

Legacy of American Medical Missions in Malaybalay City: A History of Bethel Baptist Hospital 1953-2023

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Abstract

The study examines the contributions of the American protestant missionaries in the public health system of Malaybalay City, specifically in the history of Bethel Baptist Hospital from 1953-2023, laying down its impact and legacy as a product of American medical mission and further examining the role it continues to play in the locality, its challenges and how it adapts with the changing times. The study employs a multi-layered approach by utilizing both primary and secondary sources, including the utilization of personal accounts of the founder, Dr. Lincoln Nelson, and an interview of the current and former personnel of the hospital will provide insight into the founding and developments of the hospital including its achievements and challenges. Also, interviews with random residents of barangay Sumpung and city health officials provide insights into the contribution of the hospital to the community, especially during the COVID-19 pandemic. The arrival of the American Protestant missionaries in Bukidnon marked a turning point for public health in Malaybalay City. Bethel Baptist Hospital, a product of their mission, stands as a testament to the lasting impact of the missionaries. The hospital's story is a tale of both progress and adaptation, highlighting the enduring need for quality healthcare and the importance of evolving to meet the community's needs without compromising the essence of its establishment. Improving public health access, introducing new technologies, and fostering a Christ-centered approach in its services are some of the enduring legacies of the hospital.

Keywords: Medical Mission, Public Health, Protestant Missionary, Hospital, Local History

1. Introduction

When the American forces entered Manila in August 1898, the unsanitary conditions in the Philippine capital struck them. Lepers were wandering the streets and begging in the markets (Planta, 2008). At the beginning of the American occupation, there were 3,500 to 4,000 lepers across the island (Heiser, 1909). The Americans regarded the native bodies as carriers of diseases (Anderson, 2000). The unhygienic behavior turned many locals into embodied agents of diseases, and Filipinos during the “*colonial science*” were considered to be dangerous and contaminating racial types and the primary threat to white health (Anderson, 2006). Moreover, the situation of insane people being tied up in the poles of their nipa houses like animals, as Manila had no insane asylums. There was also a lack of burial places for the dead, and other Filipinos sometimes kept the bones of their dead relatives as souvenirs as they could no longer afford to pay the rent for the sepulchers (Hendrick, 1916).

The collapse of the Spanish authority in 1898 paved the way for America's pursuit of annexation of the Philippines. The first decade laid the groundwork for colonial administration, the establishment of civil government, the public school system, the judiciary, and the promotion of public health. (Karnow, 1989). The public health system of the Americans was a strategy of governance; Americans believed that they could pave the way for Western modernity and the development of the Filipinos and were acting in their best interest (Planta, 2008). Along with the "civilizing mission," the colonization of the Philippines marked the emergence of the United States as a colonial power, as Taft viewed the Filipino people as the perfect object of the American civilizing mission (Alidio, 1999, p. 105). The Americans deemed the sanitation of Filipinos imperative in their transformation from "Oriental" savages into Americanized, God-fearing, middle-class citizens (Planta, 2008, p. 32). The Americans established Joint military-public health efforts to eliminate smallpox and bubonic plague, which also reduced the infant mortality rate. The development of transportation, education, and health infrastructure was also established to raise Filipino living standards (Welley, 2004). However, Filipinos regarded the American sanitation attempts as a strange Western method of applying torture; they viewed Dr. Heiser as someone whom the American Government commissioned to punish them for Aguinaldo's insurrection (Hendrick, 1916).

At the forefront of this mission are public health officials like Dr. Victor G. Heiser, an American sanitarian who served as Director of Health for the Philippine Islands in 1902 and whose chief ambition is to transform the Filipinos into a "race of sanitarians." One of the notable triumphs of the Americans, thanks to the work of Heiser and Worcester, was the eradication of the cholera epidemic in 1904 where Iletto viewed this chapter of the Philippine history as a chapter in the saga of the scientific progress of Filipinos (Iletto, 1988). One of the first preventive measures of the Board of Health was the passage of the Act. No. 309, known as the Vaccination Law, provides for Filipinos' compulsory vaccination (Worcester, 1904). While there is resistance to vaccination in some provinces, Filipinos generally did not object because of their familiarity with the vaccination since the Spanish colonial period (Carter, 1906). He was writing in the Public Health Reports, Maj. Gen. Leonard Wood, M.D., said that despite all the efforts pursued by the medical officials, there is still a taunting reality of problems in the administration of public health in the country, one of which is the lack of medical practitioners to address the medical needs of the Filipino people. Still, in conjunction with McKinley's policy to transform the Filipino people into worthy of self-eventual rule, he even invited the Protestant missionaries to help him in his mission to reform the country. From 1901-1906, the inhabitants of Bukidnon suffered in widespread misery. They were living in "dilapidated and filthy settlements," health and sanitation conditions were deplorable, and dreadful diseases like malaria, cholera, smallpox, and gastrointestinal ailments that mainly originated from the coastal communities spread unchecked, victimizing many of the inhabitants of Bukidnon. One of the biggest problems of the inhabitants in Bukidnon that affect their health is the absence of an adequate source of drinking water (Lao, 1985). Aside from the water supply problem, the lack of hospitals and dispensaries was also one of the significant problems in the province. Bukidnon was the only Department of Mindanao and Sulu province that did not even have a dispensary in 1918.

Though the health situation in the Philippines is complex and challenging, particularly the lack of medical practitioners such as doctors, nurses, and sanitary inspectors, there is an excellent field for medical missionaries, which have been established by various churches and missionary organizations adding significant value in supplementing the efforts of the government (Public et al., 1922). In light of the history of public health in the Philippines specifically during the American period, most historians working on this historiography focuses on the efforts, programs, policies, triumphs, challenges and even failures of the

Americans. Behind the limelight of the story are the American protestant missionaries, whose contributions to the reformation process of the country in terms of public health are immeasurable yet still unrecognized and even forgotten. Hence, this study examines the contributions of the American protestant missionaries in the public health system of Malaybalay City, specifically in the history of Bethel Baptist Hospital from 1953-2023, laying down its impact and legacy as a product of American medical mission and further examine the role it continues to play in the locality, its challenges and how it adapts with the changing times.

2. On Sources, Methods and Delimitation of the Study

The study employs a multi-layered approach by utilizing both primary and secondary sources, including the utilization of personal accounts of the founder, Dr. Lincoln Nelson, the 50th workbook of the hospital, an interview of the current and former personnel of the hospital will provide insight into the founding and developments of the hospital including its achievements and challenges. Also, interviews with random residents of barangay Sumpung and city health officials provide insights into the contribution of the hospital to the community, especially during the COVID-19 pandemic. *However, the study is limited to available resources, as the hospital lacks archival materials. Similarly, the interviews conducted, while valuable, offer limited perspective. These limitations require a critical approach to source evaluation and further search for corroborating evidence from other sources.*

3. Discussion

3.1 The Genesis of Bethel Mission in Bukidnon

In 1925, an independent missionary arrived in Bukidnon, Rev. Henry De Vries. As a pioneering missionary, he surveyed Zamboanga, Misamis, Lanao, and Baguio before settling in the province (The Luke Chronicles, 2003). They were the first protestant missionaries to enter the inland province in 1925, and they were for many years the only ones. In the same year, they established the Bethel Mission in Malaybalay and bought a two-hectare mission compound consisting of a chapel, a girl's dormitory, and two residences; native evangelists and their wives utilized the mission dormitories as vacation bible schools wherein they came into spend four days studying in the dormitory (Lynip, 1946). The Bethel Mission compound is in the barrio of Sumpung in Malaybalay. The compound stands on the crest of a hill overlooking the town. Together with their mission to extend a hand in the province regarding health and education, their mission is to spread the good news through the gospel. During their mission in the inland province, there were constant demands on the missionaries, such as seeing a coughing baby or conducting a funeral service. The idea dawned on Rev. De Vries to build a clinic, as there was none in Malaybalay then, and the medical facility would make the work progress faster (The Luke Chronicles, 2003). In 1938, the Bethel Mission Group became part of the Association of Baptists for World Evangelism, which was already long-established in the Philippines.

3.2 Faith Under Fire

In May 1942, Major General William F. Sharp, Commander of the Mindanao force, United States Army Forces in the Far East (USAFFE), surrendered Bukidnon to the combined forces of the Kawaguchi and Kawamura detachments of the Japanese Army (Lao, 1985). With the surrender of the Americans in Bukidnon, the missionaries were no longer safe in their respective mission house, and there was no way they could go home because of the Japanese occupation of the whole country (Lynip, 1946). Among the

fleeing refugees were Rev. and Mrs. Kohler, along with their two daughters, Lou-Anne and Joyce, and Miss Lynip, who sought safety in the forests of Miarayon in Talakag. Rhoda Little was on furlough when the Japanese invaded Mindanao, while the De Vries family was captured and interned in Japanese prison camps for over three years (Nelson, 1997). After the war, the missionaries continued their mission to Bukidnon, and several missionaries also arrived in Malaybalay to help with the work in the church and the clinic. In 1951, Ron and Laura "Davie" Esson assumed responsibility for the medical work at Bethel Baptist Clinic. Ron Esson was a pharmacist, and Davie was a nurse. Ron also conducted essential laboratory tests and later became adept at doing dental extractions (The Luke Chronicles, 2003).

3.3 Dr. Lincoln Nelson

Dr. Lincoln Nelson began his premedical program at Wheaton College in Illinois and was later accepted into medical college at the University of Buffalo in western New York in 1943. 1944, Dr. Lincoln married his childhood sweetheart Lenore at the First Baptist Church in Hamburg, New York. They both received their professional degrees with honors in June 1946. Concurrently, Dr. Lincoln was a commissioned Lieutenant in the Medical Corps Reserve of the U.S. Navy. He interned in a civilian hospital in Hackensack, New Jersey, as part of his training. It happened that some of Dr. Lincoln's friends were serving the Association of Baptists for World Evangelism, Inc., commonly known as ABWE. Dr. Lincoln and Lenore applied to ABWE to be medical evangelists upon their separation from the Navy; in 1947, the ABWE Board approved their application, and at that time, the ABWE was assembling a task force of missionaries to enter Dutch New Guinea and to be led by Rev. Henry De Vries, who had pioneered missionary work in the Philippines. In January 1948, Dr. Lincoln received the following orders to report to the Naval Air Station in Anacostia, Maryland, the first step to becoming a Flight Surgeon. After a year, another report order to Dr. Lincoln; this time, the report order read: "Report to the USN Station, Subic Bay, Philippines," wherein they were under the auspices of the U.S. government. Months passed, and a new order was released to transfer Dr. Nelson to Naval Air Station at Sangley Point, Cavite, with Lenore, where Dr. Nelson served as the medical officer from 1949-1951. This is where Linda was born—the first child of Dr. Lincoln and Lenore.

While they were at the Naval Base, they realized that the Philippines might be the country where they could eventually serve as missionaries with ABWE. Dr. Lincoln tried to get his medical license to practice in the Philippines. In the middle of 1949, he began to gather all the requirements for him to take the licensure examinations, and it turned out to be a complicated process. When the examination day came, the board notified him that he could not take the exam because his documents were not yet in order. One of Dr. Lincoln's friends suggested that he mention the problem to Admiral Olds; when Dr. Lincoln brought the matter to Admiral Olds, he said: "Well, let us see if we can get some help from our friend, General Aguinaldo." A few months prior, Dr. Lincoln remembered treating General Aguinaldo when the General had fallen at home and fractured his wrist. General Aguinaldo made an uncomplicated recovery. Admiral Olds suggested that Dr. Lincoln take up his problem regarding his medical license to General Aguinaldo. Before Mr. and Mrs. Nelson left the residence of the Aguinaldos, the general hand-wrote a letter addressed to the Board of Medical Examiner to introduce Dr. Lincoln. On August 24, 1950, Dr. Lincoln Nelson received his medical license from the Board of Medical Examiners, which authorized him to practice unrestrictedly as a physician and a surgeon in the country, with medical license number 10208. Lincoln and Lenore were in America when the results came out; the U.S. government declared military involvement in Korea in 1950, which prevented him from being released from military duty.

3.4 Lost and Found

On April 1952, when Dr. Lincoln and Lenore were on board with M/V LAURA MAERSK, a Norwegian freighter going to the Philippines as missionaries. They stayed in Manila for a few days then sailed to the southern island of Mindanao by way of the City of Cebu. After reaching Cagayan De Oro City they trucked their cargo 112 kilometers south to the City of Malaybalay where they stayed for the next 25 years. According to Dr. Lincoln Nelson, the purpose of missions is to unite believers in Christ in the search for lost souls. As fishermen use different methods and differing bait to catch fish, so there are different strategies in missionary work. Some have criticized medical missions as being too much social gospel. Though indeed it can be. In the early part of the 20th century when missionaries were invited by then-President William McKinley to carry the gospel to the Philippines, 25 church-related hospitals were built. At first, they may have had an evangelistic thrust, but when you visit those hospitals still operating today, you will be hard pressed to find any evidence of active evangelistic effort. Their primary concern seems to be in meeting physical needs. They exemplify the “social gospel” approach. On the other hand, The ABWE hospitals have maintained the priority of searching for the lost to bring them to Jesus Christ as Lord and Savior in humble confession of sin and repentance that leads to salvation. At the time the book was published in 1997, the Philippine hospitals which were established for the most part by ABWE are owned and operated by Bible-believing Filipino Christians under independent boards of trustees. These individuals maintain the same goals of professional excellence and a spiritual emphasis as those of the missionary founders.

In 1953, a concrete outpatient building and a new nurse, Ms. Teresa Habaña, the first Filipino nurse in the Clinic. The additional construction of a native house with a cogon roof and bamboo structure to accommodate the patients (The Luke Chronicles, 2003). Patients come from far-flung areas and neighboring provinces for the Clinic's medical services. At 7:00 in the morning, when the preaching of the gospel is done, the patients would get a queuing number before the Doctor would see them (A. Sulinay, personal communication, May 15, 2024). Patients of the Clinic would arrive as early as 2 AM, especially those from the neighboring provinces. Most patients came from Kaburacanan, San Fernando, and Manupali (E. Manukil, personal communication, May 14, 2024).

The Bethel Baptist Clinic constructed a nine-bed infirmary building in 1995, including the operating room, delivery room, nursery, and X-ray unit. There are two private rooms with one bed, one semi-private room with two beds each, and two ward rooms with three beds each, classified as Ward A and Ward B (A. Sulinay, personal communication, May 15, 2024). Aside from surgical procedures, Dr. Nelson would also conduct birth procedures because of the lack of personnel (E. Manukil, personal communication, May 14, 2024). In 1957, Ms. Ella Grover, an ABWE Medical Technologist, arrived in Malaybalay to set up the clinical laboratory of Bethel Baptist Clinic; when the Essons went to the USA for furlough, Ms. Grover became the business manager. She was transferred to Palawan Baptist Hospital in 1978 and retired in 1989. In 1957-1958, additional staff members were added to the clinic's workforce. They were Ms. Luz Comodero, a nurse, and Ms. Purita Sabacajan, an attendant. In their testimonies, they shared the services offered by the clinic and the cost of those services, most of which were given free by the missionaries (The Luke Chronicles, 2003).

3.5 Dr. Tony

In the 1960s, several nurses, attendants, and doctors were already added, including Ms. Anita Sulinay, an attendant. An attendant would usually assist the doctors and nurses, especially by shaving the patient's

body parts for surgery to check the blood pressure and temperature; an attendant also would prepare the patients' water supply and chamber pots or "arinola." The attendants would also bathe the newborn baby and attend to their needs (A. Sulinay, personal communication, May 15, 2024). In 1963, Dr. Maravilla became the first Filipino doctor to assist Dr. Nelson in medical work. Dr. Maravilla was born on March 27, 1927, in the province of Negros Occidental; he finished his degree in medicine at the University of Santo Tomas in Manila, and after graduation and licensure, he practiced medicine for a while in his hometown. While attending a biennial conference of the Association of Fundamental Baptist Churches in Baguio City, he heard the report of the Bethel Baptist Hospital wherein they expressed the need for a Filipino physician to join the team. After the conference, Dr. Maravilla showed interest in the work in the hospital. With the arrival of Dr. Maravilla, the hospital's goal was to have a qualified Christian Filipino doctor assuming the responsibility for the hospital. The hospital's aim was for the entire administration to be in capable Filipino hands, carrying on the mission's policies. (Nelson, 1997).

Dr. Maravilla would cater to all the medical needs of the patients as there is no other doctor than him and Dr. Nelson (D. Maravilla, personal communication, May 15, 2024). With the growing number of individuals in need of medical care, Dr. Maravilla would always prioritize the patients and attend to all the patients before he could eat his meal (A. Sulinay, personal communication, May 15, 2024). In 1966, the hospital board appointed Dr. Maravilla as the first Filipino medical director of Bethel Baptist Hospital, and during the furlough of the Nelsons in the hospital. An older doctor friend of the Nelsons, Dr. Flores, senior, also serves as a consultant of Dr. Maravilla. In 1968, Dr. Maravilla married Diana, a nurse in the hospital, and had a daughter named Dawn. In 1968, Dr. Maravilla had symptoms of amoebic dysentery, which is a common complaint in third-world countries. Usually, the infected people transmit the parasite through drinking water or contaminated vegetables, which are eaten uncooked. At that time, Malaybalay lacked an efficient purification system for the drinking water. In July of the same year, through a sigmoidoscope, Dr. Maravilla had a mass in the lower colon (The Luke Chronicles, 2003). Dr. Maravilla's family brought him to St. Luke's Hospital in Manila for an operation. The operation went well, but the cancer recurred. Dr. Lincoln arranged a surgical consultation for Dr. Maravilla in California; after a radical operation in December, Dr. Maravilla and his wife went home to the Philippines (D. Maravilla, personal communication, May 15, 2024). In 1969, the hospital became a 19-bed medical facility. 1971, a new surgical building was erected, and the dedication was memorable. The new addition building, the Maravilla Surgical Wing, was named in his honor. In May 1972, the Philippine Hospital Association presented a trophy to Bethel Baptist Hospital during that year's hospital week. The Nelsons were on furlough, and Dr. Maravilla decided to confine himself to the hospital. His wife, Diana, went to Manila to receive the award. On July 21, 1972, Dr. Maravilla passed away at 45 years old from colon cancer. The Nelsons returned to the Philippines to attend the funeral of Dr. Maravilla. The confidence of the missionaries that Dr. Maravilla was God's answer for the planned turnover of the hospital to national leadership collapsed. (Nelson, 1997).

3.6 Expanding Horizons

When President Marcos issued Proclamation 1081 on September 21, 1972, declaring Martial Law in the entire country, military personnel arrested opposition figures, closed the Congress, and assumed legislative responsibilities (The Luke Chronicles, 2003). However, this proclamation did not affect the hospital work in Bethel (D. Maravilla, personal communication, May 15, 2024). In 1973, the Bethel Baptist Clinic applied for registration with the Philippine Securities and Exchange Commission as Bethel Baptist

Hospital, Inc. The first Board of Trustee members were Dr. Lincoln, Atty. Flor Recina, Rev. Elizer Catus, Mr. Ronald Esson, and Mr. Arceo Tupas (The Luke Chronicles, 2003). In 1977, Dr. Florencio Flores, Jr., Dr. Cynthia Araneta, and Dr. Sam Figueroa joined the medical staff of BBH. Dr. Nelson would always prioritize surgery, and there would always be an influx of patients in the Hospital.

The personnel would always be on duty schedule day and night to attend to the needs of the patients (D. Maravilla, personal communication, May 15, 2024). Dr. Nelson became familiar with and learned to speak vernacular or the "Cebuano" language (A. Sulinay, personal communication, May 15, 2024). In the same year, David Nelson, the son of Dr. Lincoln, and Becky arrived in Malaybalay and set up the Hospital's Aviation Department. The plane would fly emergency patients from the tribes and the staff to Free Clinics in far-flung places (D. Maravilla, personal communication, May 15, 2024). It would usually pick up patients in the jungle of Namnam in San Fernando. There are times when medical staff would bring critical patients to Cebu for medication. The airstrip is located at the back of the Hospital (E. Manukil, personal communication, May 14, 2024). In 1979, Dr. Lincoln Nelson transferred to Leyte, where he helped establish Leyte Baptist Hospital. Dr. Florencio Flores became the acting medical director of BBHI (A. Sulinay, personal communication, May 15, 2024). 1980, Dr. Ruth Palermo arrived and joined Dr. Flores Jr. at BBHI. They shifted the 24-hour duties for almost five years. The same year, Dr. Robert Smith, a Christian Retinal surgeon from Canada, visited Bethel twice and helped many patients with eye problems (The Luke Chronicles, 2003). In 1987, Dr. Ruth Palermo-Asuncion took over as BBHI medical director when Dr. Flores set up a private practice in town and ran for public office. In 1987, the Hospital had its new corporate symbol, graphically designed from the letters BBH; the H is a stylized image of the crucified Christ. The H also represents a well-balanced person supported by two B's, symbolizing the Hospital's holistic ministry to men's body, soul, and spirit.

3.7 Steadfast Growth

In 1992, BBH established a Church-based primary health care training; the basic modules cover First Aid, Care of Respiratory Tract Infections, Diarrheal Diseases, Mosquito-Borne Diseases, Family Planning, Herbal Medicines, Maternal and Child Health, Environmental Sanitation, Nutrition, Pharmacy Management, and others. The complete course is a series of three-day seminars culminating with the graduates prepared to serve the local churches (The Luke Chronicles, 2003). This training series evolved to KABULIG, which in Cebuano stands for *Kausahang Buluhaton Alang sa Lig-ong Panglawas*, registered with the Securities and Exchange Commission in 2001. This initiative has become the most requested training from BBH not only in Bukidnon but also in Cotabato, Lanao, Camiguin, Cagayan de Oro, Negros Occidental and other neighboring provinces. Ms. Sulinay and other staff would help prepare food for the attendees (A. Sulinay, personal communication, May 15, 2024). In 1993, the Primary Health Care classes among church women (conducted in cooperation with the Medical Ambassadors of the Philippines) produced its first 25 graduates from 15 churches after two years of monthly training at the hospital. Some graduates have been absorbed as Barangay Health Workers by the government's Health Department (The Luke Chronicles, 2003). In the same year, Dr. Susan Marie Punongbayan joined the medical staff of BBH, followed by Dr. Leslie Joan Arcadio, Dr. Rajane Grace Valdez, and Mr. Alfred O. Aguilar, a nurse (A. Aguilar, personal communication, May 13, 2024). In the same year, UP-PGH sent interns for community medicine rotations, together with the medical ambassadors of the Philippine staff, they mingled and lived with the residents in Kulaman, Mahayag of St. Peter, Malaybalay, and with the Manobos of Palakpakan, Bulalong & Kalagangan, San Fernando for ten days. The remaining days of their

6-week rotation were spent in the hospital and Kalasungay for their community outreach (The Luke Chronicles, 2003). Dr. Allan Mellicor, who is connected with UP-PGH and the campus crusade, spearheaded the program. The interns will conduct an internship rotation at BBH, a mission hospital. They would observe how the doctors do their clinics and the preaching in the OPD (L. Tauli, personal communication, May 13, 2024).

In 1994, the Medical Ministry International (MMI) and BBH conducted the first joint medical mission. The MMI is the world's largest short-term volunteer Christian medical mission. With MMI, BBH annually extends free surgery for one or two weeks to needy patients. The same year, Dr. Janet Molina joined the medical staff before specializing in Surgery (The Luke Chronicles, 2003). After conducting free medical procedures in Malaybalay, the MMI and BBH team would travel to Cotabato to serve the members of the Tboli tribe (G. Malinda, personal communication, May 11, 2024). They would bring supplies and medicines for the medical mission (L. Tauli, personal communication, May 13, 2024). The joint medical mission of BBH and MMI continues until today; many volunteers from Canada, Australia, and the Dominican Republic join the mission and conduct various eye, dental, and surgical procedures. Currently, the mission with MMI extends to the communities in Ifugao, Apayao, Mountain Province, and Cambodia. The team would usually partner with the local government units before conducting medical missions in the abovementioned communities. (A. Aguilar, personal communication, May 13, 2024).

3.8 The Realization of a Dream

In 1994, the dream to expand hospital facilities became a reality, a groundbreaking for constructing a new BBH building that increased the capacity to 50 beds (The Luke Chronicles, 2003). Many individuals contributed to the project, and their small contributions had a significant impact as the hospital finally inaugurated it in 1996. Dr. and Mrs. Nelson came from the USA to attend the inauguration with local officials. (L. Tauli, personal communication, May 13, 2024). In 1997, the Bethel Baptist Hospital, Inc. instituted the Employees Welfare Fund. Under a Board Resolution duly passed by the BBH, Inc., the Board of Trustees created the Employees Welfare Fund. Engr Bicar initiated the program, a former VP of NAPOCOR, to support the personnel getting funds when they separate from the hospital.

The fund would come from the employee and company with a 5% contribution from each party (A. Aguilar, personal communication, May 13, 2024). The same year, Ms. Genevieve B. Malinda joined the hospital workforce as an infirmary attendant. Her work revolves around the infirmary section of the hospital, where she assists doctors in delivering primary healthcare. Some doctors she worked with are Dr. Asuncion, Dr. Saladar-Larot, and Dr. Arcadio-Tauli. The staff assigned at the Infirmary has two working shifts: one is for the morning, and the other one is for the evening (G. Malinda, personal communication, May 11, 2024). In 1998, the BBH-Pharmaceutical Representatives Fellowship was established to create a strong bond and partnership between the hospital, pharmaceutical companies, and its representatives. The fellowship serves as an avenue to preach the gospel to the Medical Representatives because they are considered part of the hospital. They would remember that the hospital reaches out to them (L. Tauli, personal communication, May 13, 2024). In 1999, the renovation of the pharmacy and the business office complex was completed; it became a well-lighted, adequately ventilated, and accessible pharmacy-business office complex with enough shaded space for waiting patients. As the number of patients and staff grows, the need for the business office and pharmacy is essential to cater to the stakeholders. Adjacent to the Business Office complex was the Outpatient Department and Nurse Station 1 (G. Malinda, personal communication, May 11, 2024). In the same year, the Department of Health

upgraded the status of the laboratory section of the hospital from secondary to Tertiary Level. Dr. Loreche initiated the upgrading of the Laboratory; they have increased the staffing and equipment and streamlined the procedures under tertiary status (A. Aguilar, personal communication, May 13, 2024). Until today, the Laboratory has retained its status as a Tertiary Level laboratory (L. Tauli, personal communication, May 13, 2024). Moreover, in the same year, the hospital ministered to 16 629 patients.

3.9 Turn of the Century

In 2000, BBH organized the first loyalty awarding ceremony for the employees, and Dr. and Mrs. Nelson attended the event. Every five years, the hospital awards its employees in the hospital will be awarded for their loyalty and dedication to the institution and the service they have rendered to the public (G. Malinda, personal communication, May 11, 2024). Every December of the year, the awarding is held, consequently, the Thanksgiving fellowship or the Lechon Day for the employees and their families and an avenue to honor the retirees (C. Pronto, personal communication, May 13, 2024). The same year, Dr. Allan Melicor was conferred as a Certified Fellow of the American College of Surgeons in Chicago, Illinois. Drs. Hope Saladar-Larot and Janet Molina rejoined BBH (The Luke Chronicles, 2003). At the turn of the century, Bethel ministered to 18,668 patients.

In 2001, Bethel Baptist Hospital ministered to 19,492 patients. The following year, the hospital purchased a new x-ray machine, and the BBH Radiology Department was upgraded to tertiary status from secondary level (A. Aguilar, personal communication, May 13, 2024). In 2003, BBH received various awards such as the Healthy Hospital Award by the Department of Health, the Most Outstanding Accredited Hospital Award given by PhilHealth Region X. Outstanding Achiever in Newborn Screening given by the DOH and National Institutes of Health Philippines. The same year, the Bethel Baptist Hospital celebrated its 50th anniversary (The Luke Chronicles, 2003). Additionally, the hospital's modernization began during this time—the purchase of the initial ultrasound device. The community's growing demand drove the hospital's need to adapt to new technologies. Before this, the hospital needed more equipment and had to send patients to other, far-off hospitals, which was not sustainable logistically. Additionally, there were either few or no ambulances available at the time, and sometimes hospital nurses would accompany patients to other hospitals, which interfered with their work. The challenges encountered by the hospital made the hospital realize it needed to expand because it was no longer viable to operate with just the equipment it did have and the patients coming in (T. Del Mundo, personal communication, April 3, 2024) All-Christian staff is available 24 hours daily to give all patients the best possible medical and surgical care. For the Gospel's sake, BBH ministers to all, regardless of color, creed, religion, social or financial status, because they believe Christ came to seek and save what was lost. (Financial assistance is extended to indigent patients as funds are available from various Christian Churches and benevolent individual supporters (L. Tauli, personal communication, May 13, 2024). The Bukidnon Fundamental Baptist Seminary (BFBS) students come to BBH every Friday to minister to patients in songs and gospel presentations. The ward singing is part of their school's weekend training; Ward's singing is another avenue to proclaim the Gospel. The BBH staff visits the patients in their rooms to pray for them and sing songs of comfort and gospel songs for them (G. Malinda, personal communication, May 11, 2024). The hospital's chaplaincy department conducts immense group devotion every Monday and Friday and small group devotion on the other days of the week. They would also preach at the OPD for 20-30 minutes before the doctors see the patients. They would also conduct prayer visitation to admitted patients from 10 AM to 12 NN and 4-5 in the afternoon. Those free staff members are enjoined to attend the ward

singing. During medical missions in the neighboring communities, the chaplaincy would conduct mass evangelism health lectures on family planning endemic diseases like dengue and schistosomiasis; sometimes, they would also ask government agencies like SSS and PhilHealth to conduct information campaigns. Medical missions would be conducted 4-5 times a year, usually attending to 300 or more patients, and this mission would also become an avenue to spread the Gospel through preaching and healing. (C. Pronto, personal communication, May 13, 2024).

3.10 Milestone and Achievements

The hospital's progress continued with the acquisition of additional medical technologies and the construction of new buildings. One of the turning points of the hospital was when they started to offer specialized services starting in 2001 (T. Del Mundo, personal communication, April 3, 2024). In 2004, Dr. Troy Del Mundo returned to BBH as a full-time doctor, handling the radiology department, as there had been none in previous years. In 2005, Mr. Alfred Aguilar became the Interim Administrative Officer and concurrently the Head Nurse of the Operating room. In the same year, the hospital renovated the canteen, which was used as the dietary section of the hospital (A. Aguilar, personal communication, May 13, 2024). In 2006, the hospital was awarded as a model healthcare provider in the private secondary hospital category by the Philippine Health Insurance Corporation. 2007, the warehouse was constructed to store medical supplies, especially those donated from America. In the same year, the administration restructured the hospital's offices, including the transfer of the ER and other medical-related quarters. In 2009, The construction of the ground floor of the Nelson Wing was started, and after a year, it was followed by the construction of the second floor. The first and second floors of the Nelson Wing were constructed in 2013, but due to budget constraints, the third floor was completed after five years in 2017. The Nelson Wing was constructed due to the increasing number of doctors, which was a ripple effect of the increase in the hospital's admissions and the need to add more rooms and expand its infrastructure. The New Wing was named The Nelson Wing after Dr. Lincoln Nelson, the founder of Bethel Baptist Hospital, who died in 2012. (A. Aguilar, personal communication, May 13, 2024). In 2010, the Philippine Health Insurance Corporation Hospital awarded BBH as an Outstanding Hospital in the private secondary category. In the same year, the hospital acquired its Environmental Compliance Certificate.

3.11 Dr. Troy Del Mundo

In 2011, the current director, Dr. Troy Del Mundo, was also installed due to the retirement of his predecessor. During his summer holidays, Dr. Troy Del Mundo visited BBH to help and volunteer; after completing his pre-medical degree at Xavier University, he also earned his doctor of medicine degree. Dr. Del Mundo began working at BBH as a general practitioner in 1998 after passing the licensing exam. He then left to pursue radiology specialization training at Northern Mindanao Medical Center, and four years later, he returned to BBH to oversee and manage the radiology department. The exposure of Dr. Del Mundo in BBH while he was still a student proved to be highly beneficial in what drew him to work in BBH, especially when he was allowed to join in the hospital's medical missions. Consequently, the desire to pursue a medical career, particularly in mission hospitals, was instilled in Dr. Del Mundo and coincided with his Christian faith. Engaging in professional work while simultaneously serving the Lord attracted Dr. Del Mundo to work at BBH. Dr. Del Mundo's family hails from Quezon City, Luzon, where they spent their formative years. His grandfather asked his three children to oversee the properties he had bought in Cagayan De Oro and Bukidnon after he retired from government duty as a judge in the 1980s. Dr. Troy's

family decided to go to Mindanao. He was still in grade 4 when they moved to Valencia, Bukidnon. They just moved to Malaybalay when Dr. Troy started working as a doctor at BBH. In 2011, a multi-specialized service was established, given that many BBH physicians have already returned to the hospital with their specialized knowledge. The specialized departments include Anesthesiology, Obstetrics-Gynecology, Pediatrics, Orthopedic Surgery, General Surgery, Family and Community Medicine, Internal Medicine, Neurology, Urology, Radiology, Nephrology, Cardiology, Pathology, Neurosurgery, Pulmonology, Ophthalmology and ENT Departments. (T. Del Mundo, personal communication, April 3, 2024). The hospital started accommodating specialists, though some do not have the same belief. However, they still adhere to the mission and vision of the hospital (L. Tauli, personal communication, May 13, 2024).

By 2011-2014, the Philippine Health Insurance Corporation conferred the hospital as a Center of Excellence Level 2 hospital with 50 beds. This upholds the quality healthcare standards articulated in the bench book on performance improvement of health services. In 2015-2016, the hospital was awarded by the Department of Health and the Newborn Screening Center-Mindanao as an Exemplary Achiever Award for its consistent exemplary performance in newborn screening for two consecutive years and in recognition of BBH's active role in aiding the government improve the health of Filipino children through newborn screening (The Luke Chronicles, 2003). In 2017, Dr. Del Mundo obtained his Master's Degree in Hospital Administration to comply with the requirements of DOH. Aside from being a clinician, he had to pursue a postgraduate degree to comply; otherwise, the hospital's license would be at risk (T. Del Mundo, personal communication, April 3, 2024). In 2020, when the pandemic hit the whole world, BBH was caught off guard. The hospital complied with government rules and regulations, including lockdowns and the refusal to admit non-emergency cases. The hospital and its personnel were inclined to adopt infection and prevention control (L. Tauli, personal communication, May 13, 2024). It was very challenging because the census was low, including the revenue, and this affected the salary and wages of the hospital personnel. The number of patients was minimal as they had to dedicate a portion of the hospital to COVID patients as part of the government mandate. It was a terrifying experience as they needed to request the staff to report and attend to COVID-19-infected patients. When the personnel go on duty, they are not allowed to go home, as the risk for virus transmission is very high, especially for family members. The third floor of the new hospital building was utilized as a dormitory for the personnel (T. Del Mundo, personal communication, April 3, 2024). The hospital's infrastructure design is unsuitable for COVID-19 patients; thus, the respiratory area was dedicated for Covid infected patients. The triage area was not immediately installed due to a lack of funding and the need to source external funding to implement the triage. Fortunately, some benefactors helped in the construction of the triage area. The triage area was designated for the patients waiting for their RT-PCR results; the patients would usually wait for days for the result. The guesthouse of the hospital served as a holding area for covid positive patients (A. Aguilar, personal communication, May 13, 2024).

Through Republic Act No. 11712, also known as the "Public Health Emergency Benefits and Allowances for Health Care Workers Act under Section 5, the national government shall grant health emergency allowance for monthly service during the state of public health emergency based on the risk exposure categorization (Public et al. for Health Care Workers Act, 2021). The HEA was given to the BBH staff on a staggered basis; the allowance given by the national government boosted the employees' morale. The hospital was at an advantage in terms of the PPE because they already had the supply stored in the warehouse from the US donations before the pandemic. The donated PPEs were fit for the pandemic; the supplies stored in the warehouse were usually the N95 masks. BBH does not have an intensive care unit,

so some critical patients must be transferred to other hospitals. Most COVID-infected patients are in Mild condition, and some are in critical cases but prefer not to be transferred to other hospitals. Later, the local government unit of Malaybalay established a hospital center for easy and convenient patient referral (A. Aguilar, personal communication, May 13, 2024). When the Local Government of Malaybalay put up an x-ray machine in the patient referral center, BBH Dr. Troy Del Mundo, a radiologist, assisted the LGU. The doctors would also conduct OPD clinics and help the government doctors during the pandemic; during the mass rollout of vaccination in the city, the BBH doctors would also help screen patients. All private hospitals have helped the local government unit of Malaybalay, especially BBH, by admitting mild to moderate COVID-19 patients. Also, the BBH staff has helped the government doctors in terms of prayer, which has helped promote the mental health of government health workers (M. Deticio, personal communication, May 14, 2024).

After the pandemic, the hospital's leaning is to improve its infrastructure design regarding infection control as there might be another pandemic in the future, ensuring that the infrastructure would be conducive for the staff and patients. To factor in the ventilation design and improve the airflow of the building (T. Del Mundo, personal communication, April 3, 2024). Overall, the local government unit of Malaybalay's contribution extends to providing equipment, blood supply, transportation, food subsidies, and food packages for health workers. The hospital catered to the patients without asking for initial payment or deposit, providing a quality service through a Christ-centered approach to its patients (A. Aguilar, personal communication, May 13, 2024). In 2023, the hospital acquired a new set of X-ray machines, an X-ray Columotor, and a portable rotating anode X-ray Tube with 125 KV. In the same Year, the hospital was awarded as an Outstanding Leader in Medical Services during the 2023 Search for Outstanding Business Leaders and Entrepreneurs of Mindanao, highlighting the invaluable contribution of the institution to the economic development and livelihood opportunities for Mindanaoans. The hospital's approach to healthcare delivery evolved from offering basic services, treating patients, and sharing the gospel to dealing with a more complex healthcare environment like offering specialized services and acquiring complex machinery like the ultrasound for the heart and laboratory equipment that can detect the possibility of having cancer to cater the demanding needs of the community, but the approach of the hospital is with much discern to make it sustainable In terms of adapting to advanced medical technologies, the hospital is very cautious because it also requires financial implications, especially the hospital having its Board, the administrators need to justify the acquisition of new medical technologies and even conducts the feasibility study, cautious approach but with a steady forward direction. Furthermore, the hospital collaborates with provincial and other local healthcare institutions to sustain its services and partners with government agencies like the Philippine Health Insurance Corporation and the Department of Health. For international partnerships, BBH is a benefactor of Project Save in the U.S.A; the foundation collects medical equipment from the U.S.A and sends it to the partner hospitals in the Philippines, including BBH. Aside from the Project Save foundation, there is also a continuing partnership between BBH and the Medical Ministry International or the MMI, wherein they conduct surgeries and other medical services as part of their mission. BBH also conducts medical outreach activities; the personnel conduct consultations minor surgeries, perform ultrasounds, treat basic illnesses, dispense medicines, and give free medicines to the community from partnered pharmaceutical companies. Since BBH is a mission hospital, medical outreach activities also serve as an avenue to share God's word. The medical outreach activity does not just provide medical care but also offers free haircuts to patients. The institution faced obstacles, especially in complying with government regulations, as the hospital is under the country's Philippine Health

Insurance Corporation and the Department of Health, which are the government regulators. Some policies constantly change over time. Complying with the regulations only with the resources that the hospital has. Since BBH is not a government hospital, it does not enjoy subsidies from the government. All the things they need to purchase, including salary and wages for the staff, come from their revenue. Being a missionary hospital, they cannot just charge the patients like those family business hospitals. The dilemma is to continue serving the community while the prices and services are affordable to keep the hospital's missionary nature. One of the hospital's recent problems is its workforce, especially nurses, which lacks nurses. The hospital's attrition rate is high because foreign employment option is desirable, so the hospital innovates by providing scholarships and some signing bonuses. The hospital continues to be unique in ensuring that the physical and spiritual well-being is addressed. There is a personal touch when it comes to treating patients; the hospital staff pray for their patients, sing for them, and share the Word of God with them. Another strength of the hospital is its family medicine configuration; they still practice the family medicine service, regardless of age or sex, pregnant or not; universal healthcare is still in full implementation; that is why the direction of the government is to have a family or primary care physicians. This Year, 2024, there are three full-time physicians in the hospital with thirty visiting consultants with different fields of specialization, mostly from Malaybalay City. Other doctors are from Valencia City, 43 Km away from Malaybalay. There are about 40 nurses, but the number is not stable as many would not stay long, so the need to hire is constant to complement the lack of nurses needed in the hospital. Subsequently, the hospital has a capacity of 75 beds, but the active beds are only at 50 because of the lack of workforce. If the scholars graduate next Year, they can open the remaining rooms and beds in the hospital. In March of the same Year, the hospital acquired its new 2D echo Ultrasound machine, which sees the actual motion of the heart structure. (T. Del Mundo, personal communication, April 3, 2024).

3.12 Continuing Legacy

Bethel has been existing for 70 years, so Dr. Tauli is glad God led her to BBH; Dr. Tauli has been in BBH for 30 years. Dr. Tauli has seen how the Lord uses the hospital to reach the community in Malaybalay and beyond. God continually reaches the community through the hospital for physical healing and total patient care. God made man not only physically with soul. God has put his spirit in us. Preach the Word, Heal the Sick (L. Tauli, personal communication, May 13, 2024). The hospital is a non-stock, non-profit institution; it does not have any owner, and the Board of Trustees runs it; the fees for medical procedures and check-ups are much lower than the rate in the market. The staff is compassionate and friendly, and the BBH community treats everyone as a family (A. Aguilar, personal communication, May 13, 2024).

The hospital's existence for 70 years leaves a lasting mark on the lives of countless residents of Malaybalay City. Its influence permeated the socioeconomic fabric of the community. Thus, BBH's presence stimulated local businesses to grow and progress. Mr. Rojee Untag, a fruit vendor, shares his experiences about his small business; his store is in front of the hospital, wherein he shared that most of his customers were relatives, friends, or even visitors of the patients admitted to BBH. The people who visit the hospital go and buy fruits in his store, which gives him and his family a stable source of income. Mr. Untag started to sell fruits in front of the BBH in 2015, but his aunt, who was the first fruit stand owner, started selling fruits in 2002. This small business was transferred from generation to generation (R. Untag, personal communication, May 10, 2024). Similarly, the hospital's existence positively influenced Ms. Annie Compas's small business. Her small eatery has served numerous clients, from the BBH staff to the relatives of the admitted patients. Ms. Compas's business started in 2011, going from a small pharmacy to a mini

grocery store, and it became a small eatery where she could hire three additional staff. These staff members can already support their own family's needs because of the salary they receive in the small eatery of Ms. Compas. (A. Compas, personal communication, May 10, 2024). Ms. Maricar Sulinay, a resident of Barangay Sumpung for 21 years, shared how the hospital helped her and her family, especially during emergency cases. According to Ms. Sulinay, the hospital's location is very strategic because it is just very near, and the hospital staff are very accommodating. They would treat everyone equally regardless of the economic status of the patients (M. Sulinay, personal communication, May 14, 2024). In terms of accessibility, Ms. Ana Jane Joy Guanzon was also grateful to BBH when she delivered her child through a cesarean section delivery at the hospital. It was only a few minutes before she arrived at the hospital; the attending doctor also gave her a discounted rate because they were affected by a flash flood. The hospital did not ask for a downpayment from her. She also commends how the hospital staff handles the patients with utmost care; before a surgical procedure, the hospital staff prayed for her for a successful operation. It comforts her while in the operating room (A. Guanzon, personal communication, May 14, 2024). The barangay captain, also of barangay Sumpung, is grateful to the hospital because the residents were able to enjoy the benefits of the patient care of the hospital; whenever the barangay would ask BBH for a medical mission, the hospital would always answer the call. Also, during emergencies, the barangay personnel usually send the patients to BBH (B. Ricarte, personal communication, May 14, 2024).

4. Conclusion

In light of the history of public health in the Philippines, specifically during the American period, most historians working on this historiography focus on the Americans' efforts, programs, policies, triumphs, challenges, and even failures. Behind the limelight of the story are the American protestant missionaries, whose contributions to the reformation process of the country in terms of public health are immeasurable yet still unrecognized and even forgotten. Consistent with the policy of McKinley, the Benevolent assimilation and the Civilizing mission of Taft, the missionaries' invitation was needed to help with the island's reformation process. The arrival of the American Protestant missionaries in Bukidnon marked a turning point for public health in Malaybalay City. The Bethel Baptist Hospital, a product of their mission, is a testament to their enduring contributions. Serving not just Bukidnon but also the neighboring provinces, the hospital ministered to thousands of patients, with most beneficiaries receiving free medical care and treatment. However, the narrative is not without complexities. Several challenges faced by the hospital in its founding years were the lack of medical practitioners, the budget, and the dynamics of government regulations. Moreover, in contemporary times, the challenge is on the attrition rate of the hospital, which is high, and compliance with the rules and regulations of the government agencies.

Despite these considerations, the hospital plays a vital role in Malaybalay City and neighboring cities and provinces. It has adapted to the changing healthcare landscape and addressed new challenges. The story of the Bethel Baptist Hospital embodies the legacy of the American medical mission in the city. It is a tale of progress and adaptation, highlighting the enduring need for quality healthcare and the importance of evolving to meet the community's needs without compromising the essence of its establishment. Some of the hospital's enduring legacies include improving public health access, introducing new technologies, and fostering a Christ-centered approach to its services.

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6.4 Interviews

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31. Interview with Mr. Rojee Untag, Fruit Vendor, Malaybalay City, Bukidnon. May 10, 2024
32. Interview with Ms. Annie Compas, Small Eatery Owner, Malaybalay City, Bukidnon. May 10, 2024
33. Interview with Ms. Genevieve O. Malinda, OPD Clerk, Bethel Baptist Hospital, Malaybalay City, Bukidnon. May 11, 2024
34. Interview with Dr. Leslie Arcadio-Tauli, Medical Director, Bethel Baptist Hospital, Malaybalay City, Bukidnon. May 13, 2024
35. Interview with Mr. Alfred O. Aguilar, Administrative Officer, Bethel Baptist Hospital, Malaybalay City, Bukidnon. May 13, 2024
36. Interview with Ptr. Carmie R. Pronto, Chaplain, Bethel Baptist Hospital, Malaybalay City, Bukidnon. May 13, 2024
37. Interview with Ms. Eulalia Manukil, Former Attendant, Malaybalay City, Bukidnon. May 14, 2024
38. Interview with Dr. Melirose S. Deticio, City Health Officer I, LGU Malaybalay, May 14, 2024
39. Interview with Hon. Billy Ricarte, Barangay Captain, Barangay Sumpang, Malaybalay City, Bukidnon. May 14, 2024

40. Interview with Ms. Maricar Sulinay, Resident, Barangay Sumpong, Malaybalay City, Bukidnon. May 14, 2024
41. Interview with Ms. Ana Jane Joy Guanzon, Resident, Barangay Sumpong, Malaybalay City, Bukidnon. May 14, 2024
42. Interview with Ms. Diana Maravilla, Former Nurse Supervisor and wife of Dr. Antonio Maravilla, Municipality of Impasugong, Bukidnon. May 15, 2024
43. Interview with Interview with Ms. Anita Sulinay, Former Attendant, Malaybalay City, Bukidnon. May 15, 2024



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