



Jengre Seventh-day Adventist Hospital.

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Jengre Seventh-day Adventist Hospital

CHIKWENDU AMAIKE, AND SVEN HAGEN JENSEN

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Sven Hagen Jensen, M.Div. (Andrews University, Berrien Springs, Michigan, USA) has worked for the church for over 50 years as a pastor, editor, departmental director, and church administrator in Denmark, Nigeria and the Middle East. Jensen enjoys reading, writing, nature and gardening. He is married to Ingelis and has two adult children and four grandchildren.

Organizational History

The Jengre Seventh-day Adventist Hospital began as a dispensary in 1934 following the establishment of the first missionary station in northern Nigeria by John J. Hyde and his wife from England. The initial dispensary consisted of three temporary grass huts. The dispensary was run by his wife, M. L. Hyde, who was a trained nurse. Hyde recounted that:

We were having thirty to forty patients to dress each day and our rags were finished. The Government sent us six dozen bandages. They were used. Everything in our wardrobe that needed mending or looked as though it needed mending soon was ended instead of mended, even down to khaki clothes. And what medical person would dream of putting khaki cloth on a wound! We were reduced even to that. With what joy, then, did we behold the linen from our churches at home! ... Last year [(1933) the record of patients that were treated in the dispensary] was 8,968, [and just within two months in February (1934) the treatments recorded were] over 2,600 patients.¹

It is hardly necessary to stress the significance of health ministry as one of the most important arms of spreading the gospel by the Adventist church. The combination of the two ministries at the Jengre Adventist mission station is summed up succinctly by Hyde:

Our patients attend the dispensary an average of twenty-one days each. During that time they learn to sing hymns, they hear the commandments, the Lord's prayer, and the good news that God is their Friend and that they can become friends of God and His Son Jesus. They are carrying those thoughts back to their homes, and now for miles around the people are singing our hymns. Yes, it is true that their verses are formed of lines taken at random from all the verses of the hymn, but what does that matter! Their singing is wonderfully in tune and the words usually make sense, and they are very happy to be able to sing ... This is sowing time in this area. No other missionary has ever been among them. Reaping time will soon follow, and then; what joy!²

Despite the commendable record in the number of patients that were treated at the mission station, it took some time before the Jengre station started to reap the first fruits of the gospel. The first harvest of 28 souls was baptized in 1927. In 1933 Hyde wrote an urgent plea from northern Nigeria:

Our work here in this new field is forging in a most unexpected way. Government officials once told us how many years of careful work would be needed before the primitive pagans would trust us or come to us. We looked at these naked people and believed what we were told. And now, with less than two years' work behind us, what do we see?

We have a group of patients and their parents or friends who cook for them, numbering sixty, staying on this station with us. The Government has built six of the huts in which they stay. An hour ago two new patients arrived and brought today's total to seventy.³

In 1934, though thankful, Hyde recounted that:

Our people are primitive pagans, Mohammedans, Hausas, or Fulani. They are all very shy people on the one hand because of their retiring disposition and on the other because of their dislike for Christianity. Under such circumstances the medical side of our work proves to be invaluable... We have here a permanent dispensary building containing a large waiting room (but it is much too small), a wet-dressing room for sores and ulcers,

another for examination and dry-dressings, and medical store. In addition, we have a small village built in the native style with mud and thatch, though having cement floors. Here we have a population of from sixty to seventy people, patients and those looking after them. Each person stays an average period of three weeks. By that time they are on most friendly terms with us whether they are pagans, Fulanis, or Hausas... We have an average attendance on Sabbath morning of sixty, and of seventy in the afternoon. Assuredly, a new interest has come to their lives... Our station is of peculiar importance. It stands on the edge of Hausa-land, that stretch of country which, with adjoining provinces, is well-nigh closed to missions... It is our only Hausa-speaking station. Hausa is understood and is spoken over a large section of Northern Africa and by millions of people. Hausa speaking converts from this station, may, in the providence of God, help to finish the work over a large part of the world-field. Normally this would be but a faint hope, for Mohammedan peoples are very slow to leave their faith.⁴

By 1937 a decision was made by the General Conference which provided the possibility for a door opening to provide a hospital in Nigeria with the Thirteenth Sabbath Offering of the fourth quarter. In consideration of this possibility, Hyde reiterated the attention of the strategic location of Jengre mission station with an estimated population of 20,000,000 on the borders of Hausaland where trade routes from north and west Africa converged and the language of trade was Hausa. Should the possibility materialize, the Hausa, who were great traders and travelers, would stop by the hospital for treatment and might convert to the Three Angels' Message and spread it throughout where Hausa was the language of trade.⁵

However, when Hyde and his wife were transferred to Sierra-Leone in the early 1940s, the subsequent replacement couples from America had no trained nurse for the colonial government grant permit to continue to run the dispensary. The primary health services rendered at Jengre were therefore temporarily suspended.

When Dr. John Ashford Hyde, the son of John J. Hyde was sent by the Mission Board of the SDA Church to search for a suitable site for opening up a medical center in northern Nigeria, he arrived at Jengre in June 1946. On July 18 he applied to the colonial government for permission to locate the medical center at Jengre. With the approval of the government, construction work with burnt bricks started in 1947. This was completed and the hospital was officially commissioned and open for the public by the government in 1948 with Dr. John Ashford Hyde as the first medical director and superintendent of the Adventist Mission in Northern Nigeria. Besides the administrative block which housed the operation theater equipped with the necessary tools for surgery, there were two wards in the 36-bed capacity hospital.⁶

Progress of the Jengre SDA Hospital

With the establishment of the hospital in 1948, the record of the in-out patients and out-patients over the years was ever on the increase. The commitment and dedication of the workers to the delivery of health services earned the hospital a good public image that continued to attract patients from all over northern Nigeria. In the

first four years after the establishment of the hospital, the facilities in the institution were adequate to serve the needs of the daily attendance of patients. Records of the daily attendance in the out-patient clinic rose from 50 at the beginning to more than 60 in the 1950s.

It was recounted in 1952 that, "At the present time there is no maternity ward to care for mothers and babies. They must be cared for in the same ward with other patients, some of whom are often very ill." In 1954 Ashford reported that last year, "nearly 450 patients were cared for in beds and on mats on the floor. This was besides the 18,000 out-patient attendances."⁷

By 1960 the available facilities in the hospital proved inadequate because they were overstretched by the high turn-out of patients. Dr. Arthur M. Owens, the medical director of the hospital wrote a passionate appeal for assistance in the 1960s. He stressed that the rooms in the female and male wards "in use were adequate when the daily attendance was not more than thirty to fifty, but there were almost 35,000 visits to the clinic, and as many as 275 patients have been seen in a single day."

In conclusion he wrote, "Northern Nigeria being a Moslem country, we cannot point to large numbers of conversions or baptisms among the former patients of Jengre Hospital, but the hospital is widely and in general favourably known. While we have the confidence of the people, they do not have the means to pay for improvements at the hospital, and we are sure that the needs of Jengre Hospital have only to be mentioned to our loyal church members in order to bring forth a great response."⁸

Despite the outbreak of the Nigerian civil war in 1967, the world Church responded to the need of Jengre Hospital with Ingathering and Thirteenth Sabbath Offerings. At the close of the war when the director of Medical Health from the division in England, on tour of hospitals in the West African Union, passed through Jengre he reported that, "One day while in Nigeria, I flew up to Jengre Hospital, in the north. This is a smaller institution with 36 beds, soon to expand to 50 beds, as they were fulfilling the building project of a new surgery theatre and 14-bed maternity ward, *thanks to your Ingathering and Sabbath school [offerings] through the year*. The doctor was managing this hospital by himself with the help of his wife, and one African registered nurse, and some helpers which they had instructed.

He concluded,

I have never met a more busy man than Dr. Kenneth C. Kelln. He was up making rounds early in the morning, seeing patients in the clinic until late in the afternoon and after supper performing surgery, and then did the book-keeping before going to bed late at night. I was happy to assist him a little during the few days that I stayed there as the guest of this very hospitable missionary family and their two sweet children. This hospital serves a great area where there is no other medical institution. People come from distances of 50 to 100 miles to seek help. At the time I visited, nomads were bringing their cattle from the northern area down the rivers and in passing through the area, had their infirmities taken care of at the hospital. *This very needy institution needs the*

*charity and help from generous givers.*⁹

Nationalization and Handing Back of the Hospital

When the new chief nurse, Yvonne Eurick, came to Jengre SDA Hospital in 1975 it was a 55-bed hospital with an outpatients' department that accommodated between 100 to 200 patients a day despite the hospital being in a dismal condition. Many beds were without mattresses and sheets. The pharmacy had a large stock of expired medicine. Within a few months, Eurick raised the needed funds, had the place cleaned up and everything put it in order. In January 1976 a new young doctor, Inger Karlman, arrived to direct the hospital. A few months later, in May 1976, an inspection of the hospital was conducted by the governor of Plateau State and several other government officials. In August of the same year the government informed the hospital staff that the hospital would be nationalized in six weeks with several other mission hospitals in the area. On October 1, 1976, the official handing over to the government took place, and the hospital was renamed Jengre Hospital!¹⁰

Dr. Karlman and chief nurse Eurick were laid off and left without employment. However, they committed themselves to starting the Adventist Health Services rural clinics, which proved to become very successful and are still in operation.¹¹

In September 1981, about four years after the nationalization of the hospital, the government announced on the news, and without prior negotiations, that the Adventist church would take back the hospital before the end of the year. That sudden decision of the government created a big challenge for the church because the hospital buildings had not been maintained and there were no available Adventist medical doctors to immediately start working in the hospital. Dr. O. Kari-Koskinen, who had worked as leader of the health department of the church in Nigeria, was immediately appointed medical director for Jengre Hospital. He moved with his family to Jengre and started hiring new staff. Two overseas physicians joined, Leena Laitinen from Finland and Mariana Obisanya from Romania, as well as several national Adventist nurses and other staff. The hospital was officially handed back to the Adventist church in November 1981, and the name Jengre Seventh-day Adventist Hospital was again used. When people heard that the Adventists were again in charge of the hospital, patients began to come in large numbers. A young pastor was employed as a chaplain.¹²

Newer Developments

The charity of generous donors from abroad enabled the hospital to construct a maternity ward of 14-bed capacity. Including the maternity ward, the medical center now operates a 50-bed hospital since the end of the civil war to the present. However, there are a number of intractable challenges confronting Jengre Hospital. There is acute shortage of Nigerian medical personnel. Though several Nigerian medical doctors have graduated from many public universities in the country, they are not willing to join the Adventist Health Services. The surgery tools in the operating theater since the establishment of the hospital have not been updated. To

improve the quality of services, there is a dire need for upgrading the Jengre Hospital with modern, state of the art equipment. Perhaps this is possible only if the Northern Nigeria Union Conference will establish a university and use Jengre medical center as a teaching hospital. In 2017, with donations from Adventist Health International, an amenity ward of eight-bed capacity was constructed, increasing the bed space of the hospital to 58.¹³

Adventist Health Services Clinics

The AHS clinics were started by Dr. Inger Karlman and nurse Yvonne Eurick on January 1, 1977.¹⁴ After Karlman had left in 1979, Dr. Jean-Marc Michel took over as the director of the program in 1981 and put into practice some of the community health ideas of training local people in primary health care that he had learned in his studies.¹⁵ Others followed and today the hospital operates seven rural clinics located in the three conferences that make up the Northern Nigeria Union Conference. Churches have been established in the areas where these clinics are located due to the presence of the clinics. The clinics are namely Adventist Health Center Maigamo, Adventist Health Center Kayarda, Adventist Health Center Tsohon Yadi, Adventist Health Center Ramin Kura, Adventist Health Center Warsa, Adventist Health Center Kurgwi, and Adventist Health Center Arum Tumara.

In August the Adventist Medical Centre Jos was opened for services. This center was constructed with financial support from Northern Nigeria Union Conference, Northeast Nigeria Conference, Northwest Nigeria Conference, Northcentral Nigeria Conference, and Springtime Development Foundation.¹⁶

Medical Doctors and Directors

Dr. John Ashford Hyde (1947-1954), Dr. H. C. Lamp (1954-1955), Dr. R. E. Davenport (1956-1958), Dr. Donald Peterson (1959-1960), Dr. A. M. Owen (1960-1967), Dr. Genstler (1961-1962), Dr. R. E. Krum (1966-1968), Dr. Kenneth L. Kelln (1967-1969), Dr. Hartman (1969), Dr. Bland (1969-1970), Dr. J. Fernish (1970-1972), Dr. S. Deshay and Dr. Deborah (1972-1975), Dr. Weiden (1974-1976), Dr. Darel Courser (1976-1979), Dr. Inger Karlman (1976-1979), Dr. Inger Karlman (1979), Dr. Alice Clemmonds (1979-1981), Dr. O. Karikoskinen (1981-1982), Dr. Leena Laitinen (1981-1983), Dr. Carol Michel (1981-1984),¹⁷ Dr. Mariana Obisanya (1981-1992), Dr. Jean-Marc Michel (1981-1984), Dr. Attuquaye Q. D. Clottey (1982), Dr. Akin Obisanya (1983-1985, 1990-1992), Dr. Michael Jibrin (1986, 1990-1991), Dr. Boateng (1988), Dr. Kunle Oguntimehin (1996-1997), Dr. Funmi Oguntimehin (1997-1998), Dr. Nathaniel Mosquida (1995-1997), (1997-1998), Dr. Randell Skau and Dr. Melinda Skau (1998-2003), Dr. Chikweandu Amaike (2003-2007), Dr. Kenneth Kelln (2007-2008) Dr. Akin Obisanya (2008-2013), Dr. Chikwendu Amaike (2013-date).¹⁸

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NOTES

1. John J. Hyde, "An Urgent Plea from Northern Nigeria," *Missionary Worker*, June 1, 1934, 2.
2. Ibid.
3. Hyde, 2.
4. Hyde, "Our 'Sick Village' in Nigeria," *The Advent Survey*, July 1934, 2.
5. Hyde, "A Door Opening," *British Advent Messenger*, December 24, 1937, 3.
6. National Archives Kaduna, Jos Prof, Rel/4, World Wide Adventist Mission 1932-1957, 13-14.
7. Dr. J. A. Hyde, "Medical Needs in Nigeria," *The Missionary Worker*, March 1953, 2.
8. Arthur M. Owens, "Appeal from Jengre Hospital," *British Advent Messenger*, March 6, 1966, 8-9.
9. J. D. Henriksen, M.D. "Accent on West Africa" Part Two of Impression on Extended Tour of Mission Hospitals, *British Advent Messenger*, March 26, 1971, 4.

10. Anita Marshall, *Sannu, Sister* (Grantham, Lincolnshire, England: Stanborough Press Limited, 1987), 15-23.
11. Ibid., pp. 23-36.
12. Sven H. Jensen, "The Hospital That Nobody Wanted," in *God's Gracious Hand*, published by the author at Toptryk Grafisk, Denmark, 2020, 38-40.
13. Author's personal knowledge as the present medical director of the Jengre hospital.
14. Marshall, 30.
15. Jean-Marc Michell, "What do you consider one of your greatest achievements in life?" *Storyworth*, August 31, 2021, accessed November 30, 2021, <https://www.storyworth.com/user/jeanmarc-michel/story/what-do-you-consider-one-of-your-greatest-achievements-in-life>.
16. Ibid.
17. Personal knowledge of Sven H. Jensen as president for North Nigeria Mission from 1980 to 1984 and email message from Carol Michel to Sven H. Jensen, November 30, 2021.
18. Jengre Seventh-day Adventist Hospital Record.

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