain damage. Again, the results were astonishing. One woman who hadn't walked in twenty-two years without a walker was able with the help of Neurontin and some physical therapy to learn to walk on her own. Post-stroke patients responded equally well, not only overcoming much of the paralysis they suffered but bouncing back from depression. Further encouraged by these results, Don started prescribing Neurontin to people suffering from chronic depression, or bipolar disorder, who had not had positive results using Prozac. And he started receiving what is known as the "Wow!" response from these patients. Some told him they hadn't felt so good in twenty years.

Similar results followed with people suffering from cerebral palsy, anxiety attacks and attention deficit disorder. One sixteen-year-old youth,

confined in the local juvenile hall for months, had never learned to read. He said he could never focus on a sentence for more than two or three words before his attention would lapse. In a short time after being put on Neurontin, he mastered reading, at least at a remedial level, and was himself surprised to learn that he could do what he had always been told he should be able to do but could never concentrate long enough to actually do.

Don couldn't contain his enthusiasm over the results he was getting. He began telling his medical colleagues about his experiences and was in touch with the drug's manufacturer to ask about conducting the needed studies that would qualify Neurontin to be officially promoted as a recommended drug to use for treating these other disorders and symptoms. The initial response he received from his fellow doctors was mostly disbelief and mild derision. "Just a placebo effect" was one typical response he got, as though just the thought of being treated with a new type of

medication was having the effect of clearing up people's symptoms.

Few people are laughing anymore. The psychiatrists that Don told about his experiences treating depression with Neurontin have learned for themselves that this drug can significantly help people who do not respond to other antidepressants. A doctor who specializes in treating stroke victims came back to Don to say, "Thank you so much for telling me about that drug." In the meantime, other doctors elsewhere in the country have stumbled on the same effects of this drug and there is now a growing literature on the topic of alternative uses for Neurontin. Skepticism has declined and more and more doctors are now prescribing it for symptoms other than seizures. Meanwhile, the drug company, facing the end of the period for which its patent is valid on this drug, has been reluctant to promote its other benefits until the company can develop a modified, upgraded version that can be patented as a new drug.

At a recent meeting of medical professionals in Redding, Don was commended by the featured speaker for his creativity in treatment options, with his discovery of the benefits of Neurontin being a prime example. The speaker noted that few doctors are willing to venture such experimentation on their own. He attributed Don's confidence in launching out into new territory to his experience as a missionary doctor, when he had to rely much more on his own judgement in determining the best option when faced with difficult cases.

For Don it is a part of what makes practicing medicine exciting, something he is reluctant to want to give up. Helping people back to health is a creative process. He loves the challenge. As for Neurontin, his enthusiasm has yet to wane. "Either this stuff really works," he says, "or I'm the best psychotherapist around."

Even if he were to retire from medicine, there are plenty of other irons in the fire to keep him busy. His real-estate development projects con-

tinue apace. The White Oak Ranch has become a sprawling, still-growing subdivision. He regularly puts in afternoons fixing up lots and getting them ready for sale. Having worn out his old road grader, he recently purchased another one so he can keep on working. But Don is developing new interests as well, the foremost being a goal of establishing a radio station in central Africa.

The region of Africa where the Nelson family spent most of the 1950s and early 1960s has again degenerated into chaos. In the spring of 1994, a wave of carnage swept through Rwanda. When the genocide was over, three months after it started, around 800,000 people of the BaTutsi ethnic group were dead, many of them slaughtered by their BaHutu neighbors, who mostly used clubs and machetes to carry out the gruesome killings. Two years later, the conflict spilled over into the Congo when Rwanda and Uganda troops invaded. A protracted quagmire of conflict has ensued, with a massive displacement of civilians and an atrocious record of indiscriminate killing.

Any semblance of normal life has been disrupted in much of the Congo, and most severely in areas along the eastern border. Education and health programs have been widely interrupted. Village farms have been destroyed. People are dying at a tragic rate from malnutrition, in addition to the usual diseases that plague their lives. AIDS, a relatively new killer, is spreading unchecked. In desperation, people have increasingly been turning to new religious movements and even traditional witch hunts to cope with the turmoil.

Anyone who has lived for a long period in some other part of the world will naturally be inclined to remain interested in continuing developments in that region and to feel a concern for inhabitants there. Don's concern for the eastern Congo region, the area of his earlier missionary involvement, has persisted. His first return visit to Congo was in 1987, when his son Jack was involved in the research for a book on African responses to missionary efforts. More recently, in the summer of 2000, Don was back to that war-ravaged part

of the world, intent on launching yet another project.

Believing that the Christian faith provides the truths and values that people need to base their lives on if peace and prosperity are going to prevail, Don, along with his son Dan, has envisioned getting involved again in propagating Christian teachings and providing educational programs on health and development issues in central Africa. Currently there are few missionaries in eastern Congo. Most of the church work in that area is under the auspices of local African leaders, but they are generally short of resources and find it impossible to travel into zones of military conflict. People do have radios, however, and small transistor receivers have become a major source for news and education, as well as for inspiration and secular entertainment in the many towns and villages of Africa. Making the most of Dan's experience in radio ministry in Haiti, Don and Dan have set to work to establish a radio station and programming for eastern Congo and Rwanda.

They recently made a trip to Uganda and the Congo border town of Goma to conduct a feasibility study, to raise interest from local church leaders, to interview prospective staff members and to begin assembling a board of directors. The project has a ways to go, but given Don's past record at achieving what he sets out to do, there will probably be a Christian radio network operating out of Goma in the not-too-distant future.

There is thus more to come in this story of the life of C. Donald Nelson, but we'll have to wait to see how the rest transpires. He has already established a legacy as someone who has often chosen to leave the conventional behind and attempt to do something different with his life. Not content to just watch from the sidelines, he has taken the initiative in bringing about changes. Guided by his Christian convictions and spurred on by his own ambitiousness, his life has been a series of projects. His involvement's have generally been small enough for him to manage in a

hands-on manner, as he likes to do; nonetheless, they have generally been large enough to call for persistent dedication over a period of years and the help of a team of assistants to bring them to completion. In most of his efforts he has tried to leave his mark in a manner that helped people, mainly through his healing profession but also by extending spiritual resources. Don never was much of a fan of Robert Kennedy, yet the well known words of Kennedy that resonated through to the end of the twentieth century characterize the kind of vision Don has had in accepting challenges. “Some men see things as they are, and ask, ‘Why?’ I dream of things that never were, and ask, ‘Why not?’”

Afterward

In the fall of 2002, a little more than a year after the publication of this brief biography, Dr. C. Donald Nelson, my father, was diagnosed with an aggressive and already metastasized prostate cancer. He was seventy-seven years old at the time and had just taken on the biggest challenge of his life. A genocide and ongoing military conflict had enveloped the region of Africa where he had been a missionary doctor. He told me he felt like he hadn't done enough. He wanted to get back involved and try to do something to alleviate the suffering of people in eastern D.R. Congo. Besides, retirement never was an option he cared to entertain. He couldn't see himself sit-

ting around unoccupied when there was so much needing to be done.

He purchased a large piece of property and began laying plans to develop it, wanting to donate the profits to a charitable foundation to be used to finance the construction and equipping of medical clinics as well as a Christian radio network in the Congo. To finance the development project he sold the remaining parcels of property on his White Oak Ranch.

His illness and subsequent treatments weakened his body but spurred on his determination. He found the physical labor involved in preparing lots for sale to be therapeutic. He needed help getting on and off his road grader but still he wanted to operate it.

Though his body became weak and emaciated, he continued to have the usual visionary look in his eyes. He was busy making plans, thinking of what more could be done. He completed laying the legal framework for his charitable foundation, Light of Africa Network, and recruited a

board of directors, chaired by his son Sam. Real estate sales continued and engineering plans were pursued. The ministry of a Congolese couple, Camille and Esther Ntoto, was initiated in Goma, D.R. Congo, with support from Light of Africa Network.

When Dad's condition took a turn for the worse, I broached the subject of his impending death. He refused to contemplate it. "I can't die," he told me. "I've got too much work left to do." He didn't fear death; he just didn't want to leave work on his most ambitious project to date uncompleted. His strength continued to ebb, however, and reluctantly, in his last days, he conceded that he was going to have to entrust others to carry the task forward. He departed this world on the morning of July 11, 2004.

