

11-FEB-C-6

**OUR LAST DAY IN THE PIBOR AREA AS WE EVALUATE THE
POTENTIAL FOR RECONSTRUCTION OF THE LAKANGA CLINIC
AND HOSPITAL AS WE RETURN OUR POST-OP PATIENTS AND THE
FINAL DAY'S LOAD OF OUTPATIENTS BEFORE GETTING ON THE
OUTBOUND PLANE FOR THE LONG TRANSFER TO THE FINAL
STAGES OF OUR AFRICAN EXPEDITION IN CAR**

**WE ARRIVE IN WERKOK AND MEET UP WITH SCOTT DOWNING
AND TIM WILLIAMS AND AWAIT PERMITS TO FLY DIRECT TO
ZEMIO, WHICH KEEP US OVERNIGHT IN WERKOK AT MCH**

FEBRUARY 21, 2011

Each night as I have been in my small sleeping net and listening to the sounds of the central African night around me, usually the flutter of bats, the occasional howl of yipping jackals, or the chirp of unknown bugs or birds outside, I had heard the unmistakable keening wail of women and their ululating cries—another discovery of a death in the night, often children. There are a lot of children here, even though the chief complaint of many of the women we see each day in the clinic is that they have been pregnant several times, and after the birth of a living child who died at age six months, they have not been able to get a live child, and they have fallen in esteem and social position as much as if they were barren. In church yesterday, we saw the overflowing right side of the church with the colorful women in their gowns, and loads of kids in the center and right sections, but few men up against the wall on the left side. The scarcity of men does not indicate their less religious status but their loss in perpetual war over the last several decades. The “lower intensity wars” of the rivalry between clans has been the largest loss of men and boys, from the cattle raids and the child stealings to make up for the complaints we have seen all day every day from the women.

**THE STORY OF THE CHRISTIAN TRADITIONS OF MEDICINE AND
THE MURLE AND THE WONDERFUL DOCTOR WHO STARTED IT
ALL SIXTY YEARS AGO**

After I had tried to use the time while I was on post-op recovery room duty yesterday afternoon to spellcheck the chapters I had sent out yesterday through the B-Gann, I took a walk through the acacia gum trees to see if I could learn more of the Murle area which we have come to recognize as one of the more destitute spots we encounter, completely marginalized by the war

and tribal hostilities and imprisoned in the cattle culture dead end for fertility and tribal survival. It is also one of the more heavily Christian areas since the evangelization sixty years ago of a physician, Dr. Albert Graham Roode from Pennsylvania who settled at the PiBor area and developed a home and Hospital. He was beloved of the Murle people and they gave him a new Murle name, Lakunga—the grey color of the crocodile in the river Lilly in front of the great house he built, and also the name of his big bull of the same color. So the hospital he built is called the Lakunga Hospital, and it functioned from 1952 through 1964 when it was looted and destroyed following the Missionary Edict by the Khartoum GOS Government, which in 1964 expelled all missionaries in an attempt to found an Islamic state of Sudan. Thus were sown some of the seeds of the long conflict I found represented on the ground at my feet today in twenty millimeter cannon cartridges from the ire directed at these people in thatched tukuls from Antonovs supplied by the Russians in equipping the GOS with Air Power—against peasant pastoralists armed with sticks.

After Dr. Roode (good Dutch name, it must be pointed out!) had started his evangelism and medical work from the PC-USA (Presbyterian Church-USA) , a pastor was brought there also from America and he built a house nearby the mission manor house on the bluffs over the Lilly River. His name was Bob Swat, from the RCA—Reformed Church of America. All were expelled in 1964 following the Missionary Edict. If anything, the local church was intensified by this and has remained staunchly Christian and evangelical in a Reformed perspective.

Of the more lasting legacies of the good Dr. Roode is that he selected a couple of young men to go to secondary school to be able to follow up with an indigenous church that was strong. One of these young men was Rev. Oruzu, my friend and the first and only Murle to visit America, first to Louisville. Kentucky for the mission conference and then to Grand Rapids, Michigan to meet with Dave Bowman and PCC-Sudan. He wanted to go to Pennsylvania which is a distance from his itinerary to visit the grave of Dr. Roode, but was unable to do so and I may try to fill in that gap for him.

A young woman was born here in that Lakunga hospital and grew up here climbing the large neme trees over the Lilly River Bank. Her name was Sandy. She is married to an engineer in Grand Rapids Michigan named Dave Bixel and both Dave and Sandy are on the PCC-Sudan Board. It would be a delight if she might someday come back to the place she was born and to help in dedicating the reconstruction of the Lakunga Hospital—a goal toward which I had been working since touring the facilities' ruins last year and continued through today when we may have made a major advance with a video I recorded on the scene including both Jacob Gai of PCC Sudan at MCH Werkok and Rev. Oruzu, and pitched precisely to the Stamps Foundation of Irvine California who are interested in only Christian causes that involve Infrastructure Support and with a sustainable indigenous component—a made to order network that might include the PC-USA facilities at Akobo only two hours away by the jolting road I rode today for about an

eight of that distance, and the PCC Sudan and its MCH dedicated very much to the Christian Compassionate Care of the Sudanese people. That each of the people from these different environments may have been at odds with each other since the CPA (Comprehensive Peace Agreement) which was boiling over in the desperation of the cattle raids, child stealing and killings that brought twelve casualties from Murle raids on Dinka Bor and ten deaths on a single day of my MCH visit last year would be a complete block to any collaboration but for the peace initiative launched BY THE MURLE CHIEFS AND THE DINKA BOR I ACCOMPANIED INTO PIBOR LAST YEAR in a SUDANES INITIATIVE AIMED AT HEALTH CARE AS A BRIDGE TO PEACE around the time of the REFERENDUM FOR A UNION OF THE NE REPUBLIC OF SOUTH SUDAN.

We will summarize the efforts toward that goal when we review the “After Action Report” from our PiBor mission—an intensive visit which may be able to help build that bridge through the able leadership on the ground of the Murle (best seen through Rev Oruzu and the health care personnel he has helped select for our further training) and the Dinka Bor leadership through Dr. Ajak and Jacob of MCH and PCC Sudan who may help bridge that gap with the contents of our container now inventoried and readied to be distributed through MCH to PiBor and other parts of the Network. In addition, an exchange of patients will be carried out with the return of the PiBor Murle from MCH Werkok along with the trainees and health care supplies apportioned for them by Jacob and Ajak at MCH. We will describe more when we summarize the PiBor experience and list the achievements of this brief visit with the promise of further ongoing activity in the near term future.

MY STROLL IN THE MURLE BUSH NEAR PIBOR AND THEN MY GUIDED TOUR OF REV. ORUZUZ’S HOMELAND AND THE RUINS OF WHAT ONCE WAS IN HIS PIBOR PAYAM

I am typing this with the electricity stored in the laptop battery as I went off for a stroll through the acacia gum forest near the SALT (Serving and Learning Together) center where Rev. Oruzu has had SALT partners in such endeavors as agronomy instruction to wean the pastoralists off their dependency on cattle as their source of wealth, and besides acting as currency, the source of nearly all contention between Murle and their neighbors. The irony of their impaired fertility linked to the cattle and the PID and brucellosis which is a direct threat to tribal survival is an added twist.

I strolled along the road that leads to Akobo. It would have been an ideal place to do an AM run, but for the lack of a few amenities, like a shower facility and a couple of hours when we were not booked in getting to the clinic. I spotted several hornbills, of at least two species—one the yellow-billed. I had a large vulture land in a tree and admired the red-bark acacia and the variety of acacias here a few of which I could spot the resin called “gum Arabica.” As I walked,

a small boy came running to catch up with me. I did a photo or two with him in the sun slanting rays which always make for the most glorious kinds of light in the African equatorial areas. He had one sandal. I saw a woman carrying a large load on her head which included the bidon of twenty liters for water, and firewood on top of all the rest. She also was wearing one sandal. I learned as I posed them together that she was the mother of my fellow traveler. I kept going after leaving them behind and saw several other women walking with full loads as well as babies on their backs. As I took their photos (which they enjoyed seeing, but then the real hoot occurs when I direct the camera at US and they see the two of us in the picture!) until I came to a clearing with a primary school and the inevitable dusty soccer field. There were boys and men playing and I learned later that they were each students—some of the lucky few who are able to attend school at this government institution one of the only ones in the area working. There are a couple of private schools organized by missions, but an estimate of about four percent of school age children attending school was given by Rev. Oruzu who came by in the rattling, yet amazingly resourceful Toyota Pickup truck with which he had been seeking me out to take me on a guided tour of “his PiBor”.

We jounced over the hard baked cracked road which he told me is under about three meters of water in the dry season so this is its only passable time of the year. We hammered closer to a tukul on a small rise and a woman appeared to wave—one of his sisters, he told me but not the one I had treated two days before. We went down a steep wash into a hard packed ravine over which a bridge is built for the rainy season, and came to the edge of a thorn thicket. Inside this Kraal was a tukul at the door of which lay an older woman on a hide. “My mother” he explained, attended by another sister who WAS the one I had treated. We went further until we came to the secondary school, which was filled up in the courtyard and all around it by people and their cooing fires and a few cattle that accompanied them. These squatters in the school are the IDP’s who have been in the IDP camps near Khartoum where I had worked six years ago, and they may have been there at least a dozen years and up to twenty since the war . All of them were hustled out of the north and dumped down here three weeks ago and they have no idea what is to become of them next. They are camped in the school which was scheduled to open on Monday (that is, tomorrow!) but there is no way they can be accommodated elsewhere in time for that to happen. So, once again, the education of the students has been derailed by events not of their own control.

We drove over to the police station and the “government building” (it had a tattered flag on a pole in front) next to a school that had the proud yellow banner announcing that it was the Polling Place. “That was my school where I studied!” Rev. Oruzu said. He had been one of the final students there before it was bombed away in 1983. It has no roof or windows. It is a derelict shell but has a few newer buildings far behind it, similarly disused. The investment in his education that Dr. Roode made has come back in big dividends. When we were touring the Lakunga Hospital grounds which I had seen before, it was then he pointed to an annex to the big

house and said—that was SIL-Wycliffe. It was Rev. Oruzu who was the informant from whom the Murle New Testament was first translated.

He pointed out that there are Ethiopians who have come down the river from Ethiopia and set up bars introducing alcohol for the very first time to the area. It seems that neither Murle nor Dinka are big on alcoholic drinks since it is said that the young women do not want a man who drinks since the tendency toward spouse abuse is higher. But the Ethiopians have found a market now and alcohol has come to PiBor where the general despair might make a fertile market. We crossed over the cattle auction pit and saw a few other of the features of the PiBor environment that might actually be still working. I had seen a large number of trees chopped down and staked for burning to make charcoal, deforestation for the market. I came back as the freeze-dried tuna curry had just been heated up and we got around the table we had just previously used to operate upon and now used as our outdoor dinner table.

As the dark deepened, I used my headlamp. Josh and Zach began pumping water through a filter and using the U/V stick to sterilize it—one of the final functions Josh had before he got sick and started a long and sleepless night. He had complained that he had not had a bowel movement and tried taking a laxative. “I asked “You took a ‘what’ in the tropics?” He has not stopped since. So he is our first casualty to go down. He had staggered in the course of the night and tried to stay around the patient’s bed—our recovering spinal anesthetic patient on whom we did the large hernia resection and repair, and hit a bat, whose carcass we found in the morning. I spotted much more health looking hostile animals all along the wall. In the light of my headlamp I observed the “scorpion races!”

We started the day by going to the clinic and seeing the number of patients had ballooned by another thousand, and there is no hope we are going to get through all these patients particularly in time to get to the airplane at noon and also work in a cross river trek for some of us to see the Lakunga Hospital to make a pitch for the support of its rehab and also have the “after action report” requested by Jacob and Rev. Oruzu to determine the direction we should proceed in and how we might coordinate the return of the patients and supplies we will try to get repaired at MCH.

Half of our residual team went across the river. The Toyota pickup cannot go across since it does not have 4 WD, and I got out my Operating Sandals to go across the river’s sucking mud without cutting my feet on any of the junk down in the river bottom. We saw little kids carrying Coke bottles back from the river to drink—and we cannot see through the water which is worse than café au lait, since it also has about four centimeters of sediment on the bottom—it is an entire epidemiologic cycle in a bottle. I put on my sandals and tried to make it without having them sucked off my feet in the settling mud. I had taken them off on return and put them in the pickup truck along with the two twenty millimeter cannon shells I picked up on the river bank, but both disappeared before I could pack them up.

The one person I had wanted to see at the Lakunga Clinic was right up front and visible immediately. I first saw the wheelchair we had made a special arrangement for her to get last year when the film crew went back over to PiBor to get more footage and to deliver the wheelchair from MCH last year. There she was seated in her regal splendor and wearing a big smile. She is surrounded by many of her seven children a few of whom have children of their own—so she is grandmother Elizabeth. She is living in one of the rooms of the shell of the Lakunga Hospital and is its resident caretaker. Elizabeth is a superwoman, a gracious and giving one who is grateful for her having contracted polio at an early age. Since she was a very misshapen girl who was curled up in hip contracture, she was overlooked in the raping and looting and military excesses that over-ran this area from each side. As a consequence, she was spared PID and the constant cycle of infertility and diseases which fill up most of our clinic time. She has had seven children, a blessing of her own from the contraction of a crippling disease that had limited her to crawling along the ground on her arms dragging her useless hind limbs with her until the wheelchair's arrival.

The hospital itself has been blown up and the roof is missing in places and even some of the cement blocks have been pulled out for other purposes. The outpatient building is now used as a primitive church with mud “pews that have baked hard in the sun. Their “pipe organ” is standing outside, a series of animal hide drums. The colors of an SPLA regiment are painted on the charred walls of the hospital since the SPLA used it as a base. The structure still looks like it could be redone. The room closest to the one end is the OT and had actually worked quite well according to Rev. Oruzu. It could be redone

But, the home itself is a wonder. It was once thatched but it has had the thatch taken away and replaced with corrugated iron, which is going to be noisy in the rainy season and has rusted howls in it. The situation of the house is overlooking the river at the point they had tied up the boats. It is against the giant century old neme trees that the river falls away, ideal climbing trees from which Sandy and her playmates would jump into the river when it was full at the rainy season. It was an ideal place to grow up as an African kid, and I cannot wait to see it restored so that she might see it once again.

I made a film record of the visit and will pitch the kind of support that might make this network work and we will keep this effort going forward. That was the subject of our after action report at SALT led by Rev. Oruzu and Jacob. They are reporting to the Chiefs who were the ones to whom the promises were made. The miracle of the first ever operations done here is overwhelming to Rev. Oruzu and he held his hands high to repeat exactly the same words with the same gestures as Father Antonio had done at Old Fangak—“A Miracle! I cannot believe I have seen it with my own eyes, and never thought I might live so long!”

AFTER ACTION PIBOR SUMMARY

The summary is as follows:

5 patients operated, each successfully

2,500 outpatients seen and treated “under a tree”

3 trainee potential identified and will be led by Elijah at the course at MCH to accompany back—

15 patients selected for operation at MCH at Werkok to be transferred by truck to Werkok accompanied by the trainees and returning with the equipment promised for their own PiBor facilities

A pitch proposal generated for the receipt by PCC Sudan and then directed to such as the Stamps Foundation for rehabilitating the infrastructure of PiBor’s Lakunga hospital

Jon Hildebrandt flew early this morning commercially to Entebbe and collected the Uganda Caravan Cessna 208 with Tim Williams and three person maintenance team and Scott Downing and flew them to Werkok. He arrived for us after our meeting with all concerned in the “after action report” above and announced we may have trouble getting directly into CAR today since we await permission to land in Zemio directly—a privilege only allowed to us, but the six month renewal letter has listed that we are to go to Bangui the capital which is two time zones further west and would not be possible today until we get the release from the “British High Commissioner,” actually an American who has a number of part time jobs and does not carry a beeper for emergency responses such as this since he is not that busy!

Josh is sick and could use a night out. We have our bug tents and can camp out at Werkok. We assume the permission will be available by the morning and are planning a dawn take off. This may give me time enough to send this message and a conclusion to our PiBor expedition. It was highly anticipated with what Rev Oruzu had said was “Greater Expectation and happiness than even the Referendum vote!” With the pressure of that high expectation it was a success beyond even that optimistic hope. As Rev. Oruzu said in his prayer for our sendoff after or final meeting:

“This is a greater miracle than even those of us who expected nothing short of a miracle, and now we have hope of an even greater continuing success in an ongoing sustainable Mission To Heal. Just imagine what you may be able to accomplish here next year in the new facilities!”

