

*Privileged to Suffer: The Story of Helen Roseveare*

**An Honors Thesis (HONR 499)**

**by**

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## **Abstract**

Dr. Helen Roseveare was a medical doctor from England who spent twenty years of her life treating patients and establishing hospitals in the Congo from 1953 to 1973. At the end of her first stint in the country, she was taken captive and tortured by a group of rebel soldiers. She was eventually rescued, and one year later, she decided to return to the Congo to continue her work. In this creative project, I write a screenplay telling the story of this return journey, some of her many accomplishments, and the fears and doubts overshadowing it all. The goal of this project is to expose audiences to Dr. Roseveare's inspiring story by telling it in a new and creative way.

The terms "script" and "screenplay" will be used interchangeably throughout the Process Analysis Statement.

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## Process Analysis Statement

I have spent the last few months researching and writing a screenplay based on the life of Dr. Helen Roseveare. As a telecommunications student, I have been studying the art of storytelling throughout my college career. This project allowed me to demonstrate and improve upon my skills as a storyteller in a meaningful way. Writing a creative project that was based on a true story brought up unique challenges. I learned to combine research with storytelling and balance accuracy with creativity. The resulting project is a polished 22-page screenplay that meets the standards of the industry in formatting and story structure. This screenplay will expose audiences to the true story of an incredible woman of faith.

The overall goal for this project was to write a creative screenplay based on the true story of the life and work of Dr. Helen Roseveare. The screenplay would tell the story of this remarkable historical figure in a way that was accessible and compelling to American audiences. My hope was that this screenplay would communicate the important and inspiring nature of Dr. Roseveare's story in the same way that her story had impacted me personally. The project would compile research about Dr. Roseveare's life and work from secondary sources, including her own autobiographies. It would build on her work, as well as others' writings about her, in telling her story through a new medium. It would also add to the existing body of screenplays (and subsequent films) representing the lives and work of Christian missionaries and remarkable women throughout history. Another goal for this project was to exercise and expand my own storytelling capabilities. Communicating stories to an audience is something that I have spent much time and effort studying throughout my time at Ball State, whether I was writing copy for an ad campaign or collaborating with other students to produce a short film. I wanted to take this

project as an opportunity to prove my own strengths as a storyteller. These goals formed the overall framework for my creative project.

As I set out to create a screenplay, the first step was to come up with a character and a story. I decided early on that I wanted to write a screenplay based on a true story. The first reason for this is that I have personally found based-on-a-true-story films and screenplays to be more important and impactful than most stories that are completely fictional. Being a part of telling someone's story is a way to connect with other cultures and individuals throughout history. It is a way to expose more audiences to important stories and share life lessons from those who have come before. A screenplay based on truth can highlight an aspect of the human nature and experience, whether good or bad, in a unique and compelling way, and this is something I desired to achieve. The second reason that I wanted to write a screenplay based on a true story is that this endeavor poses unique challenges that I had not faced before. Prior to this project, any screenplays I had written were purely fictional. They required story-building and writing skills, but they did not have the added pressure of incorporating true events and historical research. Writing based on true events adds an entirely new dimension to the story-writing process because the writer must balance the truth and accuracy of the historical narrative with the goal of writing a creative and compelling story. Undertaking this project was an important step in developing and stretching my own skills as a storyteller. I will reflect more on these unique challenges and how I balanced them at a later point.

After deciding to tell a true story through the medium of a screenplay, I set about selecting a subject for my story. I wanted to choose an inspiring story about which I would be passionate, since I would spend so much time studying it. My first instinct was to search for a story of a Christian missionary that could be turned into a film. Since my childhood, these have

been the stories that are most impactful in my life. I wanted to write about something that I cared about personally, so I began down this route. The problem I immediately encountered was that many well-known missionary stories, my own personal favorites, had already been turned into films. Jim and Elisabeth Elliot, Eric Liddell, Corrie ten Boom, and many others already had theatrical films representing them. I wanted to avoid writing a story that already existed in this medium. It would be challenging to avoid basing my own screenplay off of creative decisions made by other filmmakers, and it would be a less valuable addition to the industry if a similar film already existed. I kept looking for a subject who would be less well-known, but still had ample resources available to accurately tell his or her story. This I eventually found in Dr. Helen Roseveare, an English doctor who served as a medical missionary to the Congo in 1953-1973 amid poverty and political strife. During her time there, she established multiple hospitals and medical centers in impoverished rural communities, as well as developing a new medical school. She wrote numerous books and autobiographies, and additional books and articles have been written about her. After retiring, she spoke at events and in interviews, videos of which can be found on the internet. A film crew even documented a return visit she made to her friends in the Congo later in her life. But, at the present time, no theatrical film has been made about her life and work. It became clear that she was the perfect subject for my project. Her story was inspiring to me, and I was excited for the opportunity to write about a remarkable Christian woman. I would be telling a story that many people have not heard through a medium in which it had not yet been told.

The majority of my research for this project consisted of reading and watching biographical content about Dr. Roseveare's life and work. I began by reading two of her autobiographies, *Give Me This Mountain* (1966) and *He Gave Us a Valley* (1976). These books

together tell the story of her life, from her childhood and her conversion to Christianity at college, to her first stint on the mission field as a doctor in the Congo, through her capture and torture by rebel soldiers, her rescue, and her eventual return to the mission field. I used these writings to research her story, passions, interests, and attitudes, and major themes from her life. I studied these books so that I would be familiar with her own words and be able to accurately recreate them in my project. I also gathered information about her historical setting – the village, the people, the religious/political environment, etc. She had so many remarkable experiences and accomplishments, and so much wisdom to share in these books. My hope was to use this research to be as accurate as possible when creatively retelling a portion of her story.

Another place I looked for information from Dr. Roseveare was in interviews found on YouTube. Prior to her death in 2016, she had the opportunity to speak at events and on television programs on multiple occasions. One series of interviews by 100 Huntley Street (2011) was particularly helpful to me. I was able to gather more about what Dr. Roseveare found important and meaningful as she reflected on her past life experiences. She shared her perspective on these events and discussed the resulting personal growth she had experienced. I wanted to accurately represent these perspectives when I recreated her character for my screenplay. I also found it helpful to see her on video rather than just reading her writing. I could study her mannerisms, her way of speaking, and her physical appearance.

In addition to researching Dr. Roseveare's autobiographical content, I read a biography written about her by Noel Piper entitled *Faithful Women and Their Extraordinary God* (Piper, 2005). This biography commentated on some of the most significant turning points in Dr. Roseveare's life. It also compiled excerpts from Dr. Roseveare's many other books about her life experiences. I found it helpful to see her life from the perspective of a woman who had met her

in person. Finally, I gathered information from *Mama Luka Comes Home*, a documentary made in 2006 by the Christian Television Association (Telfer, 2006). This documentary records a trip Dr. Roseveare took to visit her friends in the Congo years after retiring from the field. This resource provided me with one more perspective on Dr. Roseveare's life and work. It also allowed me to see actual footage of the places she lived and worked while she was in the Congo. I saw her friends and coworkers, the hospital buildings, and her old home. These images were helpful in attempting to accurately recreate the settings of many of her most important memories.

I completed the majority of my research about Dr. Roseveare's life before beginning to write the story. Additional research was undertaken throughout the writing process as it became clear what information was still needed. After most of the research was compiled, but before starting to type out the screenplay itself, I needed to come up with the overall storyline. The next steps essentially made up the process of outlining the story so that it was cohesive and purposeful. Creating this framework was the most interesting and thought-intensive step for me. It meant the difference between a screenplay that would be sloppy and confusing, and a screenplay that was structured, clear, and meaningful. I had to determine the scope of the story I was going to tell. I considered all of the research and material I had compiled about Dr. Roseveare. Which portion of her life story did I want to tell? A story that encompassed her entire life, from birth to death, would be nearly impossible to do well. Would I focus on her time in college and her conversion to Christianity, or begin the narrative after she was already on the mission field? Would the story encompass her twenty years in the Congo, or focus on the events of one especially significant day?

One piece of this puzzle was determining how long the final screenplay would be. A general rule of thumb for screenplays is that one page, if formatted correctly, will correlate to

approximately one minute of screen time in a final film. A feature-length screenplay might be 120 pages long, while a script for a short film might only be five. Based on the amount of time and effort it takes to create a polished screenplay, I was looking at producing a well-developed screenplay 20-30 pages in length, a very rough draft of a feature-length screenplay, or something in between. I settled on aiming for 20-30 pages, as I felt that the editing and refining process would be important for me and make the best use of my advisor's expertise. However, this meant sacrificing valuable space for the story. Dr. Roseveare's life was full of ups and downs, great accomplishments and deep despair, beginnings and endings. It seemed overwhelming to narrow down the scope of the story. Her writings dealt with many themes – faith, salvation, pride, friendship, ethnicity, fear, trauma, and worthiness, to name a few – and I would be unable to deal with all of them in such a short story. I was wary of over-simplifying her experiences or misrepresenting her by taking one period of her life out of context. There was much that I wanted to include, and narrowing the focus was a major challenge early in the process.

Selecting the scope of the story was one part of writing my treatment. A treatment for a screenplay is essentially a proposal for the storyline itself. A typical treatment includes elements such as a working title, character descriptions, and a detailed synopsis of the storyline (usually broken up into a three-act structure). A treatment also includes a logline, which is a one-sentence description of the story that provides clear details without revealing the ending (like what you might read on the back of a movie case). In my first attempt at a treatment, the logline was, “An English doctor learns patience, humility, and faith in God while working to create a hospital system in a jungle village of the Congo.” While not inaccurate, this description was far too broad for the story I wanted to tell. I needed to make it more specific and narrow the focus.

My synopsis also needed to be revised after the first treatment attempt. It was not nearly as narrowed in scope as it would need to be in order to fit effectively into 20-30 pages.

Originally, I was attempting to include the entire period of the first time Helen served in the Congo, bookended by scenes of her returning for a second time. However, this was a very significant portion of her life in which many events and changes took place. I was also attempting to show character growth through three independent themes – patience, humility, and faith. The scope of these storylines and themes was probably more appropriate for a feature-length film. It would be difficult to assign significance to any one event or theme if I were to cram so much into such a short space.

My final treatment looked very different from the first one. My revised logline was, “An English missionary doctor seeks to relaunch efforts to build a hospital in the jungles of the Congo but is bombarded by fears and doubts because of her horrific past there.” This narrowed the theme down to the protagonist dealing with fear/doubt, rather than many different themes. It also narrowed the focus to one objective – building a hospital – rather than trying to tell everything that Helen accomplished over multiple years in the Congo. It teases Helen’s past trauma, which is revealed as the story progresses, and it raises doubts as to whether or not she will be successful in her goal. The new logline correlated with my working plot question and character question. The plot question – “Can the hospital be rebuilt?” – determined the tangible goal that Helen is trying to accomplish in the story. The character question – “Will Helen overcome her fears and continue her work in the Congo?” – drove the internal conflict and growth that takes place in the meantime. The idea is that either (or both) of these goals has the potential to fail, and this creates the emotional tension of the story. Everything that happens in

the screenplay should in some way support these central questions, which is why outlining and planning the story was so important to me.

My synopsis was also much more focused after having been revised. In my updated version, the main storyline portrays Helen on her journey back to the Congolese village to begin serving there for a second time. She is accompanied by two other missionaries as they drive through African jungle to get to the village. Along the way, she is reminded of events from the last time she was in the Congo, which are shown through flashbacks and dreams. Rather than attempting to include all of the significant events from her time in the Congo, the synopsis now focused only on memories that related either to the building of the hospital or to the traumatic experiences that created her fears and doubts. Her physical journey back to the Congo in the present would correlate to her mental and emotional journey through her memories. My main reservation at this point was that including so many flashbacks and dreams would be challenging. Flashbacks are often considered to be cliché, cheap methods of storytelling, and they tend to be overused by amateur screenwriters. In this case, I knew that I was being very purposeful in my inclusion of flashbacks, but I would have to prove their worth when crafting the screenplay itself.

Now that my treatment, logline, and synopsis were finalized, it was time to create a scene outline. In the scene outline, I would select which scenes to include, put them in order, and provide a brief description of where they would take place, which characters would be involved, and what would happen. This really allowed me to map out the three acts, the pacing, and the ups and downs of the story. While the synopsis provided a story overview, the scene outline would specify exactly how the synopsis was going to be accomplished.

In preparation for creating the scene outline, I had written down scene ideas on notecards as I researched Helen's life. Important moments, events, conversations, and themes from my research were collected on notecards so that I could easily remember them when considering my scene outline. I added details to the notecards and color-coded them so that I could visualize the storyline. I laid them out like puzzle pieces and repeatedly rearranged them until something clicked. This was also the point in the process when I really began to battle with the balance between truth and fiction. For the story to work, I had to tweak scenes, add embellishments, and even create a couple of entirely fictional scenes. Some of this resulted from the fact that I was telling the story in such a short screenplay. In order for the overall journey to be true to reality, I needed to add some scenes that helped communicate the history in a more concise way. For example, I decided to add a fictional character, Mark, who was a new missionary travelling along with Helen and another seasoned missionary. Mark's inquisitive attitude as a newcomer allowed me to sum up some of Helen's history in the field without having to include every single scene from her past. While this specific addition was mostly fictional, it caused the overall story to have a similar impact as the true story would have had.

By the time I had gone through all of my research materials and added some partially fictional scenes, I had collected over fifty notecards with scene ideas. My scene outline included only fifteen scenes. I had to narrow down the scenes based on my plot/character questions and overall theme. I even ended up removing my favorite scene because it did not further the main plot. Each scene had to be purposeful in content and placement. The "present-day" scenes took Helen from a port to the village by car, as she grappled with whether her return was a wise decision. The flashback scenes, which occurred during the daytime, showed brief memories of

what it was like for Helen to try to build the village hospital. The dream scenes, which occurred during the night, showed glimpses of Helen's traumatic experiences before she left the Congo.

In creating my scene outline, I also began setting up purposeful parallels and transitions between scenes. For example, one scene when Helen first visits the village hospital parallels a scene when she eventually returns to the hospital. In order to ensure that the flashback sequences were used in a tasteful way, I set up transitions between the present and past scenes. For example, Helen shoveling mud in the present transitions directly to her working with mud and clay to make bricks in the past. The scene outline made space for these types of parallels and transitions to take place in the final screenplay.

Once I was happy with the details of the scene outline, it was time to put pen to paper and actually begin writing the script itself. At this point, I knew that I would likely have to return to the outline and make changes, add/cut scenes, and move things around, but it was a good place to start. I wrote the screenplay using an online tool called Celtx, which helps with correctly formatting the document. Screenplay formatting requires very specific spacing and margins, so it is difficult to accomplish using most word processors. Armed with Celtx and my scene outline, I sat down to write the first draft. One of the biggest hurdles for me when I am writing is overcoming the blank page. Creating a first draft can be daunting, and as a result I struggle to come up with anything at all. To help with this, I labeled my first document as "draft zero." I admitted to myself that it did not have to be good; I did not need to show it to anyone, I simply needed to get words on the page. In one sitting, I worked my way through the entire scene outline. I refused to spend too much time on any one detail, instead progressing at a steady pace through the essentials of each scene. Any idea I had was included. After several hours, I had a complete screenplay that was just over 14 pages long. This version was vastly different than my

final version would be, but the biggest hurdle was behind me. This step was a big challenge for me, but it was vital for my success in completing the project. Once I finished, I had something that I could edit and shape. I had something to work with.

After stepping back from “draft zero” for a few days and allowing time for my creativity to work on my subconscious, I came back to the screenplay to make some initial edits. These edits would lead to my first official draft. At this point, I was not yet ready to revisit my entire scene outline or make major changes to the story. There were a few basic things I focused on. I tried to read it from a new perspective to determine what was already there. What information would an audience (someone not already familiar with the story) be able to gather from the scenes? What would they still need? I realized that I needed to add more information about the characters’ backgrounds, which is easier said than done. Unless I added opening narration, I could not start the script with the protagonist saying, “Hi, I’m Helen, and I’m a medical doctor going to the Congo! Here’s what happened to me before and here’s why I’m coming back!” Instead, I would have to provide all of this information, along with the personalities and attitudes of the characters, in a much more subtle way. Similarly, many scene descriptions were lacking. What I might have pictured in my head while I was writing my first draft had not made its way onto the page. I added setting details, refined dialogue, and placed clues to the characters’ history. I made sure that all the necessary information was included, and the scenes accomplished their purposes as determined by the scene outline.

Over the next two drafts, the screenplay underwent the biggest changes of the whole process. First, I went back to my scene outline and reassessed what the story still needed. After reading through my first draft, I found that it lacked emphasis on the plot question regarding the construction of the hospital. I pulled out my discarded scene notecards and dug back through my

resources to find events relating to this part of the plot. By the time my second draft was complete, it reached 19 pages in length and included 31 scenes, as compared to the 15 scenes of my original outline. Some of these added scenes were simply short transitional moments, while others were more significant. I especially focused on adding scenes that were directly related to Helen's goal of building the hospital. For example, one added sequence of scenes involved Helen turning her house into a clinic/pharmacy during her early days in the village, demonstrating the great need for a real hospital. This account came directly from Helen's writings. Another specific change I made at this point was at the very end of the script. Originally, it had ended with text on a black screen. The text was a passage from the Bible that was very meaningful to Helen and came up throughout her writings. However, it felt a bit cheesy and did not add much to the story. Instead, I decided it should end with historical photos of Helen in real life, accompanied by snippets telling what she went on to do in the rest of her time as a missionary. I hoped this would add weight to the film as it connected the audience to the real, historical events, which was a main part of my goal in writing this screenplay in the first place.

Between the second and third drafts, I received feedback from my thesis advisor, as well as two trusted friends. Getting these outside perspectives was invaluable to making progress on the screenplay. I tend to struggle with asking other people for advice. I only like to show my work when I am confident that it is finished and impressive. The process of working alongside an advisor on this project helped me to improve at sharing work that is still in progress. I began looking forward to hearing his critiques, and I thoroughly enjoyed receiving comments from all three of these individuals. Hearing outside perspectives helped me see what was working well already. Without having any prior context, they picked up on some of the parallels, transitions, and subtleties of relationship that I intended to portray. They understood the main plot and

conflict. They also were able to point out areas that needed improvement. I learned that some of my dialogue was excessively wordy and could be cut down without losing meaning. I learned that I still needed more scene descriptions, and that I should slow down the pacing of some of my scenes. I realized that my protagonists' emotions were unclear at times, and I needed to build up to the climax in such a way that her reactions were believable. Many edits, big and small, were made at this stage. Another thing I focused on for this draft was correcting my formatting. Some of it needed to be tweaked in order to make things easier for the reader to understand, and some of it was just plain wrong. For this I relied on a screenwriting manual, *The Screenwriter's Bible* (Trottier, 2014). I had to learn more about the best way to format flashback/dream sequences in the least confusing way possible. By the time my third draft was finished, I felt much more confident in the progress I had made.

In my experience with creative projects, I can always find more changes to be made. My experience with this screenplay was no different. After finishing the third draft, I continued to discover little ways to make the puzzle pieces fit better together. Some were small, like tweaking a line of dialogue. Others were larger, like rearranging a group of scenes based on a suggestion from my advisor. The climax of the screenplay also did not feel right yet. I spent several days struggling with how to fix it. Did it need a couple of tweaks, or did I need to change the whole story to set it up differently? I tried different variations, but nothing was perfect. I wondered whether it was possible to stick to the true historical events of that night, or if I would need to embellish them more to create the impact I wanted. In a book, the author can describe exactly what a character is thinking and feeling. In a screenplay, though, I have to *show* it. How could I show Helen's complex thoughts and emotions in that moment without straying from the factual events? I eventually settled on something that I considered to be a balance of the two, with a lot

of guidance from my advisor. I still find things I want to change each time I reread the screenplay. Every time I shift one thing, a dozen others might be impacted. Nevertheless, I was ready to say it was finished. When I saved the screenplay, I added the word “Final” to the file name.

I encountered several challenges throughout the process of writing this screenplay, but two stand out in my mind as being most significant. The first was the initial challenge of deciding on the scope of the story. Helen had so many experiences and accomplishments, and I wanted to be able to tell her whole life story. In narrowing my focus, I had to distill what I found most significant about her life. I had to select a theme that was central to her writings. I had to provide enough context so as to be true to her entire story while only telling a fraction of it. I was claiming to know her well enough to fit the essence of her work into twenty pages. This was an added weight that came along with the decision to write based on a true story.

The second main challenge for me was finding a balance between telling a true, accurate story and writing a functional, compelling screenplay. I was aware of the ethical implications of attempting to handle another human’s life story. My goal from the outset was to lean toward truth and accuracy whenever possible. Helen’s life was remarkable enough on its own; I just needed to display it well. However, writing a quality script demanded embellishment and additions at times. Simple things like writing a line of dialogue or describing a character’s exact actions in a given moment necessitate adding details to what I knew to be true. Even a scene that was as close to Helen’s own description as possible could not be taken word-for-word from her books. At times, I had to make big changes, like adding a fictional character or writing a conversation that never happened. Each particular instance had to be considered on its own. My overall approach, though, was to keep things true to the original story – not in the way that they

had to be exactly accurate in every detail, but in the way that they were genuine and authentic. For example, in order to provide background information and context, I created a conversation between Helen two of her fellow missionaries. This conversation never actually happened (as far as I know), but everything that was said was truthful and in accordance with what I knew the real individuals might have said. While the conversation itself was fictional, I believe it made the script as a whole more accurate because it gave the audience a better understanding of why the characters made certain decisions in a factual scene later on.

Along with the challenges, there were a couple of elements of the screenwriting process that I was not so successful at. One of these was the lack of information gathered regarding the historical and cultural context of the screenplay. I learned about the culture and characters from Helen's writings. I watched the documentary that showed what the Congolese village and jungle looked like. I drove down Google Maps' Street View in Kenya to learn what the characters might have seen during their drive across the country. But a more responsible screenwriter would have put more effort into researching the culture, people, and places where the story took place. Another failure of mine was that my research process was sloppy at times. I recorded my notes in a variety of places, if I took notes at all. I then had to spend time later rereading portions that I had forgotten or trying to figure out what page number a scene was on. These failures were possibly because this was the first time I had written a screenplay that was based on a true story. I was still learning how to combine research with screenwriting, and so my process had room for improvement.

Looking back on this process as a whole, I experienced success and personal growth in several ways. I believe I succeeded in striking a balance between accuracy and creativity that, while imperfect, met my ethical standards. I saw value in creating my scene outline using the

notecard method, and although it was the first time I had written a story that way, I plan to use it for outlining in the future. Many of my insights concerning transitions, parallels, and major shifts in the story came when I was puzzling over the scene outline. One significant insight I had was the idea to use Helen's relationship with John as a major part of the story. Her friendship with him kept coming up in my research and in the scene ideas I pulled out. Without focusing on that aspect of her time in the Congo, the flashback scenes would not have been nearly as impactful. It was also helpful because there were many specific and true moments in Helen's writings that provided material to show their friendship. A moment when Helen and John are sterilizing medical instruments together, and another when the two have a conversation about making bricks for the hospital, came straight from Helen's accounts of her early days in the village. I also believe I improved at working collaboratively and taking critiques from others throughout this project. Some feedback I used, some I rejected, and some I built off of, but all of it made the story stronger. Overall, I believe I succeeded in writing a high-quality screenplay that communicates the story of a remarkable woman in a way that she would have considered to be a true representation of her life. I am proud of my work and consider it to be a meaningful addition to the world of based-on-a-true-story screenplays.

Privileged to Suffer

by

Natalie Danzeisen

FADE IN:

EXT. BOAT - DAY

Water splashes against the side of a steel shipping boat.

Several yards above, HELEN ROSEVEARE, 40, leans over the side of the rail on deck. She wears glasses, a knee-length brown skirt, and a plain white top, and she has short, curly hair.

Helen reaches out her hand as if to touch the spray. There are scars encircling her wrist.

She raises her eyes to view the approaching land: a large port enclosed by rainforest on every side.

JESSIE SCHOLLES, 50s, joins Helen at the rail. Jessie wears a faded pink dress with buttons down the top, and her grey hair is pulled into a neat bun. She squeezes Helen's hand and nods at her reassuringly. Helen smiles.

EXT. MOMBASA PORT - DAY

The port is bustling with people and vehicles. Both white and African travelers are present, some with children or animals.

Jessie stands beside a large, tan-colored safari van marked with a red cross while a Kenyan CUSTOMS AGENT looks in the back. It is full of supplies, equipment, and a rolling stretcher, like the back of an ambulance.

CUSTOMS AGENT

What is your destination?

JESSIE

Nebobongo. Congo.

The agent looks at Jessie, raising an eyebrow.

Helen stands a few yards away, surveying the scene at the port. She watches as travelers hurry past. Many of them look tired and poor.

The customs agent slams the van door shut, apparently satisfied. He signs on a clipboard and hands the papers to Jessie.

CUSTOMS AGENT

Good luck.

Jessie motions to Helen.

JESSIE

Helen! You coming?

Helen takes one last look out at the water before turning toward Jessie.

The two climb into the van. Helen starts the engine with a sputter.

INT. MEDICAL VAN - DAY

Helen drives the medical van along a red dirt road, past vivid green jungle.

The road is narrow with deep ruts. They occasionally pass another automobile. There are no buildings or towns in sight. Just tropical trees and fiery red wildflowers leading up to the distant green mountains.

Jessie is in the back compartment of the van, shuffling through a crate.

HELEN

Does everything look alright, Jessie?

JESSIE

39...40 tins present and accounted for, and nothing broken.

Jessie climbs into the passenger seat.

JESSIE

I don't think I've ever seen so much penicillin in my life!

HELEN

It won't be enough.

The two look out the window. A pink sunset has spread across the sky.

JESSIE

Praise the Lord! Every time I make this trip I forget how beautiful the rainforest is.

HELEN

It sure is beautiful. And full of venomous snakes.

The two smile. Helen's smile quickly fades.

HELEN

Nebo has been through a lot since the last time we made this journey.

JESSIE

So have we.

EXT. NEBOBONGO HOSPITAL - DAY - FLASHBACK

An old truck pulls up to a metal gate in a grassy clearing of the rainforest. The road is red dirt lined with yellow and orange wildflowers. A faded sign on the gate reads "Nebobongo Leprosy Village."

Helen (now in her 20s), wearing a patterned blue dress, steps out of the truck. Following her is JOHN MANGADIMA, 17, a young Congolese man with a kind, round face and glasses.

Helen surveys the gated area in front of her. A few brown brick buildings can be seen in the clearing, but most of the land is being reclaimed by the surrounding rainforest. Chickens and ducks wander the dirt paths, and a few Congolese children watch Helen curiously. The rest of the site is deserted.

JACK SCHOLLES, a 50-year-old man with tan, leathery skin, exits the driver's side door and grabs two suitcases from the truck bed.

JACK

Well, this is it - the Nebobongo hospital. Not much to look at, is it?

He hands one suitcase to Helen.

JACK

It's been nearly a year since the last doctor retired.

Jack opens the gate and walks through. Helen and John follow.

JACK

The orphanage is down that way, and this building is being used as a maternity ward.

Jack points as he walks. There are a couple of long, brick buildings with slanted roofs and no doors. They look almost as weathered as Jack.

Next there is a small brick house.

JACK  
For the doctor.

Helen smiles faintly as she looks around.

JACK  
The leprosy camp has been abandoned  
for years.

Neat rows of buildings in front of them have been almost  
completely overgrown by jungle.

John shakes his head.

JOHN  
We will have to start building from  
scratch.

Helen stops. Closes her eyes. Takes a deep breath.

HELEN  
No. Not entirely. The Lord has given  
us at least two usable buildings,  
three if you count my house. Some  
midwives and workers from the village  
have stayed, and we have the nursing  
students.  
(she nods at John)  
We'll need a new surgical theater, and  
a place for the maternity ward.  
Eventually we can construct a primary  
building over there.

Helen points to a clearing just beyond the first two  
buildings.

John smiles.

JOHN  
Well, then, we had better get to work!

INT. OPERATING ROOM - DAY

A drawer opens and young Helen rummages around in it. Still  
carrying her suitcase, she stands in a dark room. There are  
no electric lights, or electricity of any kind, in the  
hospital.

John pulls a sheet down from the window behind her. Sunlight  
illuminates a small, whitewashed room with an operating table  
and a countertop.

Helen laughs to herself. Setting down her suitcase, she opens several drawers until she finds surgical instruments. She pulls them out.

There is a deep cast iron pot in the corner of the room.

HELEN

John, fill that bucket with water. We can sterilize these over the fire.

JOHN

Even though we don't have a surgery today?

HELEN

They should be ready for use.

Helen rolls up her sleeves.

HELEN

We have to start somewhere, right?

John nods and smiles.

INT. HELEN'S BEDROOM - NIGHT

Helen enters her bedroom carrying a lantern. It is a small room with only a bed and an empty shelf. The bed is covered by a patterned quilt and a mosquito net.

Helen collapses into bed, exhausted.

Crickets CHIRP, frogs CROAK, and the jungle is full of sounds around her. She lays in bed, listening, eyes wide.

Then, gradually, she drifts off to sleep.

INT. MEDICAL VAN - NIGHT - BACK TO PRESENT DAY

Helen and Jessie's drive continues into the night.

JESSIE

Want me to take a turn driving?

HELEN

Yes, thank you. I'd like to go examine some of the new equipment.

Helen stops the van and climbs into the back. Switching on a light, she can see the hospital bed, stacked with boxes and crates, and the walls on either side lined with cabinets and

drawers.

Opening a drawer, Helen pulls out a shiny stethoscope and examines it. She puts it on.

HELEN

There are more supplies back here than in the entire hospital when I first arrived.

She pulls out a glass bottle and inspects it.

HELEN

Certainly more than they have now. Kind of makes me wonder what the point of the last five years was.

Jessie looks back at Helen.

JESSIE

Should I start listing all the lives you saved? Or all the new nurses you taught? And what about John?

Helen puts the bottle back in the drawer and closes it. The contents of the drawer KNOCK against each other loudly.

BEGIN FLASHBACK SEQUENCE

INT. HELEN'S BEDROOM - DAY

Sunlight illuminates Helen's room. She is startled awake by an urgent KNOCKING on her door.

She sits up and grabs her glasses. The KNOCKING comes again.

INT. HELEN'S HOUSE - DAY

Helen wraps a shawl around her shoulders as she approaches the front door. Her new home is a small one, with a furnished dining room on her right and a sitting room to her left.

Helen opens the door to welcome TAADI (40), a Congolese woman with short hair and a yellow dress.

TAADI

Helen, the villagers have heard that there is a doctor here. I don't know how. Already there are dozens who want to see you.

HELEN

Go get John and the other students.

Helen glances behind her into the house.

HELEN

We will use the space we have.

Taadi nods and hurries back down the front path.

INT. HELEN'S HOUSE - LATER

Helen's home has been transformed into a medical clinic. The faded furniture stands in contrast with the clean uniforms and metal instruments of the medical staff.

The whole house is full of noise from people TALKING (in English, Congolese, or Swahili), babies CRYING, and cupboards SLAMMING. It is hectic and crowded.

Congolese individuals of all ages occupy Helen's dining room, where she has laid out her tools and instruments. The dining table is being used as an examining table.

Helen and a young NURSING STUDENT, both dressed in white uniform, are in the dining room examining patients.

Helen checks the heartbeat of a baby while his mother holds him.

The student administers a shot to an elderly man.

In the sitting room a few yards away, John is surrounded by several more patients who are seated in Helen's furniture. John looks through tins of supplies and distributes medications.

Taadi sits among the waiting patients and talks to them in Congolese.

Helen looks across the room to John.

HELEN

(laughing)

We're going to need that new building!

She resumes listening to the baby's heartbeat.

END FLASHBACK SEQUENCE

INT. MEDICAL VAN - NIGHT

Helen stands in the back of the medical van. She removes the stethoscope and returns it to the drawer.

Climbing back up to the front seat, she chuckles to herself.

HELEN

I sure hope this van means no more examinations on my dining table.

Jessie laughs.

JESSIE

You should get some rest.

Helen settles down into the seat. She silently traces the scars on her wrist before closing her eyes.

The van bumps along the dirt road. Dark clouds begin to fill the starry sky.

INT. DARK BUILDING - NIGHT - HELEN'S DREAM

Inside a small, dark room. A patch of sun hits the cement floor from a high window. The room is cold and empty.

A door opens into the room and sunlight briefly pours in. One after another, individuals shuffle in. Their clothes are tattered and they look tired, hanging their heads.

Helen is forced inside with the others by strong, rough arms.

She stumbles and tries to catch herself. Her wrists are tied with rope. She crawls to the wall and sits, knees to her chest.

Jessie is there.

The door SLAMS.

INT. MEDICAL VAN - DAY - BACK TO PRESENT DAY

Helen's eyes snap open. As her vision adjusts to the daylight, Jessie brings the van to a stop.

Seemingly in the middle of nowhere, they have arrived at a small but busy outdoor train station in Kenya. The tracks are lined with trees on one side and wooden platforms on the other. One train WHISTLES as it pulls in, and other blows steam while it is being unloaded.

Helen rubs her eyes and gets out of the vehicle.

EXT. NAIROBI TRAIN STATION - DAY

The day is growing overcast. Helen looks around the platforms intently.

The air is hazy with red dust, kicked up as travelers and workers hurry through the station. Two Congolese workers are unloading crates from a nearby train car. They hesitate as they eye the foreigners. Helen looks away.

HELEN

Mark is supposed to meet us here with the rest of our papers. I hope he isn't late.

Jessie stands beside her.

JESSIE

Do you know what he looks like?

HELEN

(shrugging)

I suppose we'll know him when we see him.

MARK, 25, sits on a step across from them. He is tall, lean, and bright-eyed. His red hair and fair skin make him stand out from the other travelers.

Seeing Helen, he jumps up and walks to meet her.

MARK

Hi, are you Dr. Roseveare?

HELEN

(shaking his hand)

Yes, and this is Jessie Scholes. I take it you're Mark?

MARK

Yes ma'am! I made it to Nebo just about two weeks ago. Everyone is so glad you're coming. Ah, I'm getting sidetracked.

Mark pulls a stack of papers out of a folder.

MARK

These should get us across the border.

Helen examines the papers.

The parked train lets out two long WHISTLES before beginning to chug down the tracks.

Helen looks at it and speaks, almost to herself.

HELEN

Last chance to turn back, I guess.

Seeing Mark and Jessie looking at her, she laughs and heads to the van.

INT. MEDICAL VAN - DAY

Helen drives the medical van with Jessie beside her and Mark on the end. Their route has taken them very near to the foot of the mountains. Outside the van it begins to rain.

MARK

Monsoon season. But I guess you both already knew about that.

He pauses.

MARK

What was work like in Nebobongo? Before, well, before last year, I mean?

Helen grins and rolls her eyes.

HELEN

Slow. Everything was slow. Things that would have only taken months back home didn't get accomplished the entire time I was there.

The road begins to ascend the mountain, leading the van through a series of steep switchbacks.

Jessie looks at Helen, who is focused on the road.

JESSIE

But God was faithful to us, wasn't he? All he asks is for us to trust him - he's the one who actually accomplishes things. And he does it in his timing.

Helen shifts the van into a lower gear as she struggles to bring it around a tight turn.

HELEN

Even so, things never quite go how you expect them to go.

Halfway through the turn, the van stops. Helen pushes the gas, but the tires only spin.

Helen sighs and gets out.

EXT. MOUNTAIN ROAD - DAY

It is now pouring rain as the van sits along a narrow mountain switchback.

Helen sinks her shovel into the mud surrounding the van's tire. She moves one scoop after another.

BEGIN FLASHBACK SEQUENCE

EXT. NEBOBONGO HOSPITAL - DAY

The sun blazes down on an open patch of land behind one of the hospital buildings.

Young Helen frowns and mops sweat off her forehead with her arm, smearing mud on her face. She kneels in front of a brick mold with several Congolese workmen.

Helen works the mud and clay with her hands.

A WORKMAN leans over to her and takes the clay from her hands, turning it in his.

WORKMAN

Like this. It makes it stronger.

While he demonstrates, Helen looks at her own small hands. They are roughed up with dirt and scrapes.

Helen nods and takes the clay back.

Behind her, someone calls her name. She turns around.

John is running toward her. He is wearing the white pants, white button-down, and red cross pin that is the hospital's uniform.

JOHN

Helen! Helen, they need you inside.  
Right now.

Helen gets up and follows John inside, wiping mud and blood off of her hands onto her skirt.

INT. OPERATING ROOM - DAY

Helen removes her bloody latex gloves and throws them away. She is now wearing her white lab coat. Standing at the counter, she pours water into a basin and gets a bar of soap.

John approaches the counter and begins to sanitize the surgical instruments beside her.

JOHN

Well done, Doctor. Mother and baby will be just fine.

Helen doesn't look at John. Instead she looks at her hands, which are cut and scraped from the brick making. She inhales sharply as the soap stings her raw flesh.

JOHN

Miss Helen, are you alright?

Helen clasps her hands.

HELEN

It just seems so ridiculous. They needed a doctor, so I came, and now my time gets filled up doing what? Everything besides being a doctor!

She dries her hands on a towel and wipes away a stray tear.

HELEN

And we've not even completed a single building.

John stops what he is doing and turns to Helen. He waits for a moment in silence.

JOHN

When you have on this white coat and your stethoscope, you are Dr. Roseveare. We say "yes ma'am" and follow your orders because you are the doctor. But we trust you because you are willing to get down in the mud and work alongside us.

John turns back and continues cleaning the instruments. He continues gently.

JOHN

You are much more effective when you are learning to make bricks because you become one of us.

Helen looks back down at her hands.

EXT. NEBOBONGO HOSPITAL - DAY

MONTAGE - HOSPITAL BEING CONSTRUCTED

-Helen makes bricks.

-A workman shows Helen plans for the building.

-Workmen dig a foundation.

-Helen and John lift a wooden frame into place.

-In a tropical downpour, the workers attempt to cover the site with tarps.

-Helen whitewashes a brick wall.

END MONTAGE.

Helen, the workmen, John, and the nursing students stand together outside of the new building. It is long and narrow with a slanted roof. The doors and windows are simply openings in the wall.

The building stands beside the original two. Nearly twice their size, it looks new and fresh by comparison.

INT. NEBOBONGO HOSPITAL - DAY

The group enters through the doorway. Before them lies a spacious hospital ward, shining clean and freshly painted. It is a long room with a row of 10 beds on each side.

Helen slowly enters the room and places her hand on the metal rail of one of the beds.

John's warm voice fills the space.

JOHN

God our Father, we thank you for this building. May it be a sanctuary to all who enter here.

Helen smiles.

END FLASHBACK SEQUENCE

INT. MEDICAL VAN - DAY

Helen climbs back into the van, now dripping wet. She laughs. Jessie and Mark laugh, too.

HELEN

Let's see if that did it.

Helen shifts the van into a low gear and it moves forward with a jump. They continue on slowly.

Mark fiddles with a loose button on his shirt. Jessie looks at him.

JESSIE

Something on your mind?

MARK

It's just...it's hard to believe  
you're both coming back here, after  
how you left.

Jessie looks into the distance and brushes her hand against a scar on her chin. Helen stares ahead.

JESSIE

We suffered, yes. We won't soon forget  
it. It was horrific. But, somehow, in  
the suffering, I felt peace. Beyond  
anything I had ever felt before.

After a moment, she looks back at Mark. He nods at her.

HELEN

And there's just so much work still to  
be done here.

She shifts gears again. The three are silent.

INT. MEDICAL VAN - NIGHT

Helen is in the back of the medical van. She moves boxes off of the stretcher and climbs into it. She soon falls asleep.

She tosses and turns in the bed.

BEGIN DREAM SEQUENCE

INT. HELEN'S BEDROOM - NIGHT

Young Helen is startled awake in her bed in Nebobongo by a loud BANG. Her small house is illuminated by moonlight.

The noise comes again - POUNDING on her front door. She lights a lantern and puts on her glasses.

INT. HELEN'S HOUSE - NIGHT

Helen timidly approaches the front door.

A group of eight drunk rebel SOLDIERS, all young men, burst through.

They fill the space of her home, careless and angry. Helen seems small.

The CAPTAIN approaches Helen.

CAPTAIN

Where is your radio, Doctor?

HELEN

I don't have one.

The captain smirks. He yells to the others.

CAPTAIN

Search the house.

Soldiers ransack every shelf and cabinet, smashing some things and taking others.

Helen stands still, with the lantern held close.

Finally, the soldiers filter out of the house. Helen begins to close the door behind them. She becomes aware of one soldier who is still inside, behind her.

Holding his gun at his side, he stares at her. When he grins, the lantern light glints off his yellow teeth and dark eyes.

Helen drops the lantern and runs out of the house.

EXT. HELEN'S HOUSE - NIGHT

It is dark outside except for the moon. Helen's house is surrounded by jungle trees and underbrush.

Helen runs out the door and around the house into the trees

behind it.

She ducks beside a bush and pulls her legs close to her. Panting, she covers her mouth with her hands.

The forest is silent. Helen's gasping breaths are too loud.

Shouting from the soldiers as they come closer. They find her.

She is pulled to her feet. A soldier holds her up by her hair. Another yells at her. She shakes her head and pleads with them.

The captain walks up to her and hits her in the jaw with the butt of his gun.

Helen collapses on the ground, her mouth bloody. She is kicked in the stomach with a heavy boot.

She is dragged back into the house.

Her glasses are on the ground, broken.

INT. HELEN'S BEDROOM - NIGHT

Thrown onto her bed, Helen coughs blood and looks up. The yellow-toothed soldier from before looks at her.

He closes the front door after the other soldiers exit.

Helen cowers and shakes her head. She hoarsely tries to speak.

HELEN

Please, no. Please.

END DREAM SEQUENCE

INT. MEDICAL VAN - NIGHT

Helen tosses and turns in the hospital bed in the back of the van. She murmurs in her sleep.

HELEN

No, no, no!

Mark shakes her awake.

MARK

Helen!

Helen wakes with a start and pulls back from him.

MARK

Oh, sorry I startled you. We're at the border.

Mark and Helen join Jessie in the front of the van. They are at a large wire gate atop a hill illuminated by several individual lights. People carrying flashlights approach the van.

GUARD 1, 30s, clearly intoxicated, pounds on the side of the van.

GUARD 1

Papers!

Jessie hands him a stack of papers through the window.

The guard scans through them. Helen notices the gun at his side.

GUARD 1

Oooh, a doctor?

He grins directly at Helen. She cowers back in her seat.

GUARD 1

You can go through.

Jessie drives forward with caution.

As the guard steps back from the van, another calls to him from behind.

GUARD 2

You really going to trust these guys?

A third guard approaches from the opposite side

GUARD 3

They're the reason we're in this mess!

He spits on the van.

The van passes through, leaving the gate and the guards behind them. Relieved, Jessie and Mark begin to laugh.

JESSIE

Well that was close!

Helen stares ahead, eyes glazed over.

HELEN

They don't want us here.

Jessie and Mark stop talking.

MARK

What did you say?

Helen speaks more forcefully this time. She is trembling.

HELEN

They got rid of us before and we still  
came back. How could I fool myself  
like this?

Helen begins to cry.

HELEN

I have to go back home. I can't stay  
here.

She looks at Jessie and shakes her head.

HELEN

I can't go through this again!

Jessie looks at her thoughtfully. She slows the van to a  
stop.

JESSIE

I understand, Helen. No one is making  
you stay.

MARK

There will be another car coming  
through at dawn. You can wait here for  
it to take you back to the station.

Helen nods. She opens the van door into the darkness.

She pauses. Arm extended, she sees the scars on her wrist.

The jungle waits in silence around her.

Helen draws a shaky breath. She pulls back into the van and  
closes the door.

HELEN

Let's just go.

Helen closes her eyes, tears silently streaming. The medical van winds down the hill.

INT. MEDICAL VAN - DAY

Jessie drives as Helen looks out the window. She stares blankly as they drive down a narrow road between thick rainforest trees. A few remaining raindrops trickle down her window.

They approach a small, wooden sign reads "Nebobongo." Helen sinks down in her seat and looks away.

As the van comes around the bend, it reveals a clearing with several brick or bamboo homes and a small church.

Filling the clearing are dozens of Congolese men, women, and children, waiting expectantly. The children sing a song in Congolese to the beat of wooden drums.

The villagers hold up a colorful banner that reads, "Welcome Home Dr. Helen!"

Helen sits up. She looks at Jessie and Mark in surprise. They smile at her.

EXT. NEBOBONGO VILLAGE CENTER - DAY

No sooner has the van come to a stop than it is crowded with villagers who pull the doors open.

Helen steps out and is surrounded by people embracing her and cheering.

From the crowd, Taadi calls out to her.

TAADI  
Helen, welcome home!

Helen looks around at the people. They are barely clothed and covered in scars like hers. They smile at her and cheer.

Taadi makes her way through them to reach Helen.

TAADI  
God has brought you back to us. He is  
so good, isn't He?

Helen embraces Taadi. She breaks into tears of joy.

Taadi releases the hug. She grabs Helen's hands in hers and

squeezes them. Taadi smiles at Helen through her own joyful tears.

HELEN  
Yes. Yes, He is!

Helen is beaming as she continues to greet her friends.

INT. NEBOBONGO HOSPITAL - DAY

Helen walks through the threshold of the hospital. She gasps and puts her hand over her mouth.

The ward is almost completely empty. Beds are broken or have been stolen, so bedding is arranged on the floor for the patients. Naked, malnourished, they look at Helen helplessly.

HELEN (V.O.)  
I have often wondered, is it worth it?

The X-ray machine is smashed in.

HELEN (V.O.)  
The slow progress on the hospital, the sickness, the horror of the uprisings, and then to come back and start again?

Glass in the windows is shattered.

HELEN (V.O.)  
Is it all really worth it?

The roof has been covered in tarps in places where there are massive holes.

HELEN (V.O.)  
And then I realized, I've been asking the wrong question. The question shouldn't be whether this is worth it...

And everything is marred by holes from machine gun bullets. The walls, the ceiling, doors, beds - all full of bullet holes.

HELEN (V.O.)  
It should be, is He worthy?

Helen runs her hand along the wall.

HELEN (V.O.)

The God of Heaven and Earth, who saves us and calls us to His purpose, is He worthy?

She reaches an open doorframe and pauses before slowly entering it.

INT. OPERATING ROOM - DAY

Helen steps inside the operating room. She looks around the room and sees much of the same. Bullet holes. Empty drawers. Cabinet doors unhinged.

Until something catches her eye.

HELEN (V.O.)

And of course that puts it all back in perspective. Because He is worthy of everything.

The surgical instruments are polished, shiny, and laid out neatly on the counter.

HELEN (V.O.)

Even if we never understand why it all happens, even if it involves suffering, it is our privilege, because He is worthy.

Helen picks one up and looks at it. John appears in the doorway behind her. He is now several years older and tired-looking.

JOHN

I kept them clean. They are ready for you to use.

Helen turns around and smiles at John.

HELEN

Then we had better get to work.

John smiles. The two embrace.

BLACK SCREEN

Images and text appear beside each other.

Image of Helen Roseveare (in real life) holding a Congolese child.

SUPER: Helen Roseveare went on to establish a 250-bed hospital complex in the Congo, along with several regional hospitals and dispensaries.

FADE TO:

Image of Helen Roseveare in an African hospital.

SUPER: She later founded a new medical training school, leaving John Mangadima in charge at Nebobongo.

FADE TO:

Image of Helen Roseveare as an old woman with John Mangadima.

SUPER: All in all, she served in the Congo for twenty years. The hospitals and the school, her legacy, still exist today.

FADE TO BLACK.

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