

**ARCHBISHOP CHARLES HEEREY'S CONTRIBUTIONS  
TOWARDS THE EVANGELIZATION OF IGBOLAND AND  
HUMAN DEVELOPMENT**

**Stanley C. Mgbemena, PhD**

Department of Religion and Human Relations

Nnamdi Azikiwe University Awka

Email: sc.mgbemena@unizik.edu.ng

**Abstract**

*The evangelization and development of Igboland would not have been possible without the efforts and selfless services of some of the missionaries. One of such missionary is Archbishop Charles Heerey. His contributions towards the evangelization of Igboland undoubtedly also brought about human development. This paper highlighted the areas of contributions by Archbishop Charles Heerey which also transcends to human development which further helped in the evangelization of Igboland.*

**Keywords:** Contributions, evangelization, Igboland, Human Development.

**Introduction**

Charles Heerey served in Nigeria from 1922-1967, was a pioneer in human development and evangelization in Eastern Nigeria. Onwubiko (1992) opines that "Since the day the Holy Ghost missionaries led by Father Joseph Lutz stepped their feet on the soil of the ancient city of Onitsha in Igboland in 1885, the history and life of the Igbo people have never been the same again. Their history and life have changed for better". (p. 144). There have been series of reflections and remarks on the heroism and sacrifices of these European missionaries, who left the relative comforts of their homes to come to Igboland and the rest of Eastern Nigeria from 19th century in order to bring the Good News and social development to the people of Igboland. Some died on the high seas, some died of some tropical diseases like malaria and sleeping sickness. Some were killed and murdered by these very Igbo people themselves, who innocently thought that these European missionaries were strange, dangerous and threatening beings because these Europeans appeared totally different from them. Yet, the Holy Ghost missionaries persisted because of their immense love of God and humanity.

These devoted and authentic men of God did not just bring the Gospel to Igboland. They saw to the establishment of education and schools.

Obi (1985) agrees that the missionaries introduced into Igboland, the idea of nation building of contemporary Europe. Hence, Oduyoye would say that, in spite of their pietistic theology, the early missionaries came from a culture which kept one eye fixed on heaven, while the other was focused quite firmly on the earth. The advanced technology and high standard of living which were beginning to emerge as beneficial effects of the industrial revolution in Europe were regarded as benefits which God has bestowed upon His Christian people.

Therefore, in the first human relations between Europe and Africa (Igboland), the sharp distinction between mission and technology was not strictly observed (Oduyoye, 1978). These early Catholic missionaries were the driving force behind the abolition of some improper, inhuman and fetish cultural practices like killing of twins and 'Osu' and 'Ohu' caste system. They also brought modern health care and established hospitals and medical services in so many places. In fact, their generous and selfless contributions towards the civilization and development of Igboland cannot be over-emphasized. According to Maduekwe (2010), the Catholic Church in Igboland has continued to grow from strength to strength since the exit of the early Catholic missionaries. Their exit did not in any way hinder the progress and achievements of the Catholic Church in Igboland. In fact, an uncountable number of schools, hospitals, roads and other infrastructures have been built by the Catholic Church in Igboland. Thus the main thrust of this research is to examine the impact of Archbishop Heerey who was one of the catholic missionaries that evangelized igboland and its environs.

### **Health Care Contribution of Archbishop Charles Heerey towards Evangelization and Humanity in Igboland**

In 1931, Charles Heerey, who was the Bishop and Vicar Apostolic of Southern Nigeria, initiated an innovative and pragmatic change in Christian healthcare services. His healthcare ambition emphasized three strategic policies. First, the development of a network of medical services: hospitals, dispensaries, maternity homes and leprosaria, second, the training of human resources for health services. This involved sponsoring the training of European lay medical students as well as the training of Africans. Thirdly, Charles Heerey adopted the policy of close collaboration with Women Religious Congregations in the management and staffing of mission medical establishments. His healthcare vision aimed at the promotion of health for all through the provision of and expansion of healthcare facilities and services in

sectors of the region under his jurisdiction. According to Archives of the Holy Rosary Sisters (1942), he expressed this ambitious vision as thus: "I would like to establish a mission hospital in every mission residence where doctors and nursing Sisters (Religious) could do a really Christ-like work in the relief of human suffering and the conversion of many souls" (p. 54).

Charles Heerey's Christian healthcare vision embraced a double edged pathway which involved the relief of human suffering and the conversion of souls to God through the provision of modern medical services in a Christ-like manner. To accomplish this, he started to transform the existing Catholic healthcare programme from dispensary-based nursing care units, inherited from his predecessors, to a network of modern healthcare facilities: hospitals, clinics, dispensaries and maternity homes. Ashley and O'Rourke (1989) maintains that, in executing the healthcare programme, Charles Heerey sought to implement his personal conviction that only the best is good enough for God and the people of God. This was reflected in the standard of the infrastructure set up, in the effort of the missionaries to supply adequate medical equipment within the limits of their financial constraints and technology of the era, in the priority given to the careful recruitment of qualified medical personnel with Christ-like spirit and in the emphasis laid on the Christian character of healthcare services.

Thus when, in 1933, Charles Heerey began to establish the first Catholic hospital in Eastern Nigeria, St. Luke's hospital at Anua in Uyo State, he simultaneously embarked on a hunt for competent and qualified medical doctors in the European countries of England, Ireland and Germany. In London, Charles Heerey met Dr. Becker, who was responsible for volunteer medical doctors for African missions. According to Archives of Holy Ghost Fathers (1932), Charles Heerey recorded thus his satisfaction with the quality of the medical personnel he encountered:

I had a very successful interview with Dr. Becker, one of his lady doctors is now in London back from the missions, doing some special courses in skin diseases and I am very happy to have met her. She is a thorough missionary, just as interested in the soul of her patient as in their bodies. I hope the doctors that come to us will be only of the same stamp. (p. 555).

For Charles Heerey, the Christian holistic approach to health and sickness as

expressed in the idea of healing the soul and body is of paramount importance and should be the hallmark of all medical personnel working in the mission territory entrusted to him. He travelled to Dublin, London and Wurzburg in an effort to recruit qualified medical doctors with a thorough missionary spirit of healing soul and body. He was often very eager and willing to pay the necessary salary to employ and retain them. Thus, when in 1942, he sensed the danger of losing Dr. Toner, an English medical doctor whom he considered the rightful candidate, he wrote to the Holy Rosary Sister who had interviewed him. The Archives of the Holy Rosary Sisters (1942) reads:

If he (Dr. Toner) makes any further complaint about salary, tell him I am prepared to pay him 40 English pounds a month, i.e., 480 pounds a year... But if there is danger of losing him, I am prepared to give 500 pounds. (p. 78).

Charles Heerey also undertook to build up human resources for health by sponsoring the training of some European medical students in various Colleges of Medicine in Dublin, London and Wurzburg. In exchange, the students accepted to serve for an established number of years in the mission at the completion of their studies. In the course of time, Charles Heerey began to send Africans, the lay faithful and women religious, for medical studies in Europe and in the Nigerian universities. Such strategic promotion of human resources for health ensured consistent supply of qualified and competent medical personnel in Catholic hospitals and maternity homes.

The establishment of the first Catholic general hospital in Igbo land, in 1935, Holy Rosary Hospital, Emekuku, was another major breakthrough in the development of medical healthcare in Eastern Nigeria. It marked the beginning of rapid development of Catholic modern healthcare facilities and a dogged campaign to fight diseases and promote health in the region. Ezeh (2005) enunciates that Charles Heerey adopted the policy of strategic geographical distribution of Catholic hospitals and their dependent clinics and maternity homes in locations that cut across the entire region: urban, semi-urban and rural areas. In a period of ten years, between 1935 and 1945, he established three Catholic general hospitals and two maternity-clinics with medical doctors and trained nurses in urban and semi-urban places. These

became satellite hospitals to serve a network of dependent dispensaries and maternity homes scattered in far and near rural surrounding of the society.

The rapid development of modern medical services in various parts of the Igbo society was indeed the result of the skilful leadership of Charles Heerey, the dogged, collaborative and concerted efforts of the Catholic missionaries and the local population. The Archives of the Holy Rosary Sisters (1942) reads that, Charles Heerey entrusted the management of most of the medical establishments to managerial genius of the Missionary Sisters of the Holy Rosary. The Sisters formed the core staff of the hospitals. They trained the local population and entrusted them with the nursing care of patients in dependent clinics, dispensaries and maternity homes. The Sisters worked in close collaboration with lay expatriate medical personnel sponsored and engaged for mission work by Charles Heerey. Dependent clinics and maternity homes received regular visits for consultation and supervision from the trained medical personnel in the satellite hospitals. The indigenous Congregation of the Sisters of the Immaculate Heart of Mary, founded by Charles Heerey in 1937, with a special mission towards the sick, also contributed immensely to the rapid development of medical services in Nigeria and beyond. In the course of time, a significant number of the Sisters, who had received training in various fields of medical profession served in different parts of Nigeria for the relief of human suffering and the conversion of soul in the footsteps of Charles Heerey.

Ezeh (2005) notes that:

This rapid development of Catholic medical services in Eastern Nigeria was in sharp contrast to the action of the colonial government. The British colonial government began providing formal medical services in the region with the construction of St. Margret's hospital at Calabar in the 1890s. But as was often the case with the British colonial system, the government medical services were carried out with racist policy. Colonial government medical services were initially reserved for Europeans only. When eventually the government established schools for training Nigerians in medical fields, Nigerian physicians and nurses, even if trained in Europe, were prohibited from practicing in government hospitals unless they were serving fellow Africans. (p.157).

This racist medical policy became one of the key reasons why medical doctors and other medical personnel got involved in the nationalist movements in the aftermath of the Second World War.

The colonial government however provided financial support in recognition of the necessity of missionary medical activity in the promotion of health. This recognition was highlighted in the ten-year (1945-1955) medical programme of the government, which formed part of the Ten-Year development plan of the colonial government in response to the pressure from Nigerian nationalists for independence. An extract of this medical programme, WHO Regional Office for Africa (2004) reads that:

Where the government is unable, by reason of non-available equipment and staff, to undertake the establishment of a need hospital, which a Missionary Society is able and ready to undertake . . . the government will be prepared to regard the establishment of that hospital by the Missionary Society as an addition to the medical services of the territory. The essential feature of any such case must be the ability of a Missionary Society to meet a recognised need which the government cannot itself meet within a reasonable time. (p. 425).

It was the 1946 government health plan that established the Ministry of Health to coordinate all health services in the country: government, private and mission-based. The 1946 health plan also provided substantial funds to support mission health services. Ezeh (2005) reveals that, by 1947, the Catholic mission in Onitsha/Owerri Vicariate received a total sum of £32,000 from the government in support of its health services. Government fund formed about 10 percent of the total revenue of the Vicariate and provided strong economic boost for the development of healthcare services. In the course of the 1950s and 1960s, the government and some local communities worked in close collaboration with the Church and began to enter into partnership with the Catholic mission for the management of some hospitals, giving rise to Joint Hospitals in places like Awgu, Ozubulu and others.

### **Impact of Charles Heerey's Health Care in Igboland**

The development of Christian healthcare services has exerted significant religious, ideological, economic and social influence on Igbo society and, consequently, on the Nigerian nation. Christian healthcare

ministry had a strong pastoral and spiritual dimension attached to it. In the process of caring for the physical well-being of the patient, the Christian healthcare provider brought the patient into contact with a new spiritual experience and an understanding of illness and healing from a Christian perspective. Such an encounter sometimes initiated a process of interrogation and dialogue within the individual and with his/her new world of spiritual experience, a process which led many Igbo people to conversion to the Christian religion. Ekechi (1972) observes that the spread of Catholic hospitals and maternity homes to all sectors of Igboland brought the Catholic mission to be in very close contact with the local population. In the course of time, it became a major effective tool that transformed the spiritual world of the society into its current dominant Christian religion.

Furthermore, in the society's traditional world view, disease and illness were often interpreted from the perspective of cause and effect phenomenon. Contagious diseases like leprosy and tuberculosis, as well as non-communicable diseases like cancer, cardiovascular and chronic respiratory diseases that defied the traditional herbal medicine were often attributed to the malediction of the gods. Patients who suffered from such illness were sometimes isolated from the community and, should death occur, their corpses were thrown into the evil forest without burial. Ezeh (2014) agrees that, the development of Christian modern healthcare service challenged this Igbo ideology. The effective use of modern medical services and technology to provide cure for the traditionally dreaded diseases helped to widen the mental horizons of the people towards health and illness.

Moreover, health education which had formed an essential and integral part of Christian health services promoted a change of attitude and behaviour. Health education took the form of the informal *ad hoc* health information as well as the formal weekly health education organised for patients in hospitals and maternity clinics. Emphasis was laid on disease prevention, sanitation and mother/child healthcare. The gradually health education and enlightenment impact of Christian health services remains a very significant factor in the development of the society.

In addition, the establishment of a hospital or a maternity home in any locality brought with it some economic benefits. It provided job

opportunity to the local population and other people. Healthcare employers and employees are very significant purchasers of goods and services, which support local business establishments (Ezeh, 2005). Consequently, the establishment of a hospital in a locality created opportunity for setting up a cluster of ancillary services and commercial posts. This in turn represented an important source of income for the inhabitants and other people. Furthermore, the establishment of nursing and midwifery training schools in some of the Catholic hospitals added a wider geographical value to the locality as people flock into the town as students, teachers and workers to the great advantage of the local economy.

Charles Heerey's development of Christian healthcare service has also changed the social contour of Igbo society. The availability of modern medical services and the promotion of medical education have led to a significant change of attitude and, consequently, provided better access to a healthier and more productive life. The life span of Igbo people slowly but steadily increased. The region witnessed a reduction in death rate and an increase in population. Chigere (2013) is of the view that the emphasis on maternal/child health has meant a reduction in infant mortality rate and an increase in child health. Healthier children have higher rate of school attendance and improved cognitive development, which could offer an explanation for the consistent upsurge of Igbo people of Nigeria in education all through the history of the nation. When it is remembered that numbers 4 and 5 goals of the Millennium Summit of September 2000 has projected to reduce child mortality and improve maternal health by 2015, one would better appreciate how much the Catholic Church in Eastern Nigeria had embarked on such humanitarian projects long before global consciousness. Similarly, Primary Healthcare, which has become the cornerstone of healthcare development in Nigeria since the National Health Policy of 1988, reflects the strategic method with which the Catholic Church in Eastern Nigeria, under the skilful leadership of Archbishop Charles Heerey, transformed the Igbo society through its medical services. Finally, the development of medical training schools has produced a new class of social elite: doctors, nurses, medical and paramedical personnel in Igbo society.

### **Archbishop Charles Heerey Impact on Redemption of Slaves**

When the French pioneer Catholic missionaries came to Igboland, slavery was still in existence and the slave trade continued to go on as



before, though in a secret form. This condition of slave trade really shocked the missionaries. They were very surprised to see that slavery was still going in such a big way despite the decrees and the campaigns against it. According to Chigere (2013), "Pope Leo XIII was the reigning supreme Pontiff who in his 25 years of Pontificate signed and supported the primary assignment of pioneer missionary events in Lower Niger, Igboland which was buying slaves in order to set them free. Lower Niger was one of the 248 Sees and 48 Prefectures or Vicariates he created during his reign" (p. 92).

Pope Leo XIII gave such a great support to anti-slavery societies and associations especially in France to buy and set slaves free after their conversion to Catholic faith. Ezeh (2014) records that, "In the Pope's encyclical letter of 5 May, 1888 'In Plurimis', he also gave an order that money should be collected in all Churches all over the world on every 6 January, and that the missionaries engaged in evangelization in Africa should use the money collected to end this inhuman practice in Africa" (p. 93). Organizations such as the Saint Enfance, the Propagation of the Faith and the French Anti-Slavery Society welcome the Pope's directive and promised to supply the missionaries the funds needed for this project. This was how and why Charles Heerey and his co-missionaries embarked on the project of buying and freeing of slaves.

Through this way, the apostolate of purchase and redemption of slaves became one of the missionary methods of the early missionaries. More attention and more funds were given to this apostolate of purchase and redemption of slaves when it was discovered that most of these slaves were not only sold to far distant lands but that most of them were destined and used for human sacrifice. Ekechi (1975) enunciates that Charles Heerey discovered that the most deplorable thing about slavery in Igboland was that most pagan kings and chiefs of various communities came to slave market to purchase their own provision of slaves for their sacrifices. They used these slaves for human sacrifices. These details and reports moved the Propaganda Fide to draw up the policy of redeeming slaves and to send in money specifically for this. So, when these slaves were bought, they needed to be taught the Catholic faith and doctrines before they were set free. It was from this that the need to have a Christian village which served as a catechetical and formation centre came up.

## **Conclusion**

This research has demonstrated how the evangelization vision of Charles Heerey initiated innovative strategies which led to rapid development of humanity and modern medical and healthcare services in Eastern Nigeria. The Christian healthcare legacy of Charles Heerey made the Catholic Church an important and a major provider of healthcare for the people of the region. It brought about a significant improvement in maternal and child health. It carried out a health enlightenment campaign that led to a better Christian and a more scientific understanding of diseases and health. It has transformed people's attitude and behaviour towards health issues bringing about a longer, healthier and more productive life. The Christian health legacy of Charles Heerey was indeed a catalyst that has contributed in transforming the religious, ideological and socio-economic conditions of the people of Nigeria. Also his contribution to abolition of slavery cannot be underestimated as he used it as a channel of evangelization.

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